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July, 1904.—The Diagnosis and Treatment of Gastric Disease, by Herbert Rhodes, M.B.

St. Bartholomew's Hospital



JOURNAL.

VOL. XI.—No. 2.]

NOVEMBER, 1903.

[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.

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 communications, financial or otherwise, relative to Advertisements ONLY, should be addressed to ADVERTISEMENT MANAGER, The Warden's House, St. Bartholomew's Hospital, E.C. Telephone: 4953, Holborn.

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St. Bartholomew's Hospital Journal,

NOVEMBER, 1903.

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

Obituary.

WILLIAM JOHNSON WALSHAM,

F.R.C.S.ENG., M.B., C.M.ABERDEEN,

Surgeon to St. Bartholomew's Hospital, E.C.; Consulting Surgeon to the Metropolitan Hospital, to the Bromley Cottage Hospital, and to the Sevenoaks Hospital for Hip Disease.



St. Bartholomew's Hospital and Medical School have suffered great losses during the present year. Since last spring Mr. Butlin, Prof. Howard Marsh, and Dr. Hensley have resigned, and it is now our duty to record the completed life-work of Mr. William Johnson Walsham, whose untimely death has caused profound sorrow to the many generations of students whom he taught so assiduously and with such pleasure.

Walsham was born in London on June 27th, 1847, the elder son of William Walker Walsham, of Wisbech, Cambridgeshire, and of Louisa Johnson, his wife, and was educated privately under the Rev. Dr. Johnson at High-bury. Early in life he showed his mechanical bent, and was apprenticed to the engineering firm of Messrs. Maudslay. The early hours and the physical labour involved soon proved too much for his frail body, and he was compelled reluctantly to turn his attention to less exacting work. For a time he studied chemistry, and it was through this source that his thoughts were first turned towards medicine. He entered the Hospital in October, 1867, being at the time somewhat older than the majority of his fellow-students. He at once demonstrated his superiority and dexterity by obtaining the chief prizes in the dissecting-room, the Treasurer's or Junior Practical Anatomy Prize being awarded to him at the end of his first winter session in 1868, and the Foster or senior Practical Anatomy Prize falling to his lot at the end of his second winter session in 1869. In 1869, too, he obtained the senior scholarship in Anatomy, Physiology, and Botany, having previously gained the junior scholarship. In each of these four events Mr. Alban Doran obtained the second place. In 1869 Walsham gained the gold medal for proficiency in materia medica given by the Society of Apothecaries, and in the following year he was admitted an L.S.A. He next proceeded to Aberdeen, as was then the custom of many of the St. Bartholomew's Hospital men, and graduated in 1871 as M.B., C.M., with the highest honours and with special honours for his thesis in the University, returning to London to take the M.R.C.S.Eng. on November 17th, 1871. He was nominated to act as house physician to Dr. Francis Harris for twelve months from May 1st, 1871, and this post he filled for nine months, when he resigned to become house surgeon to Mr. Holmes Cooté for the remaining three months of his year of office. In the winter session of 1872 he was appointed assistant demonstrator of anatomy jointly with Mr. Harrison Cripps, and in the following year he was appointed full demonstrator, a

position he held until 1880, when he became Demonstrator of Practical Surgery. He remained Demonstrator of Practical Surgery until 1880, when he was appointed Lecturer on Anatomy, a position which he changed for that of Lecturer on Surgery in 1897.

Walsham was elected to the office of assistant surgeon on March 10th, 1881, with fifty-six votes, his two competitors being Mr. Harrison Cripps and Mr. Shuter, who received fifty-three votes each. He was immediately afterwards appointed Demonstrator of Orthopædic Surgery in succession to Prof. Howard Marsh, and he held this position with immense advantage to the pupils in his department until his appointment as full surgeon in 1897.

At the Metropolitan Hospital he was elected surgeon in 1876, and took charge of the department for diseases of the nose and throat, and was elected to the position of consulting surgeon in 1896. He was also for a time surgeon to the Hospital for Diseases of the Chest.

At the Royal College of Surgeons Mr. Walsham was elected a Fellow on June 10th, 1875, and an Examiner in Anatomy on the Conjoint Board in 1892. He also served the office of Examiner in Surgery from 1897 to 1902, but found the duties so trying that he did not seek re-election at the end of his first term of office. He contested, but unsuccessfully, an election to the Council, and did not again offer himself for the suffrages of the Fellows.

During the present year he had not appeared in his usual health for some months before he went for his usual summer holiday, and it is certain that he had felt some failure of energy, for he had made arrangements with his assistant surgeon, Mr. D'Arcy Power, to be permanently relieved of his night work at St. Bartholomew's Hospital, but only a few intimate friends recognised that he was seriously ill. Immediately before his last illness he had stayed for three weeks at Grindelwald in company with Sir Lauder Brunton, Dr. Mitchell Bruce, Mrs. Walsham, and Miss Roy, the matron of the nursing home to which he was accustomed to send most of his operation cases. He went to Wiesbaden on 27th of August, and on the following day he showed symptoms of serious dyspnoea. He was attended by Dr. Pfeiffer and by his brother Dr. Hugh Walsham, whilst Sir Lauder Brunton on two occasions travelled from Switzerland to see him. The symptoms showed no signs of abating, and at his own earnest desire he was brought to England on September 25th. His friends Sir Lauder Brunton, Dr. Goodhart, and Dr. de Havilland Hall were unceasing in their attentions, but in spite of all that could be done he gradually sank, and died peacefully in his sleep in the early morning of Monday, October 5th, 1903.

Mr. Walsham married in 1876 Edith, the elder daughter of Joseph Huntley Spencer, and had no family.

For many generations of Bart.'s students Mr. Walsham had been a very familiar figure. As a teacher, whether in the dissecting-room, the out-patient room, or the wards, he

had always had a very considerable following, for he had to a high degree the most important qualification for a successful teacher, namely, a real enthusiasm for the subject of which he was speaking. This, combined with a very characteristic energy of expression, made his short demonstrations on clinical cases highly interesting, and many will always remember the incisive phrases with which he was wont to describe the symptoms and pathology of disease. To those students with whom he was brought into more intimate contact he always proved himself to be a real friend in the best sense of the word, sparing no pains or trouble where he could be of any assistance. His premature death has robbed our School of one of its most distinguished members, and our students of one of their sincerest well wishers.

It would be impertinence for us to speak of his surgical skill, though all must have admired the great manual dexterity with which he operated. He was certainly never lacking in boldness either in planning or in performing an operation, and he was always eager to try any new method that had been suggested if he thought he was likely to achieve better results thereby.

As an author he is best and most widely known by his *Theory and Practice of Surgery*, the last edition of which we reviewed in the October number of the JOURNAL. To the constant improvement of this book through its many editions he devoted much time and energy, and its ever increasing sale testifies to the excellence with which his work was done. When it is remembered that he was never a strong man, and that for some time past his health had been failing, one cannot but admire the indomitable pluck and thoroughness with which he carried out all that he undertook.

The funeral took place on October 9th at Highgate, and was largely attended by his friends and colleagues. On the same day a memorial service was held at St. Bartholomew's, which was filled to overflowing by those who were desirous of paying their last respects to one who had ever proved himself to be worthy of the great Hospital to which he had given such devoted service.

By the kindness of the editor of the *British Medical Journal* we are enabled to publish a photograph of Mr. Walsham, which was taken shortly before his death.

Speech by Mr. W. Bruce Clarke at the Old Students' Dinner on October 1st.

AFTER alluding to the absence of some of the guests who had up to the last moment hoped to be present, viz. the Treasurer, Sir Henry Norbury, and Sir W. Taylor, of the Navy and Army Medical Departments, and Dr. Wood, the Head Master of Harrow,

the Chairman proposed the health of the Hospital and Medical School in the following terms:

Our meeting to-night, gentlemen, marks, I think, an epoch in the history of this Hospital, and in what must ever be intimately bound up with it, its Medical School.

If you have already looked at the cover of this year's *Hospital Calendar*—and most of you are, I am sure, quite familiar with its grey outside—you will find there some words of *great import*, you will see the heading "UNIVERSITY OF LONDON" appearing there for the first time; and as if to emphasise that fact still more we have dining with us to-night Sir Arthur Rücker, the Principal of that University; whilst the intimate connection that exists between our Hospital and Medical School is announced by the presence of the four Almoners, who are dining at our Old Students' dinner to-night for the first time in the history of the Hospital.

If this is an epoch to be marked by change, it may perhaps not be out of place on my part if I direct your attention for some few moments to the history of our Hospital. *The history of the past may serve as an example for the development of the future.*

Our Hospital was founded, as you know, in 1123. During the earlier years of its existence it was little more than an infirmary for lying-in women, and for the care of their illegitimate offspring up to the age of seven years. Added to this, it was a place no doubt where you could obtain, as you still can in our medical casualty department, a bottle of cough mixture in the winter, and a dose or two of medicine for the stomach-ache in the summer. Thus it went on for some centuries, rendering no doubt much useful service to the poor, till it was destroyed, and once more founded by that far-seeing monarch Henry VIII, whose portrait still adorns our walls.

Its chief glory during the next hundred and fifty years of its existence was that Harvey was for many years one of its physicians in those halcyon days when a physician to this Hospital had leisure to discover the circulation of the blood, act as President of the College of Physicians, and Warden of Merton College, Oxford, as well.

It was no doubt largely owing to his reputation that our Hospital first became a place of instruction, for in 1662, just five years after his death, occurs the first mention of the attendance of students. But it was not till nearly a century later that the Medical School began to assume any approach towards its present arrangement. Let us see what had taken place in the interval.

Towards the end of the seventeenth century the Governors, inspired by the far-reaching results of Harvey's great discovery, realised that St. Bartholomew's Hospital was something more than a mere infirmary, and had greater destinies in store for it, and that it must be reconstructed in accordance with modern ideas. As a consequence they decided to rebuild it, and it was rebuilt in its

present familiar quadrangular form early in the eighteenth century.

The effect of this policy on their part was at once to enhance greatly its reputation. Medicine was enriched in the eighteenth century by David Pitcairn, one of the physicians to this Hospital who discovered the relationship which exists between acute rheumatism and heart disease, and first announced his discovery in a medical lecture to the students of this Hospital. Nor did the surgeons lag behind. Percival Pott pointed out the true pathology of crooked spines, and this disease which he described now bears his honoured name from one end of the world to the other, whilst his face is engraven on our memories by Reynolds' masterly portrait which hangs on the walls of this Great Hall.

Two of his most celebrated pupils were Hunter and Abernethy, the latter of whom we venerate as the founder of our School, and whose great-grandson sits here to-night gazing on the portrait of his illustrious ancestor.

If you want to know what our School has done by working out its destinies on the lines that were laid down by Abernethy, you have but to look at the present number of our *Hospital JOURNAL*. The Editor has, I think, wisely chosen this present time to publish a students' number, which contains a directory of Bartholomew's men, showing the positions that they now occupy in various portions of the world. For my own part, I hope that he will see fit to repeat this process each succeeding year at this season. By so doing he will certainly enhance the value and popularity of the *JOURNAL* and promote the best interests of our medical school.

I will only refer to two facts which are clearly brought out in this number of the *JOURNAL*; for the rest I must refer you to its pages, where you will find much to interest and instruct you.

It appears that in addition to providing the staff for our own Hospital and School we have given to our London neighbours sixty-six old Bart.'s men, whilst our country cousins have taken for their hospitals and teaching posts no less than 117, all of whom, both in London and the country, are engaged in friendly rivalry with us.

But I must not leave this part of my remarks without congratulating our old friend Marsh on the new post which he now holds, as well as our Cambridge friends on their judicious selection. It is sad to think of him as no longer one of our staff: in future we must look on him as our country cousin.

Well, I think you will agree with me when I say that this is not a bad record for our School, especially when we recall the fact that so far it has been only a private school, undowered except by the hard work of its teachers. I believe we could go on providing a similar output in the future if we were not hampered by a system of bounty-fed products from foreign parts, against which we have, so far,

no means of retaliation. I will explain to you what I mean. The universities of the United Kingdom, especially those of Oxford and Cambridge, *no doubt in the best interests of education*, have provided from their revenues buildings and teachers well equipped to instruct students in the earlier parts especially of the medical curriculum, and small wonder if the student who is keen enough to appreciate such advantages does not in addition prefer, when his work is done, to meander on the green banks of the Cam or Isis rather than jostle against the greasy apron of a Smithfield butcher.

Let me give you an instance of how this system works. Time was, some twenty years ago, when one of my predecessors in this chair could point with pride to the fact that the Professors of Anatomy in Oxford, Cambridge, and Edinburgh, in the persons of Rolleston, Humphry, and Turner, were all old Bart.'s men. Indeed, every one of them has presided at this dinner over which I am presiding to-night. The professorial chairs which they held are now occupied by Scotchmen. Far be it from me to run down the energy and determination of the Scotchman. I dare say you will recollect the story of the Scotchman who, after trying for some time to convince an American friend that the Scotchman was far superior to the Yankee, was much surprised at the retort, "*I guess, sir, that the cutest man on God's earth is a Yankee Jew of Scottish extraction.*" And I, too, take leave to guess that in the long run the best doctor will prove to be the university man of Bart.'s extraction. But be that as it may, the success which has attended Bart.'s men and Scotchmen is due to precisely similar causes. Both alike have had a good education, and both have known how to make good use of it. If our success is to continue, it is in this direction that we must fortify ourselves.

Others have realised that teaching to-day involves appliances, machinery, and methods which it is out of the power of a merely private school to provide. We have become an integral part of a university, and we may reasonably ask to be provided with such appliances as are needful alike to carry on efficiently the education of ourselves and our students. By these means shall we most effectively retaliate on our rivals.

The presence here to-night of all our Almoners, of the Principal of the University of London, and of the Headmaster of one of our large schools, I mean Repton, are indications that we are entering on a new epoch of our existence. The action of our governing body in purchasing fresh ground, and the report of the Lord Mayor's Committee, all indicate the determination of every one connected with this Hospital that it shall continue in the future to hold the position it has filled in the past.

But there is this great danger ahead, and it is well that we should realise it. Pathology is occupying and must continue to occupy a larger and larger share in the needs

of every hospital, and it is by the development of this subject especially that we can most effectively retaliate on our rivals. *That which is a mere laboratory experiment to-day becomes an urgent necessity of practice to-morrow.* New wards, new out-patient rooms, new special departments readily appeal to the imagination of the benevolent donor, but he knows nought of the great needs and the enormous future that awaits pathology. It is difficult even for the highly trained doctor to do so. Money must be obtained not only to found a large "*Pathological Institute,*" but to keep it up and provide an income for those who devote their lives to such work. To-day the workers are eager, but there is no place to work in.

The medical profession cannot provide this money, but this much they can do: they can make it known to their wealthy friends and patients how great is the need for such an adjunct; nay, more, how impossible it is to make progress without it, and how rich a harvest awaits those who sow and those who are prepared to reap it.

What greater tribute to its usefulness in the past could this hospital be provided with than such an institution, coupled with the knowledge that it was by the efforts of its old students that it had acquired it. Thus endowed, it might continue its proud position at least for many years to come. Without such a provision it must slowly moulder to decay, like those picturesque ruins of the abbey and monasteries destroyed by our second founder, Henry VIII. If we elect to take the alternative of decay, we have nothing to look forward to in the future but the visits of our American cousins and our colonial children to the ruins of an institution which they will know once held a proud position. To-day we can choose which alternative we please, it may be too late to-morrow. Let us make up our minds at once.

I give you the health and continued prosperity of our Hospital and Medical School, coupling it with the name of our senior Almoner, Mr. Alderman Alliston.

Lecture Introductory to a Course on Chemical Pathology.

By A. E. GARROD, M.D.

Delivered on October 14th, 1903.



CHEMICAL pathology is only beginning to take a distinct place among the subjects which are taught in our medical schools, and text-books dealing with this branch of pathology as a whole are only beginning to be written. Hitherto it has been necessary to glean a knowledge of the disorders of metabolism which accompany disease from separate monographs, from works on clinical diagnosis, and from text-books of medicine and of physiological chemistry. Yet the study is no new one,

and the problems offered by it have occupied the attention of many observers from the beginning of the century which recently reached its end, and among those who have contributed the sum of our knowledge of this science not a few of our own countrymen are worthy of mention with special honour.

The subject is a large one, and its boundaries are somewhat ill-defined, but in the lectures of the present course I propose to speak only of its more strictly chemical portions of substances which can be dealt with by purely chemical methods, and of processes which can be studied on strictly chemical lines.

Beyond this comparatively narrow field lies a much wider region of what may be called transcendental chemical pathology, the field of such substances as toxins and anti-toxins, of agglutinins and precipitins, and many others not yet known to us as chemical individuals, but which are inferred to exist from single properties which they possess.

At present investigators, with Ehrlich in the van, are engaged in clearing the ground for a more complete knowledge of such substances, and of the changes which they bring about and undergo; but we can hardly doubt that at some future time these bodies will be brought within the scope of the ordinary methods of the chemist.

Such periods of ground clearing are necessary in connection with every branch of science, and we cannot too greatly honour those who are pushing forward the boundaries of our knowledge into hitherto unexplored tracts for the conquest of which the older methods do not as yet suffice, and who are obtaining results which not infrequently call for the remodelling of some of our most cherished notions. It would be easy to multiply parallel instances to the present state of our knowledge of these newly explored regions of chemical pathology. There was a time when the planet Neptune was only known as an undiscovered member of the solar system which exercised a disturbing influence upon the orbit of Uranus; and much more recent examples are afforded by the discovery of argon, which was first detected as something which introduced an error in the determination of the density of nitrogen obtained from different sources; and that of helium, which had been recognised for a considerable time as yielding a line in the solar spectrum which could not be assigned to any known element.

The study of chemical pathology in its narrower sense falls naturally into two parts: a more practical portion, which deals with the methods of analysis of excreta, secreta, and the tissues of the body; and a more theoretical part, which has to do with the perversions of the body-chemistry which are met with under various morbid conditions.

The more practical portion is dealt with to some extent in the classes in clinical pathology, and you are studying it daily in the wards and elsewhere. It is with the more theoretical portions that we are now concerned.

Doubtless all morbid processes are attended by chemical derangements of greater or less degree, but in some diseases metabolic disturbances play a very conspicuous or even the most conspicuous part,—as, for example, in diabetes mellitus, gout, and maladies which implicate such important glandular structures as the liver and kidneys.

Let me point out to you at the commencement that there are grounds for the belief that no two human beings are completely alike as regards their chemical processes, any more than they are identical in bodily form. That the species and genera of animals and plants exhibit more obvious chemical diversities is a fact which admits of no question. Examples will at once occur to you even among the higher animals, such as the differences in the composition and crystalline forms of the haemoglobins of different species and the varieties of the bile acids. Furthermore, there are reasons for thinking that in rare instances congenital deviations from the specific type of metabolism are to be regarded rather as instances of extreme variations than as the results of morbid processes rightly so called.

Leaving on one side such chemical curiosities, there are many ways in which metabolic errors may arise from disease. Thus in some instances disease of a gland, ductless or otherwise, which apparently exercises a mysterious control over certain metabolic processes, may be the seat of disease, and as a result a profound chemical derangement may be brought about. I may quote as examples the association of diabetes with disease of the pancreas, the pigmentary disturbance which results from disease of the adrenals, and the perversion of metabolism which attends upon atrophy of the thyroid gland.

Again, such a gland as the liver, which is itself the laboratory in which many of the chemical changes within the body are brought about, may become the seat of pathological processes from which may result conspicuous disturbances of metabolism.

Again, there may be a failure to utilise certain products which, under normal conditions, are disposed of within the body, and such a loss of the power of utilising dextrose certainly plays an important part in the phenomena of diabetes.

Diseases of excretory organs may lead to the accumulation within the body of substances which are normally got rid of by their means. Such accumulation is seen in connection with renal diseases, and possibly plays a leading part in the pathology of gout.

The growth of bacteria in the tissues leads to the formation of products many of which are highly toxic, and which are foreign to the human body; but the bulk of the substances which appear in abnormal quantities in the urine and other excreta under morbid conditions are either such as are present in traces even in health, or are intermediate products of metabolism, which, in one way or another,

escape the further changes which under ordinary conditions they undergo, and so are excreted unchanged.

This matter of the intermediate products of metabolism is of so great importance from the standpoint of the chemical pathologist, that it will be well to illustrate the point by one or two examples.

In grave cases of diabetes mellitus the excretion of ammonia in the urine is often greatly increased, and investigation has shown that this base is employed to neutralise the large amount of β -oxybutyric acid, the formation of which is so conspicuous a feature in the malign form of that disease. The neutralisation of the excess of acid by ammonia is the outcome of a protective mechanism, and by its means the depletion of the fixed bases, the soda and potash, of the body is avoided. There can be no doubt that the ammonia so excreted is an intermediate product of metabolism, which has been intercepted and thus utilised on its way to be formed into urea, in which form its nitrogen would, under ordinary conditions, have been excreted.

Glycuronic acid is excreted in the urine in combination with various substances which are for the most part absorbed from the alimentary canal, and by entering into such combinations is probably saved from undergoing further changes. There is good reason for believing that the glycuronic acid so excreted represents an intermediate stage, which would, but for this, escape observation in the downward metabolism of carbohydrates.

(To be continued.)

The Psychology of Social Epochs.

Abstract of Introductory Address delivered before the Abernethian Society, October 8th, 1903.

By T. CLAYE SHAW, M.D.



R. PRESIDENT AND GENTLEMEN,—From what I can make out of the successful career of Abernethy, who has been selected out of all the honourable men connected with this Hospital to give his name to our Society, one of the elements of it was a keen perception of the foibles and tendencies of the society in which he lived. There are many men who are successes in their own age, but it would be rash to assert that they would have been so for all time; just as there are people who are before their time and are failures, whilst others seem only fit for the days that are gone. But whether the time made the man, or found a suitable bull-head and the right material on which to erect the superstructure, or whether the man found the time suited to his ends, there was a harmony between the two; they helped each other as master and servant with a common understanding, and the lesson for us is that the man of the time is he who recognises that something different may be required; that though we are doing well we are losing because we ought to be doing better; and inasmuch as progress always is rarely possible without opposition) the successful man of the time is he who judges how far the mechanism of his own life-instrument (his knowledge) is fit to combat the new forces, or how far it must be altered and adapted. All this sounds like a sermon, but I am not afraid of preaching if I can interest you in what I take to be at least a very

important element of your future career, i.e. a correct appreciation of things as they are.

I have been considering, gentlemen, why you want an introductory address at all. Perhaps it is because there has always been one. But this is a bad reason, for it looks as if the Society were simply an annual, instead of being as it is part of the very constitution of this Medical School. When once the Society was launched you required no more "introductory." Fancy having to introduce a person again and again every time he exceeds twelve months of life and begins his rhythmic round! Again, see what time for debate you lose by it. One of the staff reads an address, to which you by courtesy listen for an hour. There is no power to reply to or discuss what has been said, and you lose an opportunity of what is most valuable to you afterwards, and what is indeed the main function of the Society, that of *debating*. I think you should seriously consider whether you are getting any advantage by introductory lectures, and I have a shrewd notion that the discontinuance of them would not seriously offend the somewhat narrow circle from which the sponsors are drawn. This has never been considered a strictly Medical Society. You have had introductory lectures dealing with old doctors, with old states of the Hospital, with old medical and surgical theories, with old scraps and folk-lore, etc., so with your permission I will discuss a few points in our Society of the day from the alenist's point of view, to see, if we can, how far *disease* and *health* are separated—if they are in fact really separated, and if what we are really regarding as *health* is not in fact *disease*; or, to put it psychologically, if what we are regarding as *truth* is not in reality error. However much we may know, we require opportunities for the display of it, and these opportunities have to be made, or they must occur and be seized upon; and the *mental* side of the *doctor* is often the pioneer to his success on the physical. The sympathetic mode, the "bedside" manner, the knowledge that produces the numberless facets of discernment which reflect the place in which we are—these surely are worth the consideration of us who desire ultimate increments.

To see ourselves as others see us is the yearning of the poet, but this simply means that we should be in the fashion, because then no one would take any notice of us. A little divergence from the common trend and the ordinary becomes the criticised; first bizarre, then strange, then downright mad; and all because a man dons a coloured coat or wears a broad-brimmed hat, when others follow the dictates of the man-milliner of the day! It is not ourselves that are so patent to others that we should desire to know what they think of us, but it is the others who are misled often, and fail to understand what is the motive that is in us. What we have to understand is ourselves, and this we may do whilst at the same time deceiving others by *resembling* them. Here, then, is the curious result: that the *natural* man it is who dresses and acts according to his own ideas, whilst the artificial man is the arch-deceiver, the spy in the camp, who circulates among his fellows and finds out their plans and methods though no one recognises the intruder. When, therefore, we see ourselves as others see us, as a rule, learn nothing; it is the "eccentric" who attracts attention, and it will be generally found that the eccentric has reason on his side. One often finds more rational conduct among lunatics than in the uncomfortable artificialities of the uncriticized sane. When Wagner put on a blue coat in which to write music of a soothing and pathetic character, and a red coat when he wished to depict the passion and the fury of the gods, he was called mad; but now we choose papers for our apartments which follow his ideas, and we even use light of different colours for the treatment of disease! The proper study of mankind is man, says another poet—not only the anatomical but the clothed man; man, who is the object of all the energy and the work of the world, for whom everything is done, yes, even including the religious element. It is in studying society that we see the insanity of sanity; in fact, the more one sees of that we see the more difficult is it to say what is sanity and what is insanity, and the practical man rules his conduct by being on the strongest side. Of course this shows weakness, want of originality and character, but the noble army of martyrs is always pitted and buffeted, and no one cares to be constantly fighting the tide; it is better to lie dirty on the beach. I sometimes think that the authors of the mode of the day are either having a joke with that we see the insanity of sanity; in fact, the more one sees of society, showing how fatuously it can be led, or are themselves members of the class called insane; and the only thing that leads one to a contrary conclusion is the utter absurdity of the general banalities and follies of the day. Instances are not wanting to show that people will follow the vagaries of anyone if only his social position is strong enough to command them. Intellectual peculi-

arities go for nothing; social vanities are the idol that is to be worshipped. A mathematical emperor would not make senior wranglers fashionable, but a gold stripe binding to one's evening trousers would be irresistible! and the inventor of the cake walk would be much more the lion of his town than the expositor of a new theory of atoms. In the days of crinolines it required a sterling contempt of *ridicule* to appear in rational dress, and he was a brave man who dared to exchange peg-top trousers for bell-bottoms. The sanity of one generation is an insanity in the next, and the wise man is he who sees the tendency of the day and reckons with it.

There are several psychologies that stand out prominently, and will probably do so for all time. Let us consider a few of these, and first of all we will consider that of love-making. Now I grant that to the mere man the psychology of the female mind is a puzzle. Even women themselves say that they do not understand each other, and they explain it by stating that they were meant to be a puzzle. Whatsoever be the reason, the fact remains; and if we venture to apply a rule to female conduct we often find ourselves mistaken in the issue. If marriage were determined by natural selection we should have a truly simple condition of things. If the handsome man always married the handsome woman, the tall man the tall girl, and the short man the short girl, the ugly man the plain girl, and the senior wrangler the top B.A. in honours, there would be no difficulty in forming a sliding matrimonial scale; but the *personal equation* comes in, and upsets all calculations. What is beauty to one man is ugliness to another, and happy is the philosopher who selects (or is selected by) the practical girl. Anyhow the great anxiety of heads of families is not so much whom shall the children marry, but when will they marry. There have been various definitions of what love is, from calling it an indigestion (which is perhaps as accurate as any) to a passing madness, which is very often, too, not far from the mark. In the face of such household terms as "love-marriage," "marriage de convenience," "suitable marriages," and so on, we can only conclude that what is certain is that there is a union, and what is not certain is the nature of the predicate. I have during the last few years been brought in contact with many cases of insanity (usually temporary) in young girls where the disturbing element assumes the form of doubt—they cannot get well for a time, when suddenly—for no apparent reason either to themselves or to any one else—they have broken their engagements, have renewed them and broken them again, causing endless worry and trouble to all concerned, and finally have drifted into a state of mental irritation which is a downright insanity, the result of sleeplessness, worry, hysteria, and bad nutrition. Many of these girls are misunderstood; they are called "flirts," are said to be fickle, and are generally blamed, when really they ought to be pitied. The usual idea is that they "do not know their own minds," or that they "cannot make up their minds," whereas really there is not much "mind" in it; they are in a reduced, impulsive state, and all their actions show this. No doubt very many marriages are actually carried out in this same spirit, and the consequence are disastrous. When girls marry either as a *pis aller*, to get away from home ties, or in obedience to the wish of their parents who think they have found a desirable *parti*, or for some other social or commercial reason, it is small wonder that the new estate is short-lived, and relief soon sought either in the divorce court or in agreement of separation. The numbers of married people who are living this state of veiled celibacy is quite extraordinary, and can best be accounted for by the explanation of either impulsive precipitancy or of change of feeling, producing incompatibility of relationship—for I am persuaded that a change of feeling is possible, and that this change may be quite involuntary, however deplorable, on the part of the person in whom it occurs. The truth is that marriage means much more to the woman than it does to the man. The new physiological relations are of a much more startling description for the woman, who has but an imperfect idea of what she is to go through. I allow that much is done in society nowadays to educate the young girl in sexual revelations, through newspapers, theatres, and the teaching of "elementary physiology," which is now considered a necessary part of the pedagogic period; but I maintain that many young girls do positively shirk—when it comes to the time—the part they have to play, and hence they vacillate and end by a series of inconsistencies which bring upon them the opprobrium of outsiders who have not properly understood the conditions. I do then reject them for the amusement of placing them in awkward and ridiculous circumstances, but it seems to me that the mental change which is involved by the term "falling in love" is of so complicated a character that though it may (and often does) proceed to a correct

solution, it may on the other hand have serious effects upon the life of the individual. A volume on the psychology of "falling in love" has yet to be written, but we may say as much as this, that it is a change or development of feeling—at times sudden, at others gradual in its appearance, inexplicable even to the subjects themselves, often absurd and unreasonable, one-sided though perhaps ultimately procuring reciprocity by sympathy, but always irresistible and sometimes a distinct sign of insanity. There is great difficulty in comprehending what a feeling is and what an emotion is. You know that according to the text-books an emotion is higher in development than a feeling, being associated with an idea, whereas feeling is the affective side of sensation. But beyond the emotion there is yet a still higher affective tone which we call sentiment, which for practical purposes we may define as the affective tone of the abstract idea, so that the most highly idealised love is most akin to adoration, most free from the sensual element, most abstract, may even be devoid of an object. This, it need scarcely be said, is hardly the stuff of which marriages are made as a rule, and yet there are women and men who form an ideal—which they worship as an idol,—and then, as they cannot marry an idea, seize upon the nearest physical embodiment they can find and endow it with all the virtues which are really in their own imaginations. The "physical embodiment" is, of course, scarcely up to what her fancy painted him, and she has to descend to a lower plane of love or live a life of disappointment. So much for the play "Mice and Men," where Forbes Robertson educates a girl, whom he selects from others, to the high standard of his own ideal. What a failure he makes of it! She is of far too concrete a nature to fall in love with a professor of abstract sentiments, and he has the sense to recognise that her love is impossible for him, and, as a sensible man, he resigns it—probably he never really felt it,—and thus he avoids what must have ended in a catastrophe. Under this heading we see girls fall in love with impossible old men; the latter know that they are proceeding upon false premises; there soon comes a time when the mask falls off, then enters the gallant captain, and the Divorce Court looms in sight. The woman is scarcely to blame—she was a victim of a fanciful imagination, and it is quite probable that she did not realise the sexual basis of true marriageable love—may not, indeed, have had it.

Scarcely less adapted may be the cases which are founded on the emotional basis, nor are they more explicable, because we have just as much difficulty in understanding what an emotion is as we have a sentiment. True, an emotion is on a lower plane than is a sentiment, and therefore we may expect in it more of the materialised sexual element; and it is probably just this latter element which, when in due balance with the idea ought to provide the exact conditions which we should imagine best suited for happy marriages, and where in fact we do find them; but in the exact co-ordination between feeling and idea is just where the crux lies. Some have an excess of the feeling side of the idea, others have the idea with a minimum side of feeling; in the former case satiety is soon set up, and weariness of the sexual element and inducements in life are desired; the twin existence is cold, formal, and at length tiresome. Bear in mind that the great incentives and inducements in life are desire and motive, and that the feeling element of an idea wanes with the repetition or persistence of it (indeed, the common proverb expresses it, viz. that anticipation exceeds fruition); therefore if the sexual side has been too much the object in a love affair, and the intellectual side ignored, the consequences bid fair to be disastrous, and rapidly too, because the emotional tone of the idea decreases out of all proportion to the intensity of the idea, and as there was little of the latter in the original rise of the mental compound there is practically nothing left to form any common bond of union, and so the one and the other fall apart, and again the result is—separation.

Now it is just on this platform that the greatest number of social difficulties arise. The sexual side of the idea is strongest just at the time when the intellectual is in course of development, and the ancients said truly that "Love is blind." The impulsive side commands the situation, and makes argument impossible. Parents and friends may argue, and try to convince their children that they are doing the wrong thing socially in carrying out such and such a contract, but nothing can override the persistence and obstinacy of the recalcitrant damsel or boy—nothing except a change in the intensity of the emotional side of the idea, and this is what astute parents hope to foster by not too much appearing to thwart a union which is distasteful. It is of no use to upbraid children who are in this frame, and have impulsively entered upon contracts; it is of no use to call them unfaithful, regardless of their social status which they

are imperiling; it is indeed *wrong* to call them cruel, wicked, and deceitful; the only reasonable way to behave is to see that the physiological psychology of the whole proceeding is clearly demonstrative of a condition which can only be changed by a transmutation of the component elements of the idea. To tell the man that exceedingly pretty girls are very often imbecile will not affect him. To tell him that the symmetrical giant whom she adores is intolerable to her social surroundings will not deter her in her resolution to carry out the match at all risks; even the candid friend who could assure her that the man was physiologically unfit would probably be of no avail, because her knowledge of what this sexual side really is in the majority of cases imperfect, or even non-existent; all she knows is that she has a certain *feeling*, and the desire to satisfy this will force her to conclusions which only a change of feeling can alter.

Now this change of feeling may arise just when it is not expected. Fortunately for social happiness, when a change does take place in feeling it is in quantity only not in *quality*; the latter, however, does at times occur, and the consequences are disastrous. As a rule, people who are fond of each other remain so, but something may occur to change this feeling; then other associations or alliances are formed, and with the crumbling of the natural basis on which the artificial social fabric was raised the whole collapses. When this occurs before marriage the wisest thing of course is to avoid the contract; but the subject of the changed feeling is unable to face public strictures, and prefers to carry out a union which soon becomes intolerable. With the best desire for the continuance of good relations, a change of feeling may occur and cause the individual to awake as from a pleasant dream to a cruel reality—and all this from no personal fault! What, after all, is a feeling? What is that particular condition which under similar circumstances causes in one person love, in another either a neutral affection, or even the positive one of hate? Why does one man flee from the presence of a tame cat, whilst he will unflinchingly face armed battalions? Men spurn a coward, but whilst there are men who, like Nelson, do not know what fear is, it ought not to be forgotten that these qualities are natural endowments; and however much experience and force of circumstances may modify the outward manifestation of courage, there is little doubt that the appearance is only a mask, and the real feeling still persists. It is quite impossible for one, for any one, who has a dread of wild beasts, to understand the mind of a lion tamer, or of her who can submit her body to the writhings of a python; and it is just as impossible to understand why so-and-so sees a charm in the hunchback whom she selects, or why the society darling of the day confounds his admirers by becoming engaged to "that thing." Let us turn for a moment to the interior of an asylum, and see how the insane person behaves in his love affairs. I do not of course allude to the wives of insane men in all cases, but to the instances of love-making that occasionally happen. It may be thought that no opportunities exist for this demonstration, but the sexes are brought together at the church, at the evening entertainments, etc., and what one sees in this particular direction is very like his prototype in ordinary life, bearing always in mind that the field for selection is limited, and that opportunities must be seized when they can be got. One may, then, in asylums note the sentimental lover, perhaps an example of chronic delusional mania, who apostrophises his Dulcinea in the highest strains, sends letters written on blank bits of newspapers, but in this ideal lover there is no suggestion of lewdness or immorality. And what an object does he generally select as the complementary side of his sentiment! One may see a really smart-looking man select the most extravagantly proportioned female; it does not matter to him that she is an idiot or demented, that she grins unmeaningly during his poetic declarations, and perhaps wipes her red nose on her petticoat, whilst he is discussing his future projects—she is his *ideal*, and it is quite sufficient for him that he has found her.

"If I love thee,
What is that to thee?"

is all his cry.

Perhaps the lady becomes somewhat awake to the soft blandishments, and begins to take a little more pains with her dress and appearance. She soaks her stockings in water, and obtains thus a little carmine colouring for her lips and cheeks; a little flour serves for powder, and the cold fat from the leg of mutton is saved to make the necessary *eukairogenicon* for her scanty locks. I have even known the hair combs on bathing days saved from other patients' hair and worked up into a "frisette" wherewith to repair

or conceal the ravages of time or the result of previous altercations. What matters it that the new "scalpette" is somewhat different in colour at the roots from what it is at the ends? Cannot the same variety in tint be traced in her unceremonious sister?

You will say, perhaps, this but shows that the insane are never wholly mad, and that they frequently act like sane people. If this be so, I may say equally that the sane often act like the insane; so whether it is a compound of sane-madness or of mad-sane does not matter, the result is the same.

A third class of love-making is the lowest form of all. It does not deserve to be called a display of emotion; it is merely a *feeling*—a sort of anything will do kind of union. One sees this both in the sane and the insane; a little more elevated, perhaps, than the love of a jelly-fish or an octopus, but not much. There is a crude sexual feeling with very little mind—more of a sensation with an affective tone; then the tentacles are spread, and the first thing that comes in the way is absorbed and utilised.

One sees this impulsive, instinctive body-snatching (for it is nothing else) both in old and in young people, and the endings are often as sudden and ephemeral as the beginnings. Not rarely one hears of what are called "old-fool" marriages,—a man of seventy goes to the altar with a young girl. These are often instances of true insanity. Some time ago a case of this kind came under my notice,—a young lady aged 22 or 23 "fell in love" with an aged man. When I saw her she had marked signs of adolescent mania. After her recovery she laughed at her previous infatuation, which was, in fact, a sign of her insanity at the time. When old men marry they are, as a rule, purely ideal, not love marriages. They are due to sexual remnants in the brain, the fossil remains which they call their affections, the memories of past sensations brought into action by gout or some ptomaine, and are the sign of some incipient insanity, and more worthy the attention of the physician than the priest.

To show how suddenly the emotional tone of an idea may change, it is only necessary to mention facts of everyday life. A favourite child contracts a *névralgie*, changes religion, or takes up some calling to which the parent objects, with the result that all affection ceases at once; the parent forbids the child the house, never mentions the name again, and does all in his power to forget; but the ideas are there, persistent more or less, though the emotional tone of them has completely changed. You will say, perhaps, that they have been displaced by new ideas, which carry with them the new emotional tone of anger and hate. To some extent this is true; still, some of the old memories recur, but where is the old emotional tone? Gone—never to be restored! The check has caused a change of feeling, most unreasonable, out of all proportion to the cause, truly an insanity not to be distinguished from those cases where dislike supplants affection and at times leads to fatal results. The emotional side of the idea changes, and takes a violent and practical form in ostracising the cherished object.

Another epoch in life is when a man settles down into his shirt collars and adopts the style of dress which he maintains to the end of his chapter. Of course, to some extent every one who can get clothes follows the fashion, but even here there is seen the variation which denotes an internal set of ideas, from which much may be learnt by the observer. When you go to the theatre you know what to expect from the dress of the actors. The old lady in the black velvet cape trimmed with bugles will, you know beforehand, bore you with the redintegrations of her everyday existence; the isping dandy with the glasses in his eye may look fool enough to say really smart things; the thin-legged young gentleman in the gaiters and baggy breeches will make you think of Sandown or the moors, and every one knows that you cannot successfully act a part unless you are dressed to it. Hence one ought always to lecture in a gown. Fancy playing Hamlet in the frock coat of the shop-walker, or reading the prayers in church without a surplice! The psychology of dress is that it makes you think that you are what you profess to be. That is why the common soldier is never the insane. I forbear giving examples, because I do not wish to offend any who may think 't is the subject not one for public discussion, but I would ask you to bear in mind what I said when speaking of the psychology of affection, and not to brand as atheistic, blasphemous, or irreverent those who do not agree with the current creed—it may turn out that their view is the correct one; nor, on the other hand, to blame those who change or drop their religious creed, for you will remember that where the subject of feeling and emotion comes we are powerless to explain.

man who is the puzzle. Above all, be on your guard when you meet men in the conventional evening dress. Some time ago I dined opposite a gentleman with whom I was entirely unacquainted, but with whom I had a casual conversation. I found out afterwards that he was a prince of the blood. Fortunately, I had not mentioned politics or dynasties. I am always careful of men in evening dress. What must have been the feelings of the man who asked the American ambassador, who was standing at the door, to "call him a cab"? "You are a cab," said the ambassador. Ordinary or morning dress is the standard of the man—his mind; evening dress is his hiding-place—his retreat. But what about the psychology of clothes in the asylum? The neatest people are the epileptics. The man who is absorbed with his ideas, who has an excess of subject-consciousness is either careless of his dress, like the philosopher, or dresses accordingly. I remember being much astonished one morning at seeing a patient, who had developed religious ideas with a correspondingly strong emotional side, in a clerical coat, an "M.B. vest, and a white tie. At first I thought that I had met the *torquem* tenon of the chaplain, but I found out that he had managed to get round the tailor. Patients who have delusions of position I have known to don on special occasions such jewels and ornaments as they could lay hands on, glass set in string or wire for rings, scarlet "Turkey twill" sashes, orders of the garter conspicuously displayed—in all respects like the dressed-up social models. I once saw a discarded cricket blazer of many gaudy stripes offered to a patient. He refused it on the ground that he might be mistaken for a lunatic! Thus even the mind of the deluded madman is on the same psychological basis as the sane man's,—there is no difference, judged by clothes.

Another psychological epoch is that of "sets" in society.

Nowhere is the "aggregation of atoms" more amusingly apparent than in small towns, cathedral cities, and lunatic asylums. It seems right that people of the same way of thinking should hang together, and it is an inevitable law that those on one platform should strive to rise to those above. The social ladder between the platforms is undoubtedly *money*, and here, again, it is the feeling and the emotional sides of mind which are the basis of the epoch. If to be pleased, to live in luxury and enjoyment, to have good health, and to be free from care are what is especially sought after in society (as without doubt they are), then the possession of money is the natural means of obtaining them, and so strong is the feeling that the strictly *intellectual* side of the idea is subordinated to it. The bluest blood will marry trade, the millionaire commands all the approaches to the citadel of society, and he finally suborns those who hold the gates within and enters the sanctuary of the elect. Just the same can be seen in the wards of an asylum. There are church and chapel sets, old maid's afternoon tea-party sets, bridge and billiard sets, and so on, but the lord of the ward is he or she who happens to have or to make some money; he it is who can dole out magnificent extras of tobacco or sweets, and who is admitted on the strength of his assets to the mock-royal circle. Knock down the asylum wall, ignore the certificates, and it is difficult to say which is health and which disease!

Another epoch in life is the religious epoch. Those of you who have attended my lectures and demonstrations know the peculiar religious enthusiasm which I have pointed out in epileptics, and the signs of mental alteration or excitement in many of the great religious reformers. Believing, as I do, in the necessity of a faith and in the principles of the Christian religion, I cannot help seeing that in some of the manifestations of the emotional schools there are conditions of mind produced which cannot be distinguished from certifiable insanities. The bases of religion are fear and love, two of the strongest of the emotional tones of ideas. The religion whose emotion is sentiment is a cold belief (*i.e.* merely a control of subjective ideas by the objective), it can hardly be called a religion by the ordinary interpreters. Very emotional religion has often a strong sexual element mixed with it, and this form one often sees in the insane. I forbear giving examples, because I do not wish to offend any who may think 't is the subject not one for public discussion, but I would ask you to bear in mind what I said when speaking of the psychology of affection, and not to brand as atheistic, blasphemous, or irreverent those who do not agree with the current creed—it may turn out that their view is the correct one; nor, on the other hand, to blame those who change or drop their religious creed, for you will remember that where the subject of feeling and emotion comes we are powerless to explain.

The crest of the Abernethy family is "a parrot feeding on a bunch of cherries." I do not know the meaning of this, and I am unable

to trace any connection between it and the celebrated biscuit. The motto is "Salus per Christum," a high ideal to which every newly forged link in the chain of causation brings us nearer.

Another social epoch is the distinctly different social lines on which children (more especially girls) are nowadays brought up. This is a product of the last few years, and several causes have contributed to it. I think that the evolution of the "girl of the period" began about the sixties, for I well remember my late friend Mr. Savile Clarke's essay on the subject, which made a commotion at the time, and has been a byword ever since. I ascribe this change in the life of the girl partly to the Americanisation of this country, partly to the influence of the Press, and partly to the growth of social democracy. We must never forget that the woman was the first to eat the forbidden fruit, and, finding it pleasant, was good enough to give some to the man—it was foolish of her. Later on man's knowledge exceeded and dominated the woman's. In a silly moment he reciprocated Eve's generosity, and said to the woman, "Be free, know as much as I do"—it was foolish of him. The psychology of it is based on fear, but fear on the wrong side. The man who would like to regulate his family on the old theories of reverence for authority, opportunities for unlicensed freedom of action and irresponsibility, no longer dares to do it. He has the *Press* against him, the *publications* by the shrieking sisterhood, who *disapprovingly* enjoy a censorious freedom because no one ever gave them the opportunity for an affectionate bondage, and the trend of the general education in cultivating familiarity with vice and libertinism, so that, forsooth, they may know how to avoid it.

When we are such tools as to take our wives and children to "The Second Mrs. Tanqueray" and "The Gay Lord Quex," to put into their hands "The Heavenly Twins," and to familiarise them with the blasphemies and the oaths of the betting ring, we must not blame them for the psychological necessity which *remodels* them—new associations of ideas, with corresponding emotional tones, and a resulting habit of unrestrained life and action which makes the thinking man pause before he attempts to interfere with that "good time" which they delude themselves that they have found.

I am not saying that this social evolution is a mistake,—it was probably bound to come; but it won't do to view people as mad, bad, or wicked or irreverent, because they do things which would a few years ago have called for rebuke. Societies for the assertion of "women's rights," together with the fact that (by the law) women have more power over their own money, and also actually more of it, the clubs that have arisen in the West-End "Petticoat Lane," the cult of open-air athleticism, the loss of reverence for experience, and the claims of youth against old-fogeyism, the growth of social phagocytosis, who absorb all the best knowledge that one can give and then kick over their teachers, have created a *new being*; and if in its psychological aspects it comes more to resemble the "mere man," it may lead to a better understanding of some of those mysteries of action which come from a more intimate acquaintance with that tree of knowledge which we have *nurtured* but not *pruned*.

To what practical conclusion do these psychological methods lead us?

Gentlemen, I am getting old in the service of this Hospital, and one result of my experience is that considerations of conduct on the lines I have indicated produce feelings of tolerance rather than resentment, of surprise at nothing, of pity for those whose actions are wrongly criticised by censorious ignorance. I am more than ever convinced of the truth of the winding-up sentence in "Faust," "das ewig-wöchliche formuliert und zugänglich ist all, it is rather to be regretted that they are not more generally applied to the elucidation of conduct. People are not as a rule very different from their environment; not because they approve of the conditions in which they orientate, but because, except in a few instances, they prefer to mask their identity in the propriety of social symmetry. It looks as if the madman is very often the one who thinks correctly and acts up to his ideas, whilst the "sane" man's ideas are all wrong or silly, and he may know it, and yet dare not do otherwise than act up to them, *i.e.* he must obey the majority. It comes, then, to this,—that the sanity of the moment is the verdict of the majority; but when we consider how delicate are the conditions on which the majority of the moment forms its dicta, how incomprehensible is the actual nature of even the elements out of which it is formed, we shall do well to give pause before we condemn as mad or wicked those whose conduct we are at the moment at a loss to account for.

30, HARLEY STREET, W.1.
October 8th, 1903.

Some Chronic Consolidations of the Lung in Children.

Remarks on Physical Signs and Pathology.

By W. P. S. BRANSON, M.B., M.R.C.P.

(Concluded from p. 5.)

IN all these grounds it is justifiable to believe that, in general, so-called pleurisy is in fact a pleuro-pneumonia, whether with or without effusion, and that the residual muffling after aspiration of a serous effusion from the chest is a measure of the bulk of inflammatory remnants within the lung needing time for their absorption.

If this be true of serous effusions, it applies in an especial degree to those of pus. No one can assist at the inspection upon persons dead with empyema without remarking the inflamed and solid appearance of the lung adjacent to an abscess cavity. Here, at all events, there is no room for doubt that the lung shares, when it does not determine, the inflammation of its covering membrane.

In any area of inflammation the chronicity of the process is the measure of its tendency to fibrous tissue formation, and in the lung, as elsewhere, those maladies which cause long-lasting inflammatory consolidation are those which are responsible for permanent fibrosis, the extent of which will vary with the duration of its cause.

Now lobar pneumonia is an acute inflammation, to which nature in the majority of instances sets a more or less definite and brief term: therefore uncomplicated lobar pneumonia, unless it attain a sort of chronicity by frequent recurrence, cannot be considered chargeable for pulmonary fibrosis.

But lobar pneumonia is in children very liable to complications that ensure a greater or less degree of chronicity. Autopsies reveal the fact that pneumonia, when chronic and fatal, is rarely chronic *qua* pneumonia, and that chronicity in cases beginning in pneumonia is associated with three fairly common complications, as follows:

- A. Pleural exudation, oftenest pus, either fluid or inspissated.
- B. Broncho-pneumonia, either in the originally affected lobe or elsewhere.
- C. Tuberculosis.

These three possibilities, therefore, present themselves as alternative explanations of chronicity occurring in any case whose onset and early course have pointed to a lobar pneumonia, and we may briefly deal with them in turn.

Purulent exudations into the pleural cavity may show all degrees of consistency, from that of thin liquid to that of a jelly-like mass, and the smaller they are, the more are they likely to be increased in consistency. Their ultimate effect upon the lung will vary with the length of time they persist.

In extreme cases, where large collections of pus are allowed to remain for a long period in the chest, the lung may reach an acme of fibrosis. There is a specimen of this condition in the museum at Cambridge, in which the lung appears as a mere fibroid excrescence, intersected by dilated bronchial tubes. In slighter cases it is not uncommon to find a considerable recovery of resonance over areas suspected of empyema negative to exploration with a needle, yet, on resection of a rib, disclosing a collection of gelatinous exudation, a sequence pointing to the fact that in these cases much of the attendant lung inflammation may come to an end in spite of the presence of an irritating effusion; and here, in all probability, the ill effect of the effusion will exhaust itself on the superficial parts of the lung, without exposing it to the risks of a disseminated fibrosis.

Pneumonia, as we have said, is frequently complicated by broncho-pneumonia, in fatal cases at least. It is not by any means rare to find after death one lobe, or part of a lobe, typically hepatized, while other parts of the lung show equally typical lesions of broncho-pneumonia; and since the laws governing the course of this last disease may be assumed to be the same whether it be primary or secondary, we may conveniently deal with it here, in regard to its bearing upon chronicity in the region of its operation.

It is possible that under the traditional heading "broncho-pneumonia" (exclusive of tuberculous consolidation) is included a variety of states out of all proportion to the available nomenclature. It is certain that morbid anatomists may be at a loss to place in their proper category anomalous lung consolidations not uncommonly met with in the post-mortem room, as well they may be in view of the fact that all recent consolidations not characterised by exudations more or less massive, like those of pneumonia or broncho-pneumonia, must for the present go without a name or lose their individuality in the collapse that usually accompanies them.

Even where there exists the patchy exudation that entitles the case to its label "broncho-pneumonia" there exists invariably in the neighbourhood or elsewhere in the lung a state of unnatural solidity. What is this condition?

In ordinary cases of simple, as opposed to septic, and tuberculous broncho-pneumonia the lung presents, on section, numbers of solid patches, sometimes dark, sometimes grey on a dark ground, sometimes discrete, sometimes coalescent. These patches prove, on microscopical examination, to be areas of extensive small-celled infiltration, indicative, possibly, of multiple foci of bacterial infection, and comparable with the multiple infection of miliary tuberculosis.

The actual appearances of the lung tissue in such cases may be expected to vary with the stage and violence of the inflammation, as in fact they do. In some there is extensive hæmorrhagic extravasation, pointing, presumably, to an exceedingly acute process; in others the leucocytic exudation

tion preponderates, giving rise to the whitish patches that so frequently distinguish this disease; in others again a further advance in the process may actually supply minute pus cavities in parts, while the rest of the lung may exhibit broncho-pneumonic areas in a more usual state.*

These facts support the view that pneumonia differs from broncho-pneumonia more in degree than in kind, as a boil differs from a carbuncle. It may at least be hazarded that broncho-pneumonia, by the time it has reached the stage of marked localised leucocytic exudation, is an inflammation that has already manifested a considerable degree of severity, that this exudation which stamps the disease is no more than an incident in the progress of a malady whose essentials are the same even though it never reach the stage of macroscopic leucocytic exudation,—in fact, that ordinary broncho-pneumonia in young children is a local infection of the lung, sometimes diffuse within the limits of its operation, sometimes marked by hæmorrhagic extravasation, sometimes by localised leucocytic exudation, sometimes by local cell necrosis and pus formation, according to the gravity and age of the inflammatory process.

But, whatever its cause, broncho-pneumonia inclines to chronicity, and thus to permanent distortion of the lung, in the direction, always, of increased solidity. The vesicular tissue, after prolonged inflammation, becomes more and more obliterated by the cicatricial tendencies of the new connective tissue in its midst, whose contraction, acting from many sides upon bronchi themselves not improbably robbed of natural resistance, results in the bronchial dilation that so invariably accompanies pulmonary fibrosis.

Notwithstanding the proverbial uncertainty of hospital practice, it occasionally happens that one may observe in a patient the gradual establishment of pulmonary fibrosis. Here, for instance, is a case of the kind.

H. M.—, æt. 2½, admitted to the East London Hospital, under the care of Dr. Eustace Smith, November, 1900. Signs of consolidation at the right apex. Discharged free of physical signs within a fortnight.

Readmitted October, 1901, under Dr. Coutts with signs of consolidation at the left apex, involving subsequently the whole of the left lung, and last the whole of the right lung. Discharged after an illness of ten weeks with impairment of resonance and râles at right base only.

Readmitted April 29th, 1902, under Dr. Coutts with signs of consolidation at both bases. Discharged in one month still with râles at both bases.

Readmitted August, 1902, under Dr. Coutts, with signs of consolidation over the whole of the right side behind,

* The lung of a child aged one year, at the end of four weeks' illness, appeared as follows:—*Right lung*: solid. Superficially under the pleura innumerable whitish spots, of all sizes up to that of a hemp-seed, the larger ones containing fluid pus. Deeper parts of the lung typically broncho-pneumonic. Cultures from the pus grew mainly a diplococcus resembling the pneumococcus, and a few colonies of *Bacillus coli communis*.

but for the first time without constitutional symptoms. Expectorated from time to time, and after attacks of spasmodic coughing considerable quantities of pus, after which could be heard over the right base signs suggestive of cavitation. A flake of pus having been withdrawn from this region by an exploring needle, an incision was made to exclude the possibility of an inspissated exudation. None being discovered, it was concluded that the condition was one of bronchiectasis.

In such a case as this is displayed the whole life-history of one form at least of pulmonary fibrosis. Of the individual attacks of lung inflammation one behaved clinically like a lobar pneumonia, the two succeeding ones like broncho-pneumonia. Whatever their nature, they achieved the fundamental quality of chronicity, and ended by a natural sequence in fibrosis.

We have said that the supervention of tuberculosis may be the true explanation of chronicity in a consolidation beginning clinically like that of a lobar pneumonia, a view justified by autopsies, though such a supervention is by no means common.

It is otherwise, however, with broncho-pneumonia, and to assert with confidence that such and such a case is not tuberculous, remains often beyond the reach of the physician.

But there are certain features in the morbid anatomy of tuberculosis of the lung which do supply some data, however incomplete, towards the resolution of this problem.

It is said that in young children the chronic tuberculous phthisis of adults finds no representative—a dictum true in the main, though, of a score of inspections revealing pulmonary tuberculous disease in children under the age of six,—the total for six months at the East London Hospital,—four, or 20 per cent., showed a malady chronic enough to have led to destructive cavitation. Still, in general, tuberculosis of the lung in such patients is a disseminated miliary infiltration, and, from its nature, essentially progressive; hence, once rooted in the lung to a degree sufficient to permit detection by physical means, it is not prone there to undergo such remission in the physical signs of its presence as often marks broncho-pneumonia.

This is to say that when in such a case the physical signs of consolidation, vanishing at the original site, migrate from place to place about the lungs, the presumption for the time at least is that the consolidation is a simple one.

With advancing years, however, the tendency of pulmonary tuberculosis is more and more towards the adult chronic type, the disease attacking the apex for choice, and manifesting a far slighter immediate fatality, so much so that but one patient, above the age of five, fell to it during the six months which saw the deaths of the twenty below that age to whom we recently alluded.

In these older children, therefore, chronic consolidation apart from pleural effusions, and especially when limited to a lung apex, raises a presumption of tuberculosis almost as strong as in the case of adults; while, with the increasing likelihood of obtaining sputa for bacteriological examination, the difficulties surrounding a distinction between simple and tuberculous processes, so common in younger life, rapidly lose force.

But whenever and wherever it does occur, chronic tuberculosis of the lungs shows no departure from the rule that chronicity is the measure of new fibrous tissue formation in areas of inflammation: destructive cavitation, corresponding to the energy of the inflammation, concurs with a degree of fibrosis proportionate to its duration, and these together determine a distortion of the lung tissues that no subsequent recovery can finally obliterate.

The sum of the conclusions of this paper may be dogmatically expressed as follows:

1. A muffled percussion resonance over pulmonary areas is due to consolidation of the lung concerned whether an effusion accompanies it or not.

2. No intrinsic changes in the pleural membrane will, *per se*, effect an appreciable muffling of percussion resonance, neither will inspissated interpleural exudations.

Corollary.—Persistence of impaired resonance over areas from which pleural effusions have been aspirated depends upon tardy resolution of an accompanying lung inflammation.

3. The degree of permanent fibrosis is measured by the duration of its causal inflammation.

Corollary.—The remote gravity of a lung inflammation is proportionate to its duration rather than its severity.

4. Broncho-pneumonic consolidation is no more than an incident in lung inflammations of, probably, many varied orders.

5. So-called broncho-pneumonia, empyema, and tuberculosis are the three most frequent causes of chronic lung consolidation in children.

Notes on the Medical Examination for Life Insurance.

I. THE PROPOSAL.

THE examination of candidates for life insurance is a branch of practice which will from time to time present itself to every medical man; and although the subject may lack some of the professional charm and manipulative dexterity associated with other medical and surgical work, it deserves more attention than it usually receives, and will often repay the careful examiner with points of unexpected interest. In addition to a sound medical training, much tact and some knowledge

of the world are necessary in dealing successfully with applicants, who are generally highly nervous and excited at the thought of a medical examination which may reveal some serious and unexpected defect, and who are often given to the artless concealment of past illness and dissipations which a shrewd intuition tells them might possibly have an unfavourable influence on the mind of the medical examiner. To elicit swiftly and surely all that is bad in the past history or present condition of the applicant without wounding his susceptibilities, and at the same time to give full credit for all that is favourable, should be the constant aim of those who desire to be considered efficient and reliable insurance examiners. A clear picture of the case as it presents itself at the time of examination, with all its good and bad points, is what is desired at the chief office, and with a little experience and care this is fortunately not a matter difficult of attainment.

The *proposal form*, which is sometimes a separate document and sometimes appended to the medical report form, should be submitted at the time of examination, and no step should be taken without it except under very special circumstances, and at the express request of some responsible officer of the Company known to the examiner. This proposal will contain statements with regard to the age, occupation, family and past medical history and habits of the applicant, together with his previous experience of insurance and foreign residence, if any, duly signed and witnessed. The correctness of such facts as fall within the province of the medical examiner should be checked as far as possible, and in clearing up any vague or difficult point he can be of the greatest service to the office he represents. An honest proposal is essential to the insurance contract; and where there has been wilful misstatement or concealment of material fact the office may legally demand relief from its obligations. In this respect it is a practical point worth noting that policies taken out with the view of obtaining loans or advances are much more often afflicted with the form of complaint known as *suppressio veri* than those intended for family provision.

The past and present occupation of the applicant may have a very distinct bearing on his eligibility for assurance, and help to explain some defective physical condition present. From clergyman to publican, all healthy lives, and many of the unhealthy, are insurable at a price, but the occupation in course of time does not fail to leave its mark on the man for better or worse. So true is this that where the appearance does not correspond with the stated occupation, careful inquiry as to the reason is advisable. A farmer with a pale face, a clerk of ruddy hue, a clergyman with a red nose, and a publican with a quiet circulation, are in each instance a departure from the normal type, and therefore a case for investigation. Here I would say at once that, in my experience, a man who has had no occupation is as regards habits in many cases as hazardous

a risk as a publican; and although I would not expect such an opinion to pass unchallenged by those favoured of fortune, I believe any experienced insurance examiner would agree with me.

It has been said of insurance companies and their medical officers that too much importance has been attached to family history and too little to personal condition in dealing with life proposals. Now, although there is probably a certain amount of truth in this criticism, the family history is still considered, and I believe rightly so, a matter of the highest importance. Vague causes of death, such as childbirth, inflammation of the lungs, dropsy, change of life, etc., should be cleared up as far as possible, especially with the view of eliminating diseases which were of tubercular origin. It is not always easy, and sometimes quite impossible, to extract any information of value from an ignorant or illiterate candidate, but the duration of the illness and nature of the symptoms where known may warrant a fairly accurate guess at the exact cause; and it should be borne in mind that the mere opinion of the medical examiner may be sufficient with the other information at his disposal to enable the chief medical officer to give his final recommendation to the Board with confidence.

Past illnesses of the applicant mentioned in the proposal form are next to be briefly reviewed, and an attempt made to form an opinion as to their exact nature and significance. In respect of any prolonged, doubtful, or suspicious illness, it is advisable to elicit the name of the medical attendant for the purpose of reference if the company so desire. Here again symptoms which suggest tubercle require careful attention, and any history of hæmoptysis, at all times a grave stumblingblock to insurance work, must be carefully investigated. Whatever the past history may reveal must be borne in mind at the time of examination, and the particular organ or organs likely to have been affected examined with especial care. A note to the effect that this has been done duly appended to the medical report is always highly valued at the chief office. The lack of some such assurance, on the other hand, is often the source of doubt and perplexity to the chief office adviser, who may very likely have before him the report of some unusually candid friend hinting vaguely at bygone illness, which a few words from the medical examiner would at once clear up.

It is customary in the proposal to ask the candidate a question with regard to his past and present habits, and although as a rule little or no reliance is to be placed upon the answer, a hesitating or obviously evasive reply is nearly always a serious matter. When the candidate claims to be a total abstainer it is essential to know for what period he has abstained. As a matter of fact there is none so proud of his temperance or so loud in proclaiming it as the alcoholic whose previous dissipations have necessitated, on medical grounds, a short period of abstinence.

If it appear that the applicant has been declined or rated up by some other office the medical examiner should go over him with particular care, remembering that his report may possibly be compared with that upon which the original adverse decision was founded. A careful unbiassed opinion is all that is desired under such circumstances, but whilst undue weight need not be attached to a previous declination or extra rating, it is worth while remembering that lives are never lightly declined or rated up by insurance companies. It may be that circumstances altogether apart from the medical examination rendered the adverse decision necessary or expedient, but a case of this kind demands extra caution in order that justice may be done to the office, the applicant, and the examiner himself.

The questions in the proposal form are drawn up partly with the view of testing the *bona fides* of the proposer, and partly with the intention of assisting the examiner with some brief notes of the past medical history, but the great defect of many examinations, otherwise all that could be desired, is that the cases have obviously not been examined with any special regard to flaws plainly declared therein. It is a frequent experience to find the most serious defects in personal or family history passed by the medical examiner without the slightest comment, and to those who have the final examination of the papers and recommendation to the board this neglect is a matter of serious difficulty, and may be the means of prejudicing what is, after all, quite an ordinary insurance risk.

Notes.

An interesting item of news has arrived just as we are going to press. We cannot therefore make more than a mere statement of fact without any comment.

The Queen has, through Earl de Grey, Treasurer of her Household, forwarded to the Lord Mayor a sum of £1000 to start the appeal which is shortly to be made for funds for the enlargement and improvement of St. Bartholomew's Hospital, in accordance with the recommendations of the Mansion House Committee.

His Majesty the King was President of the Hospital from 1867 until his accession, when he became Patron, his place as President being taken, at the unanimous wish of the governors, by the Prince of Wales.

* * *

We offer our sincerest congratulations to Dr. West and Mr. Bowly on their appointment to the office of Physician and Surgeon to the Hospital respectively. Mr. Bowly's interest in all things that pertain to the well-being of the School is well known, and all Bart.'s students have good cause to look on his promotion with especial satisfaction.

* * *

We regret that we have not yet finished with mistakes and omissions in the Students' number of the JOURNAL. We print a further list of corrections, and thank our various correspondents for pointing them out to us.

Mr. Philip R. W. de Santi, late Senior Assistant Surgeon, now Surgeon to the Throat, Nose, and Ear Departments at Westminster Hospital.

Dr. Sidney J. O. Dickens' address should be Cowfold, Sussex.

Mr. C. P. B. Clubbe, Lecturer on Clinical Surgery at the Sydney University, and Surgeon to Prince Alfred's Hospital for Children.

H. Rayner should read Surgeon-Major Rayner, Royal Horse Guards.

Major W. B. C. Deeble should read Surgeon-Lieut.-Col. Deeble, 1st Life Guards.

MR. WALTER JESSOP has been appointed one of the correspondents for England of the forthcoming International Congress on Ophthalmology which is to be held in Lucerne on September 19th, 20th, and 21st, 1904.

DR. THURSFIELD has been appointed Assistant Physician to the Metropolitan Hospital.

DR. CLIVE RIVIERE has been appointed Assistant Physician to the Victoria Park Hospital for Diseases of the Chest.

Amalgamated Clubs.

THE Annual General Meeting of the Amalgamated Clubs was held on Friday, October 9th, in the Anatomical Theatre. Mr. Harmer presided. Mr. Neligan, the senior secretary, read the minutes of the previous meeting, and then the business of electing secretaries for the ensuing year was proceeded with. Mr. Ash was elected senior secretary, with Mr. Loughborough as his junior. Mr. Hogarth made a statement *re* the Students' Union. "The Commission had drawn up a scheme of laws for the constitution of the Union, which had been considered unofficially by representatives of the Medical School Committee; their report was favourable. It had seemed, on the whole, unreasonable to attempt to introduce the new organisation this October, therefore the scheme would be duly submitted, after further consultation with the school authorities, to a general meeting of students, and would be also published in the JOURNAL. It was to be hoped that the first election of the council under the new régime would take place in March of next year." A vote of thanks for the outgoing secretaries was then carried unanimously, as was also one to Mr. Harmer for presiding at the meeting.

ASSOCIATION FOOTBALL CLUB.

The Club has begun its season more auspiciously than would appear from the results below. Unfortunately all the practice games were cancelled owing to bad weather and other circumstances. However, there is plenty of good material, but men must make up their minds to play more regularly.

PAST & PRESENT.

Played on October 10th. This was more of a practice game than a match, and there were many absentees from the Present XI. The Past won by 3 goals to 1. For the Past Orton was in his old form at back, while Ward and O'Brien played well together forward. Mead scored the only point for the Present.

HOSPITAL v. OLD CARTHUSIANS.

Played at Winchmore Hill on October 14th. The team, though not quite representative, gave a very good account of itself against a good side of O. C.'s under the captaincy of C. F. Ryder. We were beaten by 4 goals to 2. Our backs played well, but the halves did not help the forwards enough, and the forwards were very weak in front of goal. Hogarth scored both our points. Space does not permit the publication of the teams.

The following is the fixture card:

SEASON 1903-4			
Date.	Club.	Ground.	Result.
Sat., Oct. 10.	Past & Present	Winchmore Hill	Lost 1-3
Wed., " 14.	Old Carthusians	Winchmore Hill	Lost 2-4
Sat., " 17.	London Welsh	Winchmore Hill	Scratched
Sat., " 24.	Bradfield Waifs	Winchmore Hill	
Wed., " 28.	London Hospital	Winchmore Hill	
Sat., " 31.	Roy. Military Acad.	Woolwich	
Wed., Nov. 4.	Old Westminsters	Winchmore Hill	
Sat., " 7.	Royal Engineers	Chatham Barracks	
Wed., " 11.	Hastings and St. Leonards	Hastings	
Sat., " 14.	Old Reptonians	Winchmore Hill	
Wed., " 18.	Roy. Vet. College	Winchmore Hill	
Sat., " 21.	Sandhurst	Camberley	
Wed., " 25.	Casuals	Winchmore Hill	
Sat., " 28.	Old Foresthillians	Winchmore Hill	
Sat., Dec. 5.	Wellingborough Masters	Wellingborough	
Sat., " 12.	Roy. Naval College	Greenwich	
Sat., " 19.	Old Felstedians		

1904.			
Date.	Club.	Ground.	Result.
Sat., Jan. 9.	United Services	Portsmouth.	
Sat., " 16.	United Services	Portsmouth.	
Wed., " 20.	London Hospital	Winchmore Hill	
Sat., " 23.	London Hospital	Winchmore Hill	
Wed., " 27.	Eastbourne	Eastbourne	
Sat., " 30.	Old Foresthillians	Forest Hill	
Sat., Feb. 6.	Old Citizens	Winchmore Hill	
Sat., " 13.	Old Felstedians	Winchmore Hill	
Sat., " 20.	Old Felstedians	Winchmore Hill	
Wed., " 24.	Roy. Naval Coll.	Greenwich	
Sat., " 27.	Roy. Naval Coll.	Greenwich	
Sat., Mar. 5.	Casuals	Winchmore Hill	
Sat., " 12.	Casuals	Winchmore Hill	
Sat., " 19.	Sandhurst	Winchmore Hill	
Sat., " 26.	Normanhyrst Druids	Winchmore Hill	

RUGBY FOOTBALL.

The prospects for the present season seem fairly bright. Not only does there seem every possibility for having a good "A" team throughout the season, but also, *mirabile dictu*, we may be able to manage a third team on occasion. May the forecast come true, but after our struggle of last season to get two teams into the field—well, we won't make too much of it. The proof of the pudding is in the eating.

Of last year's team, Wilson, Neligan, and Douglas are unfortunately out of their year, and their loss will be greatly felt. Amongst the freshmen there are several men who come to us with reputations, chiefly as forwards—Grandage of Clare, Harries of Emmanuel, Almond of Hertford, and Courtney of Dulwich. There is, however, a conspicuous lack of backs, no freshmen having as yet shown much promise in that capacity. Several men who are out of their year have promised to turn up, and will we hope, greatly strengthen the team. The first match at Portsmouth shows us little except that our men appear to be greatly out of condition. With some training and keenness, however, we should have a successful season.

The following are the fixtures for the season:

FIRST FIFTEEN.			
Date.	Club.	Ground.	Result.
Oct. 10	United Services	Portsmouth.	
" 17	R. M. C., Sandhurst	Camberley.	
" 24	Civil Service	Winchmore Hill.	
" 31	Croydon	Away.	

Date.	Club.	Ground.	Result.
Nov. 4	R.I.F.C.	Cooper's Hill.	
" 7	Upper Clapton	Winchmore Hill.	
" 14	Lennox	Stamford Bridge.	
" 21	Bedford	Bedford.	
" 28	Old Leysians	Winchmore Hill.	
Dec. 3	R.M.A., Woolwich	Woolwich.	
" 5	Streatham	Streatham.	
" 12	Streatham	Streatham.	

1904.			
Date.	Club.	Ground.	Result.
Jan. 9	Rosslyn Park	Richmond.	
" 16	Rosslyn Park	Richmond.	
" 23	Old Blues	Winchmore Hill.	
" 30	Marlborough Nomads	Surbiton.	
Feb. 6	Park House	Winchmore Hill.	
" 13	London Irish	Away.	
" 20	Old Alleynians	Sydenham.	
" 27	Old Leysians	Away.	

SECOND FIFTEEN.			
Date.	Club.	Ground.	Result.
Oct. 10	Upper Clapton (A)	Winchmore Hill.	
" 17	Park House (A)	Winchmore Hill.	
" 21	Mill Hill School, 1st XV	Mill Hill.	
" 24	Old Alleynians (A)	Sydenham.	
" 28	St. John's College	Winchmore Hill.	
" 31	Surbiton (A)	Winchmore Hill.	
Nov. 4	Surbiton (A)	Winchmore Hill.	
" 7	Guy's Hospital (A)	Away.	
" 14	London Irish (A)	Winchmore Hill.	
" 18	St. Thomas's Hospital (A)	Winchmore Hill.	
" 21	Old Charltonians	Winchmore Hill.	
" 25	Royal School of Mines	Winchmore Hill.	
" 28	Ealing (A)	Cooper's Hill.	
Dec. 2	R.I.F.C. (A)	Cooper's Hill.	
" 12	Old Alleynians (A)	Winchmore Hill.	

1904.			
Date.	Club.	Ground.	Result.
Jan. 9	Ealing (A)	Winchmore Hill.	
" 16	Royal School of Mines	Away.	
" 23	Old Paulines (A)	Winchmore Hill.	
" 27	St. John's College	Away.	
" 30	Upper Clapton (A)	Walthamstow.	
Feb. 3	Guy's Hospital (A)	Winchmore Hill.	
" 6	Park House (A)	Kidbrooke.	
" 13	Surbiton (A)	Surbiton.	
" 17	St. Thomas's Hospital (A)	Chiswick.	
" 20	Old Mill Hillians (A)	Winchmore Hill.	
" 24	Merchant Taylors' School	Winchmore Hill.	
" 27	Old Charltonians	Charlton.	
Mar. 5	Charlton	Charlton.	

MATCHES.

1ST XV v. UNITED SERVICES.

This match was played at Portsmouth on Saturday, October 10th, under rather unfavourable conditions. The ground was wet and our men were out of condition, the result being that we were defeated by 6 goals to 1 try. The Hospital went down two short, but substitutes were obtained. Forward we held our own, but outside we were quite outclassed. At half-time 5 goals had been registered by our opponents and nothing by us. The second half of the game was, however, much more evenly contested. Owen obtained a try for us after a brilliant run by Ranking, and the United Services succeeded in getting another goal. Of the forwards Ranking and Symes played well, while of the outsiders only Hamilton showed any form. Team—

E. S. Marshall (back); B. N. Ash, H. B. Owen, C. H. Cross, C. H. Bachus (three-quarters); W. J. Loughborough, W. H. Hamilton (halves); R. M. Ranking, W. J. Symes, R. Jamiesons, J. E. H. Roberts, W. B. Grandage, G. H. H. Almond, H. A. Harries, F. M'D. Courtney (forwards).

HOCKEY CLUB.

There is every prospect of having again a successful season. Two years ago we had but one team. Last year, thanks to the energy of our then secretary and present captain, L. L. Phillips, we succeeded in putting two teams into the field, and this year, owing chiefly to the number of freshmen who have offered their services,

we are trying to get fixtures for a third team. It is rather early to talk about the inter-hospital championship, but we see no reason why it should not fall to us again if only our best men will play regularly, and so get the team together. Individual play is no good without combination, and it is the latter end that we must work if we wish to lift the cup.

The first match this season should have been played against Harrow on October 10th, but owing to the state of the ground it had to be abandoned.

The following are the fixtures for the coming season:

FIRST ELEVEN.			
Date.	Opponents.	Ground.	Result.
Wed., Oct. 7.	Trial Game	Winchmore Hill.	
Sat., " 10.	Harrow	Harrow.	
Wed., " 14.	Trial Game	Winchmore Hill.	
Sat., " 17.	Hendon	Hendon.	
Sat., " 24.	R. N. College	Greenwich.	
Wed., " 28.	Sevenoaks	Sevenoaks.	
Sat., " 31.	Sevenoaks	Sevenoaks.	
Sat., Nov. 7.	Brondebury	Brondebury.	
Sat., " 14.	Eritch	Eritch.	
Wed., " 18.	R. M. A.	Woolwich.	
Sat., " 21.	Staines	Staines.	
Sat., " 28.	Berkshire Gentlemen	Reading.	
Wed., Dec. 2.	Southgate "A"	Southgate.	
Sat., " 5.	St. Albans	Winchmore Hill.	
Sat., " 12.	Bowes Park	Winchmore Hill.	
Sat., " 19.	Molesey	Molesey.	

1904.			
Date.	Opponents.	Ground.	Result.
Sat., Jan. 9.	West Herts	Watford.	
Sat., " 16.	St. Albans	St. Albans.	
Sat., " 23.	Sevenoaks	Sevenoaks.	
Sat., " 30.	R. N. College	Greenwich.	
Sat., Feb. 6.	Bowes Park	Palmer's Green.	
Sat., " 13.	Croydon	Croydon.	
Sat., " 20.	Streatham	Streatham.	
Wed., " 24.	Streatham	Streatham.	
Sat., " 27.	Epsom College	Epsom.	
Wed., Mar. 2.	R. M. A.	Woolwich.	
Sat., " 5.	Croydon	Croydon.	
Sat., " 12.	Croydon	Croydon.	
Sat., " 19.	Norwood	Norwood.	

SECOND ELEVEN.

Date.	Opponents.	Ground.	Result.
Wed., Oct. 7.	Trial Game	Winchmore Hill.	
Sat., " 10.	Addiscombe	Addiscombe.	
Wed., " 14.	Trial Game	Winchmore Hill.	
Sat., " 17.	Bowes Park II	Palmer's Green.	
Sat., " 24.	Wimbledon III	Wimbledon.	
Wed., " 28.	Blackheath School	Blackheath.	
Sat., " 31.	Dulwich Village	Dulwich.	
Sat., Nov. 7.	Hampstead IV	Winchmore Hill.	
Sat., " 14.	Surbiton III	Surbiton.	
Wed., " 18.	Streatham I	Streatham.	
Sat., " 21.	Streatham II	Streatham.	
Sat., " 28.	Hendon II	Hendon.	
Wed., Dec. 2.	Hendon	Hendon.	
Sat., " 5.	Royal Veterinary College	Away.	
Sat., " 12.	Wembley	Wembley.	
Sat., " 19.	Wembley	Wembley.	

1904.			
Date.	Opponents.	Ground.	Result.
Sat., Jan. 9.	Dulwich Village	Dulwich.	
Sat., " 16.	Dulwich Village	Dulwich.	
Sat., " 23.	Hampstead IV	Winchmore Hill.	
Sat., " 30.	Southgate III	Southgate.	
Sat., Feb. 6.	West Herts II	Southgate.	
Sat., " 13.	Addiscombe	Addiscombe.	
Sat., " 20.	Croydon II	Croydon.	
Wed., " 24.	Blackheath School	Blackheath.	
Sat., " 27.	Southgate III	Southgate.	
Wed., Mar. 2.	Southgate	Southgate.	
Sat., " 5.	Sidcup II	Sidcup.	
Sat., " 12.	Royal Veterinary College	Away.	
Sat., " 19.	Royal Veterinary College	Away.	

UNIVERSITY HARE AND HOUNDS, 1903-4.

At a general meeting held at Guy's Hospital on October 13th the following were elected officers for the coming season:

President.—Mr. Percy Furnivall, F.R.C.S.
Vice Presidents.—Mr. L. A. Dunn, F.R.C.S., Mr. C. H. Fagge, F.R.C.S., H. Morley-Fletcher, M.D., Mr. H. B. Robinson, M.S.
Hon. Sec. and Treasurer.—Mr. T. E. A. Carr (Guy's).
Captain.—Mr. G. A. Simmons (St. Thomas's).
Committee.—Mr. T. G. Gibbs (St. Bart's), Mr. A. C. Wilson (St. Bart's), Mr. E. A. Pilbeam (Guy's), Mr. O. S. Norton (Guy's), Mr. G. W. Lloyd (St. Bart's), Mr. P. Gosse (St. Bart's).

Matches have been arranged with Cambridge University Hare and Hounds, Ranelagh Harriers, South London Harriers, Dublin University Hare and Hounds. Other matches are being negotiated at the present time. Runs take place every Saturday from the headquarters of the Blackheath Harriers ("The Green Man," Blackheath) at 3.30 p.m. We note with satisfaction that out of the working committee of eight, four are Bart's men.

BOXING CLUB.

At a general meeting of the Boxing Club, held in the Smoking Room on the 10th October, the following were elected officers for the season:

President.—Dr. J. Calvert.
Vice-Presidents.—Dr. Drysdale, Dr. Morley Fletcher.
Captain.—C. W. Edmond.
Secretaries.—E. Smith, F. P. Young.
Committee.—A. C. Wilson, P. Gosse, C. B. Hambling, F. V. Hogan.

Professor J. Brock was appointed instructor. The Club holds its meetings in the Smoking Room on Tuesdays and Fridays from 4.45 p.m. to 6.30 p.m. The instructor attends on Tuesdays from 4.45 p.m. to 6.15 p.m. For the benefit of freshmen it may be remarked that all members of the Amalgamated Clubs have the right to attend the meetings and to receive a black eye. The Club especially invites the Junior Staff to come and learn the art of self-defence. (What has the Junior Staff been doing to merit this?) There was a notable decrease in attendance towards the end of last season.

[NOTE.—We must apologise for the scanty and somewhat scattered form of the above account of the Boxing Club, but the report sent to us was unreadable in most parts, and we only received it at the last moment, too late to get a revised version. The account might have been written with the right hand or the left, or possibly with both feet; we cannot tell which. We would appeal to all who write for the JOURNAL in the future to write clearly with their right hands, and to write on fairly clean paper.—Eds.]

ST. BARTHOLOMEW'S HOSPITAL CHRISTIAN ASSOCIATION.

The following meetings have been arranged for November: Thursday, November 5th.—Speaker, Rev. F. B. Meyer.
 20th.—Speaker, Rev. G. T. Manley.

Subject: "Hindu and Christian Ideas of Sacrifice."
 These meetings are held in the Inquest Room. Tea and coffee at 4.45 p.m.

A prayer meeting is held in the vestry of the hospital church daily (except Saturdays), from 1.15 to 1.25 p.m.

ST. BARTHOLOMEW'S HOSPITAL MEDICAL MISSIONARY SOCIETY.

The Annual Meeting will be held in the Inquest Room on Thursday, November 12th, at 4.45 p.m. Dr. Champneys will preside, and addresses will be given by Gaskom Wright, Esq., M.R.C.S., L.R.C.P., of Palshill, and Hugh H. Weir, Esq., M.B., who is shortly sailing for Korea.

It is earnestly hoped there will be a large attendance.

Correspondence.

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

DEAR SIR,—It may be of interest to your readers to hear what the Commission, that was appointed at the general meeting of students in June, have been doing during the summer. The Commission have met twelve times, and have drawn up a scheme for the constitution and laws of the proposed Union. This scheme has been submitted, unofficially, to certain members of the staff, and will be discussed at the next meeting of the Medical School Committee. It is proposed after this to publish the amended scheme, and then hold a general meeting of students, at which discussion upon it will be invited.

I may add that there seems every hope for the ultimate success of the scheme.

C. R. HOSKYN,

Secretary to the Students' Union
 Commission.

The Bahere Lodge, No. 2546.



MEETING of the Bahere Lodge, No. 2546, was held at Frascati's Restaurant, Oxford Street, W., on Tuesday, October 13th, W. Bro. Ernest Clarke, F.R.C.S., in the chair. Mr. E. G. D. Drury, M.D., Grahamstown, Cape Colony, and Mr. W. W. Jeudwine, M.B., were initiated into Freemasonry; while W. Bro. G. P. Murrell, M.B., W.M. Kendrick Lodge, Reading, and W. Bro. F. W. S. Wicksteed, F.P.G.S., W. Somerset, were elected joining members of the Lodge. Bro. Humphreys was elected Tyler for the ensuing year in the place of the late Bro. Madden. The announcement of the death of W. Bro. Walsham, as Founder and Past Master of the Lodge, was received with great regret, and a vote of condolence with the bereaved family on account of their severe loss, which was also keenly felt by the Lodge, was unanimously carried.

Examinations.

CONJOINT BOARD.

The following have passed the 2nd Colleges (Anatomy and Physiology):—P. Black, J. M. Eckstein, E. F. Glenn, F. W. W. Griffin, R. E. P. Hill, R. L. Haines, W. J. Ingo, C. Tylor, H. C. Waldo, C. A. Wilson, W. H. Woodburn.

The following has passed the 1st Colleges (Pharmacy):—H. W. Skan.

CAMBRIDGE 1ST M.B.

The following have passed the 1st M.B. Cambridge:—C. Whitaker, 2nd part; A. G. Fuller, 1st and 2nd parts.

New Address.

MORTIMER, J. D., 4, Burton Court, Lower Sloane Street, S.W.

Death.

ACKLAND.—On October 8th, at Moorland Court, Bournemouth West, Mrs. Janet Craig Ackland, aged 62.

St. Bartholomew's Hospital



JOURNAL.

VOL. XI.—No. 3.]

DECEMBER, 1903.

[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.

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 communications, financial or otherwise, relative to Advertisements ONLY, should be addressed to ADVERTISEMENT MANAGER, The Warden's House, St. Bartholomew's Hospital, E.C. Telephone: 4953. Holborn.

A Cover for binding (black cloth boards with lettering and King Henry VIII Gateway in gilt) can be obtained (price 1s. post free) from MESSRS. ADLARD AND SON, Bartholomew Close. MESSRS. ADLARD have arranged to do the binding, with cut and sprinkled edges, at a cost of 1s. 6d., or carriage paid 2s. 3d.—cover included.

St. Bartholomew's Hospital Journal,

DECEMBER, 1903.

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

Notes.

THE meeting of the Governors called to consider the Report of the Mansion House Committee was held on November 5th, and it is with the greatest satisfaction that we announce that the portion of the "out-patient" block figured in our issue of October is now fully approved. What is of even greater importance is the decision to proceed at once with the detailed plans for this block, so that its actual erection shall be commenced almost immediately. It was also decided at the same meeting to proceed simultaneously with the five new operating theatres on the north wing over the Great Hall,

but no decision was come to with regard to any other of the projected new buildings.

Our affairs have attracted again the attention of various irresponsible critics in the daily papers, but what is of much more importance to the public at large is the fact that it has been decided to issue an appeal for about £350,000 early in the coming year, and that the Lord Mayor has convened a public meeting at the Mansion House for January 26th next.

When this time comes it will be the privilege and duty of every Bart's man to assist in every way that he can, and especially by bringing before his more wealthy patients the strength of our claims upon the public. It should be remembered that our present wards were built 160 years ago, and that since that time we have made no public appeal for funds. We have been able to carry on our work without exceeding our income, but with our constantly growing expenses it has not been possible to put by money for capital expenditure also. Is it too much to expect that the public will supply us with new buildings once in 160 years? We do not believe it; and indeed we look forward to the success of our appeal with every confidence in the justice of our claims.

We will only allude to one further matter. It has been pointed out that our site is all too small for the many buildings it has to accommodate, and it is said that we should aim at getting more land. Well, we have aimed at it, and a letter signed by a "St. Bartholomew's man" in the *Lancet* and *British Medical Journal* for November 20th points out that four years ago and on subsequent occasions the medical staff brought this matter before the notice of our Governors. Neither they nor the Mansion House Committee have seen their way to recommend the purchase of more land because of its great cost, and they did not consider that the public would approve of so large an expenditure. But, as we have pointed out above, the buildings to be now erected are confined to one new block; and if any of our readers can find patients who will buy us even one acre of land more, then our building site

will be immensely more valuable, and the buildings that are to be erected in the future will be planned on a much more satisfactory scale than they could be planned at present. Let it be clearly understood that at present we are committed to no building scheme that cannot be entirely recast in accordance with the success of our appeal, and for that success let every one work.

* * *

MR. D'ARCY POWER has been appointed Consulting Surgeon to the Sevenoaks Hip Hospital, in place of the late Mr. W. J. Walsham.

* * *

MR. D'ARCY POWER has been unanimously elected to the office of Consulting Surgeon to the Bromley Cottage Hospital in succession to the late Mr. W. J. Walsham.

* * *

ARTHUR GEORGE HAYDON, M.D., M.R.C.S., has been elected President of the Brussels Medical Graduates' Association.

* * *

SYDNEY W. CURL has been admitted a member of the Royal College of Physicians of London.

* * *

DR. EUSTACE TALBOT has been appointed Assistant Physician to the Royal Hospital for Diseases of the Chest, City Road.

* * *

We hear that Dr. Hensley has gone to Mentone for the winter, and that he intends to practise as a consulting physician there. We wish him all success. All who have had the privilege of working with him either here or at the Royal Chest Hospital know how valuable his opinion is, especially on matters concerned with the physical signs of the chest. His ripe experience should prove of the greatest benefit to the practitioners of the Riviera.

* * *

SINCE the last number of the JOURNAL we have to record three changes on our staff, namely, the appointment of Mr. Lockwood as Surgeon, the appointment of Dr. Calvert as Assistant Physician, and that of Mr. Bailey as Assistant Surgeon. We offer these three gentlemen our sincerest congratulations on the rewards which their long service to the Hospital School has gained.

* * *

As the result of an increased demand for the November JOURNAL, some of the members of the hospital were unable to obtain copies, with which were distributed portraits of the late Mr. Walsham. We regret that we cannot reprint the JOURNAL, we have, however, reprinted Mr. Walsham's portrait, and those members who were unable to obtain it

may do so on applying to the Librarian, St. Bartholomew's Hospital Library. We have taken steps to prevent an incident of this kind in the future by increasing the number of copies of the JOURNAL.

* * *

We should be glad to receive from subscribers any suggestions which they may care to make as regards the contents and management of the JOURNAL for the year 1904. Such suggestions will not be published, but will be brought up and discussed at meetings of the Publication Committee. We hope that a few subscribers, especially those holding positions as secretaries or upon committees, will give us the benefit of their opinions.

* * *

We are pleased to notice that both the Hockey and Rugby Football Clubs are in hopes of raising a third team. No doubt this increase in numbers will cause greater competition for the first team, and we would suggest that besides the practical test in the field, the committees should examine likely candidates by means of a "theory paper," somewhat on the lines of the example appended below:

THEORY OF FOOTBALL.

NOTICE—Candidates must play for one side only. No marks will be given for work done after the whistle has sounded. Only one question to be attempted at a time.

1. Distinguish between a full back and a fool forward; are these terms interchangeable under any circumstances?
2. What is meant by "3," are 4's equivalent to 3? If not, why not?
3. Can you define the duties of a referee? What course should you pursue if the referee in your opinion acted unfairly? How much damages should you be prepared to pay?
4. How many captains are there in one football team? If a captain is the only one who should give advice on the football field, how do you account for the voices heard during the game? Should you say that the captain was a ventriloquist?
5. Translate into English—"The scrum heeled well, and Jones picking up cleanly passed to Robinson, who dodged the opposing three-quarters and succeeded in touching down between the uprights.—Jackson converted.—The whistle then blew no side, and the referee walked off with the touch judges!"
6. Could you convert a heathen in the same way that you convert a try?

While on the subject of football examinations we would also advise committees to inspect the boots of the players; some of the footballers are, we hear, following after strange boots. Some athletes may seek for support in patent medicines, but a good understanding in the shape of boots provided with bars is indispensable for keeping one up during a football match. The remedy here is easy to find. All flat-soled boots should be barred—and there you are.



FIG. 8.—Appendix alone in a right inguinal hernial sac. (R. Coll. Surg. Museum.)

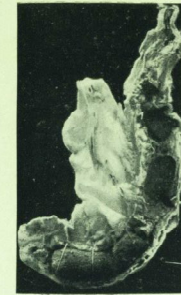


FIG. 7.—Appendix containing calculi. (St. Bart.'s Hosp. Museum.)

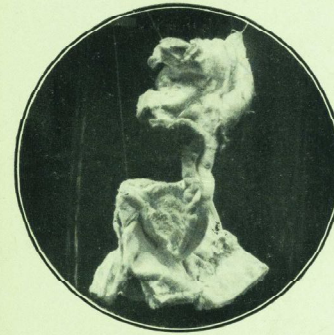


FIG. 9.—Appendix in right femoral hernial sac, internal view. (St. Bart.'s Hosp. Museum.)

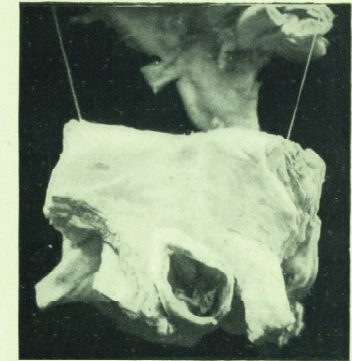


FIG. 10.—Appendix in right femoral hernial sac, external view. (St. Bart.'s Hosp. Museum.)

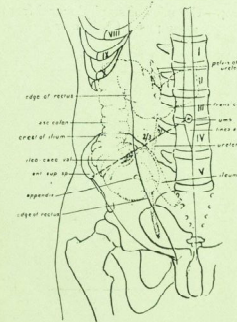


FIG. 11.—Diagram to show ileo-caecal valve under "McBurney's spot." (Keith, in Treves' "Cavendish Lecture," 1902.)

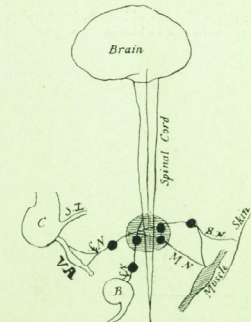


FIG. 12.—Diagram to show reflex nerve connections of appendix. (Modified from diagram of James Mackenzie.)

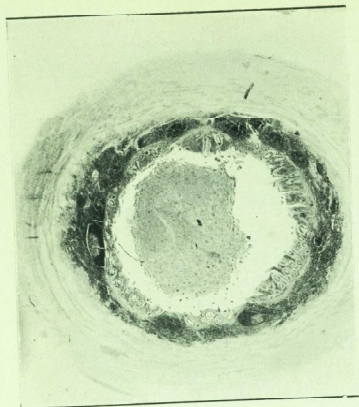


FIG. 1.—Section of an appendix with a "calculus" *in situ*. ($\times 50$.)

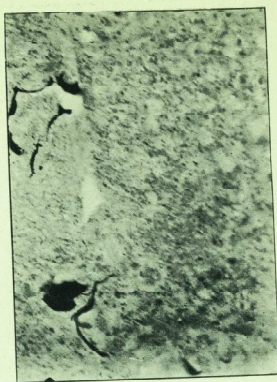


FIG. 2.—The same "calculus," showing colon bacilli. ($\frac{1}{2}$ immer.)

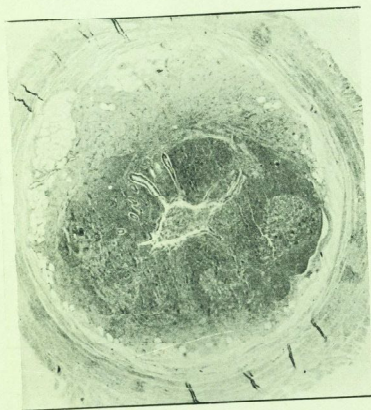


FIG. 3.—Section of inflamed appendix, with pus in lumen. ($\times 50$.)

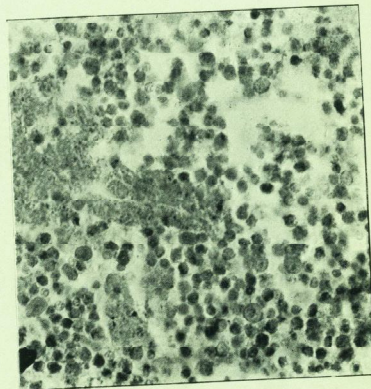


FIG. 4.—Colonies of staphylococci from same pus. ($\frac{1}{2}$ immer.)



FIG. 6.—Pin in lumen of appendix. (R. Coll. Surg. Museum.)

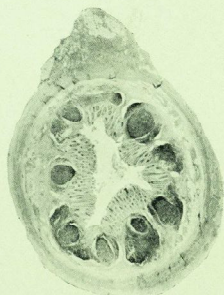


FIG. 5.—Section of fetal appendix showing lymphoid follicles.



FIG. 7.—Solder in lumen of appendix. (R. Coll. Surg. Museum.)

The Incidence of Inflammation of the Vermiform Appendix.*

By W. McADAM ECCLES, M.S.Lond., F.R.C.S.Eng.,
Assistant Surgeon to St. Bartholomew's Hospital, etc.

GENTLEMEN,—I purpose this evening to lay before you a few points that have interested me in the subject of the incidence of inflammation of the vermiform appendix. I say points which have interested me personally, for, as some of you know, I have myself been a sufferer from this lesion, and have to thank one of my colleagues, Mr. Bowlby, for his kindness in operating upon me, and therefore for my presence here to-night.

We are constantly asked at the present by the laity why it is that appendicitis is so common nowadays. And even those practitioners who aver that they saw but little or nothing of the lesion in the earlier periods of their practice are now asking the same question.

It is partly our business to-night to see whether there is any satisfactory answer. The vermiform appendix has always been present in the body,—in fact, authenticated records of its absence, except as the result of disease or operation, are almost unknown. There are certainly a few, though confused references to lesions of this little tube in several of the writings of past medical authorities, but it must be confessed that the amount of literature on the subject at the present day is almost bewildering. It would seem that every surgeon nearly must have some say on the subject, and all, from the highest to the lowest personage in the land, must run the risk of being placed in grave danger by it. This being so, it is only natural that attention should be, and has been, very markedly turned to the solution of the reason or reasons why the disease is now so prevalent.

The great frequency with which it is seen may, I think, be due to at least three causes.

The first that the lesion is really more common now than it was formerly.

The second that the disease, although perhaps not actually more frequent, is much more generally and accurately diagnosed.

The third that surgical treatment has revealed with greater preciseness the presence of the disease and the cause of the symptoms with which it is associated.

There can be no doubt that there are certain diseases, and particularly those which are dependent upon the invasion of bacteria, which have, as it were, their times of ascendancy and of decline, partly owing to the prevalence or the scarcity of the organisms themselves, and partly

owing to the want of suitable soil in which, when present, they may grow.

It is thus with influenza, and it has been stated that since the gastric and intestinal form of influenza has been prevalent, the number of cases of appendicitis has correspondingly increased. There may be some truth in this statement, for the action of the influenza micro-organism is such as to set up an intense hyperæmia of all mucous membranes, and particularly that of the lungs and that of the alimentary tract, where adenoid tissue is abundant. This inflammation may pave the way for the virulent action of the colon bacillus, and thus may indirectly bring about an attack of appendicitis.

Whatever may be the part played by many predisposing causes, the actual lesion in the walls of the appendix is, I hold, always bacterial in origin (Figs. 1, 2, 3, and 4).

Bacteria are not found in the meconium. The colon bacillus may be demonstrated not many days after birth. It is unlikely, therefore, that any lesion of the appendix could be truly congenital, except in those rare cases where maternal bacteria invade the foetus. Quite young infants, however, may have attacks.

Sections of the appendix at the earliest stages reveal that the organ is almost a pure gland, so large in proportion and thickly set are the masses of adenoid tissue. Here is its resemblance to the tonsils, and thus its appellation of the abdominal tonsil (Fig. 5). Most, if not all attacks of "tonsillitis" are of bacterial origin, and by inference the same may be true of inflammation of collections of adenoid tissue elsewhere. "Rheumatic" tonsillitis is still a term which is not uncommonly used, and "rheumatic" appendicitis has made its appearance and has perhaps come to stay.

But putting aside all the cases which possibly owe their origin to uncertain causes, there remains the large majority in which definite bacterial invasion has taken place.

A point of considerable practical importance here arises. Can these bacteria damage a healthy appendix, or is it necessary that there should have been some previous factor operating so as to open the door for the passage of the organisms?

Much has been written as to the entrance of foreign bodies into the appendix from the cæcum, and of their damaging the mucous membrane so as to allow the bacteria present to migrate.

Now, while the number of cases in which macroscopic foreign bodies can be demonstrated within a diseased appendix is comparatively small, it cannot be doubted that such substances play an important part, and that there may be some which are so minute as to be missed by the naked eye. But small shot may pass into the adult appendix, and pins, needles, splinters of wood, slender bones, and bristles from a tooth-brush have entered (Figs. 6 and 7). It seems almost incredible that so sharp a pointed article as a pin should travel the long distance from the mouth to the cæcal

* A paper read before the Abernethian Society on October 29th, 1903.

region without sticking, and then find its way into the comparatively remote entrance of the appendix, guarded as this is by folds of mucous membrane. It has further been suggested that minute particles of enamel from cooking utensils in common use may pass along the intestine and into the appendix.

Many have thought that intestinal worms play a distinct rôle as a predisposing factor in the incidence of appendicitis. Doubtless these may find their way into the lumen of the tube. The parasite may be loaded with colon bacilli, and may deposit these after invading the privacy of the tube. If they attempt to perforate the mucous membrane, the damage they can do may be sufficient to cause inoculation of this coat with dangerous bacteria. The actual parasitic worms that have been demonstrated within the appendix are the *Oxyuris vermicularis*, the *Ascaris lumbricoides* when not fully grown, the *Trichocephalus dispar*, the *Tenia echinococcus*, and the *Tenia saginata*.

But I am convinced that there are other predisposing causes which are much more potent in their action than any foreign body or parasite can be. I would call your particular attention to three: constipation, disturbance, injury.

Of hardened feces in the cæcum, and of stercoral ulcers in this region, I confess myself very sceptical. Given, however, a person who is more or less habitually constipated, and you have a subject who runs the risk of much decomposition of intestinal contents and of great multiplication of bacteria within the bowel lumen. Thus the appendix may become surcharged with irritating bacteria.

There is, moreover, another circumstance, which I look upon with even greater suspicion. I refer to what I may call "constipation due to deferred payments." While constipation of the ordinary character is decidedly more common in females than in males, yet appendicitis is said to be, and I think is, of greater frequency in the male sex. But what happens in men to a considerable extent is that now and again, possibly often, the time for the usual daily evacuation of the bowels is allowed for some reason or other to go by. There is the hurry to catch the morning train, there is the lack of opportunity in the middle of the day, and when evening comes all inclination to defæcate has gone by, and a deferred payment has taken place. It is not infrequent that men, and perhaps women also, who, either from neglect or from want of a suitable chance, fail to rid the intestines of effete matter, suffer from a certain degree of uncomfortableness in the region of the cæcum by its becoming overloaded. It is thus that they may be disturbed at night with pain in the right iliac fossa, magnified no doubt by the sensations of the half-wakened state, but nevertheless distinct. In my experience many persons afflicted with appendicitis will volunteer such a history as this previous to the onset of the attack. I have also been consulted by those who have had recurrences of so-called

appendicular colic, who have got rid of their trouble by careful attention to a regular evacuation of the large intestine.

Again, there is what I would call a disturbance of the rest of the appendix. How often it is—as I think was first pointed out by Treves—that inflammation of the appendix is precipitated by a long walk, a hard round of golf, energetic batting or bowling, a close fast tennis match, or a strenuous spell of sculling or cycle-riding!

The appendix together with the cæcum lies not infrequently upon the most contractile part of the right psoas, and is liable, therefore, to a considerable disturbance when that muscle is strongly put into action.

It is possible that this disturbance of the tube may lead to some interference with its arterial supply. The appendicular artery, from the ileo-cæcal branch of the ileo-colic vessel, is a terminal one, and obstruction to the blood-flow through it is highly detrimental to the vitality of the organ. Moreover pressure upon or kinking of the vein is exceedingly easily brought about with its consequent congestion and lowered resistance of the appendicular tissue.

Thirdly, there is actual injury to the appendix. I have known this to occur from an external blow, from the passage of a cart wheel, and from violent or ill-applied massage.

The appendix, like the duodenum, would seem to be prone to injury from such causes, but probably from a different reason: the appendix is cord-like and somewhat brittle; the duodenum is fixed, and lies across the spine.

Further, an appendix in a hernial sac is liable to injury from a truss (Figs. 8, 9, and 10). Inflammations render the appendix peculiarly friable in their acute stage, and not infrequently distinctly brittle in their chronic forms.

Other very important matters in association with the incidence of appendicitis, and probably favouring its bacterial origin, are errors in diet and in the manner of taking food.

Any food material which tends to induce undue fermentation, and the consequent evolution of intestinal gas, seems to be the precursor of inflammation of the appendix. Meat in the least tainted, high game, frozen mutton, raw fruit, and a host of other dietetic products have been attributed with baneful proclivities.

But what is to my thinking of greater consequence is the manner in which the food is taken. Bolting of food without proper mastication is very suggestive. I have been much struck with the large number of schoolboys of all ranks of life who fall victims to appendicitis. May this not be due to the fact that meals are rushed with the day-school boy, and the "luck-slop" very often frequented by both the day-boy and the boarder? Then look at another class, the busy City man. Breakfast, often of rather indigestible material, put away rapidly and recklessly, followed by a run to the station; lunch, perhaps somewhat heavy, and often eaten much too quickly, perhaps more than

one intermediate libation, and home to a full-course dinner. This, together with the deferred payments already alluded to, sets up gastro-enteritis, the flooding of the intestines with bacteria-laden fluid, and is followed in all too many cases by appendix inflammation.

The same may be said of the overworked medical student (and he does exist!), and the nightly tired general practitioner. The number of cases of appendix trouble in medical men and students is rapidly increasing in practice, and if we do not take better care of our "insides" it will, I fear, become even larger.

In female subjects it is a matter of general observation that the incidence of appendicitis is often associated with a menstrual period. Whether this is due to some correlation between the ovary of the right side and the appendix, in connection with blood-supply, is uncertain. Occasionally there is present an appendicular ovarian ligament, along which blood-vessels run between the two organs.

Before leaving the causes of appendix inflammation the presence of new growths, primary or secondary, must not be forgotten, nor must the invasion by tubercle bacilli and by actinomycetes be overlooked.

I desire now to pass to the consideration of the symptoms and signs induced by the oncoming of appendicitis.

Perhaps in no other disease may they be so diverse, in one case being altogether misleading, and in another absolutely typical. I would therefore crave your forgiveness for those who make mistakes in their diagnosis, or delay in coming to an opinion that an inflammation of this tube is present, unless such delay and error is the outcome of crass ignorance.

In order to understand aright the question of these signs and symptoms of appendicitis it is essential to bear in mind at least three facts. The first is that the extent and intensity of the inflammation varies very greatly in different cases, and does not bear an exact relationship to signs and symptoms. The second, that a sense of localisation is absent from the viscera. This should be a well-known fact, but is often forgotten, and Dr. James Mackenzie has done well to draw particular attention to it once again.* The third is that the appendix varies very greatly at times in its exact site within the abdomen.

With regard to the first point, it is now well recognised that sometimes the most acute inflammations of the appendix, those leading perhaps to rapid gangrene of its tissues, may be accompanied by the fewest localising signs in their early stages, and the patient may die before an accurate diagnosis has been made. I know of hardly any lesion more tragic in its consequences than some of these cases of fulminating appendicitis, so unlooked for and rapid are they in their incidence and progress.

I make no apology for bringing before you some of the

suggestive remarks of Dr. James Mackenzie in connection with the second point: they bear reflection.

He is emphatic that "if a due appreciation of the manner in which sensory and other phenomena arise in visceral disease be obtained, then a whole series of symptoms can be explained in a satisfactory manner, and much help is afforded in unravelling the symptoms of the disease from those of other diseases which simulate it"; and I would cordially endorse his statement.

It is probable that in appendicitis the chief signs and symptoms depend to a great extent upon the implication of the surrounding and adjacent peritoneum. The organ itself when healthy, like other hollow viscera, has little or no inherent sensitiveness. Visceral peritoneum when uninfamed is alike insensitive. Not so parietal peritoneum, which is usually acutely sensitive even when healthy, probably owing to the presence of the terminal filaments of intercostal nerves in the subserosa.

Acute appendicitis is usually ushered in by sudden pain, with nausea and vomiting, succeeded by muscular spasm and rigidity.

Many patients are all at once seized with a diffused pain in the abdomen, felt to a greater or less extent over the distribution of the sensory filaments of the eleventh and twelfth dorsal and first and second lumbar nerves. Roughly this area may be described as reaching from a line drawn horizontally a little below the umbilicus down to another carried obliquely from just inferior to the great trochanter to the inner border of the thigh about one third of the way down.

The law regulating the area over which pain is felt in visceral lesions is dependent on the fact that when an efferent nerve is stimulated in any part of its course from the periphery to the centre, the localisation of the resultant pain is always made in the exact peripheral distribution of the sensory nerve. Now in the earliest stages of appendix inflammation there is but little involvement of spinal nerve endings, and pain may be absent; but as soon as the peritoneum becomes involved, pain, though not as yet definitely localised, is experienced. Soon, however, not only is pain present, but it becomes limited to a comparatively small area as localisation becomes more accurate, and actual hyperæsthesia puts in an appearance. Some particular spots may be more exquisitely hypersensitive than others. Such is "McBurney's spot," the place where a twig of the eleventh dorsal nerve pierces the rectus abdominis muscle (Fig. 11).

The spreading of the stimulation of the afferent nerves conveyed to and up the spinal cord will induce nausea or even actual vomiting.

Muscular spasm and rigidity are but seldom absent. The extent of the muscular contraction varies much. As a general rule it is limited to the muscles forming the anterior wall of the right iliac fossa, producing a very

* *British Medical Journal*, July 11th, 1903, p. 66.

characteristic phenomenon of the disease (Fig. 12). Irritation of the afferent fibres of the mixed dorsal nerve causes a transference of energy through centres in the cord down the efferent nerve to the muscle supplied by it, and hence the contraction of its fibres. I entirely agree with those who assert that, in many instances in which the diseased appendix is said to be palpated through the abdominal wall, what is really felt is a band of contracted muscular fibres in the anterior abdominal wall.

Again, it is possible for other adjacent viscera to be stimulated as well as muscles of the parietes. Thus the bladder may show signs of irritation, and I have seen not a few instances of dysuria in appendix inflammation, and this particularly in young females, due perhaps to a reflex contraction of the sphincter vesicæ.

The incidence of acute appendicitis may be followed by the persistence of what may be called chronic inflammation of the appendix, namely, pain of the character of a dull ache, pain on straining, such as needed for closing a heavy window, and in many cases a general "out of sorts" condition frequently associated with anæmia.

Lastly, there is the great variation in signs and symptoms owing to the great variety of places in which the appendix may be found. The organ within my own experience was placed on the left side, was fixed near the under surface of the liver, was entirely intra-pelvic, was prolapsed in both inguinal and femoral hernial sacs. With such a diversity of position it is easy to see that the incidence of inflammation associated with it may be a matter of the greatest difficulty to recognise.

But the importance of as far as possible determining the existence of a diseased appendix is so great from the point of view of prognosis that I offer no apology for having brought some facts connected with the incidence of appendicitis before you to-night.

Lecture Introductory to a Course on Chemical Pathology.

By A. E. GARROD, M.D.

(Concluded from p. 22.)



THIRD example is afforded by the fate of benzoic acid when administered by the mouth. This acid undergoes a synthesis, of which the kidneys are probably the seat, and appears in the urine in the form of hippuric acid. The glycochol with which it is combined can hardly be anything else than an intermediate product which it encounters in its passage through the body.

Consider how scanty are the means at our command of tracing the chemical changes which are brought about in

the body laboratory. We can acquaint ourselves with the constitution of the raw materials which are supplied; we know much about the finished products of which the tissues are built up, and the study of the excreta throws much light upon the end products of tissue metabolism. Of the stages that intervene we know comparatively little, and much of what we do know has been learned from the study of these "brands snatched from the burning," the intermediate products of metabolism, which, under certain conditions, enter into combination, and are so preserved to appear in the excreta.

The chief channels for the disposal of the waste end products are the lungs, kidneys, and skin. The expired air contains the great bulk of the carbon waste, and not a little of the final product of the oxidation of hydrogen, namely, water.

The bulk of the nitrogenous waste is carried off in the urine, and the loss of nitrogen in the sweat, shed hair, and epithelium is so small that it may practically be neglected.

Some carbon is excreted in the urine in the forms of urea, uric acid, kreatinin, and other substances present in scantier amounts; and it is worthy of note that whereas the waste products in the expired air, carbon dioxide and water, are fully oxidised substances, the potential energy of which has been exhausted, the end products of nitrogenous metabolism are not fully burnt, and still have some residue of unutilised potential energy.

The importance of the study of the urine as a branch of chemical pathology can hardly be over-estimated. The labour expended upon it has been immense, and no better evidence of the mass of knowledge acquired can possibly be afforded than by a glance through the monumental work of Neubauer and Vogel, now edited by Professor Huppert, the several editions of which accurately reflect the progress of urinary chemistry.

The urine is a mixture of most extraordinary complexity, in which of the almost innumerable ingredients some are present in amounts so minute that the spectroscope alone reveals their presence, whereas the excretion of urea reaches as high a figure as thirty grammes in the twenty-four hours. No doubt there are still many constituents of which we know nothing, and quite recently there was discovered a previously unknown substance, which occurs in normal urine in quantities as large as a gramme per diem.

In spite of this complexity, under strictly normal conditions none of the various constituents of human urine precipitate one another, but very slight deviations from normality suffice to bring about the throwing down of some of them, as witness the so frequent formation of uratic sediments on cooling, and the precipitation of the earthy phosphates when the natural acid reaction is for any reason lost.

The facts to be learned from the study of the urine in disease are of two quite different kinds. In the first place

abnormal products of metabolism which find their way into the blood-stream are mainly excreted by the kidneys, and hence we are able to gain information of much value as to what is going on in the tissues at large; and the knowledge obtained by qualitative analyses is supplemented by the no less important variations in the quantities of the normal ingredients.

Beyond this the examination of the urine supplies much of the best evidence, available during life, of the existence of morbid conditions of the kidneys and lower portions of the urinary tract. Whilst the kidneys are called upon to get rid of the waste products of the tissues, it is a no less important part of their functions to hold back constituents of the blood which are anything but waste products. When these organs are the seats of disease this latter function is apt to be impaired to a greater or less extent, and substances which should be retained pass onward into the urine.

The retentive power of the normal kidney is a matter of degree. It is no less essential that the blood should contain a certain amount of glucose than that glucose should not be present in it in excess, and accordingly we find that it is only when the amount of sugar in the blood exceeds a certain limit that glycosuria results.

For the normal blood proteids, serum-albumen and paraglobulin, the retentive power of the kidneys is very much higher, and under no ordinary conditions does albuminuria result from the mere presence of excess of these proteids in the blood. Yet even for proteids the retentive power of the kidneys is to all appearance selective. Whereas the passage of serum-albumen and paraglobulin through the renal barrier is an almost certain sign of renal abnormality, other proteids, such as hæmoglobin, the Bence-Jones proteid, and the albumoses appear to meet with no serious obstacle in passing through healthy kidneys. In a word, we may regard these organs as so constructed as to retain in the circulation not proteids in general, but the right proteids, the presence of which is essential.

Only less diverse than the constituents of the urine are the sources from which they are derived. It would be impossible to enumerate these, because of not a few of the component ingredients the place and mode of origin are still unknown; but a few examples will suffice to show how complicated the matter is. First come the end products of tissue metabolism, such as urea and uric acid, and the sulphates, phosphates, and chlorides of the urine. The several origins of these I will not now attempt to trace.

Other constituents are directly absorbed from the alimentary canal, into which they have been introduced in foods and drugs. Some of these appear unchanged in the urine, whereas others, such as phenol, undergo changes in their passage, and others again are, as I have already mentioned, excreted in combination with intermediate products of metabolism, and in the case of many aromatic

substances in combination with sulphuric acid, as ethereal sulphates.

This combination of aromatic substances with sulphuric acid offers a second example of a protective arrangement. Many such substances are highly poisonous, whereas the ethereal sulphates have no longer toxic properties. You will remember that another example of such chemical protection has already been referred to, namely, the neutralisation of acids with ammonia instead of the fixed alkalies of the blood and tissues, which can be ill spared.

Leucin and tyrosin, which appear in the urine in connection with certain grave hepatic diseases, are usually held to be intermediate products which, in consequence of destruction of the liver substance, escape the further changes which they ordinarily undergo in that organ, and are therefore excreted unchanged. An alternative explanation ascribed their origin to bacterial action in the tissues. Indol is formed in the alimentary canal by the action of the bacteria which there abound upon the proteids of the food; being absorbed, it undergoes oxidation and combination, and appears in the urine as indoxyl sulphate. There is every reason to believe that the pigment urobilin is similarly formed by the action of intestinal bacteria upon the bile pigment.

A further complication is introduced by the fact that a single constituent of the urine may have more than one origin. Thus a part of the oxalic acid excreted is exogenous—that is to say, is directly ingested in the food, and especially in certain vegetable foods, such as rhubarb, the eating of which is followed by a greatly increased output of calcium oxalate in the urine. A small portion is endogenous, being probably formed from gelatine, and to a less extent from kreatin, and perhaps glycochol. This fraction persists when all oxalic acid has been for some considerable time excluded from the diet.

The opportunities afforded for the examination of human blood in disease by strictly chemical methods are much less frequent than used to be the case when bleeding was so frequently resorted to as a therapeutic measure. As an example of an important fact learned by this means, the detection of excess of uric acid in the blood in gout and in some other morbid states may be referred to. It must be remembered that constituents which are present in the urine in very appreciable amounts may nevertheless be present in any sample of blood in quantities so small as to baffle detection. Something may be learnt of the substances present in the blood by the examination of serous effusions, which may so often be obtained in bulk.

The examination of the sweat affords but scanty information, but that of the feces has brought to light a large number of important facts, especially as regards the secretions which are poured into the alimentary canal. I may quote the abundant presence of fat in the stools as evidence of the occlusion of the pancreatic duct, and the

presence or absence of urobilin as indicating whether occlusion of the bile-duct is complete or partial.

Lastly, mention must be made of the examination of the gastric contents after test meals, and the evidence thereby afforded as to abnormalities of the gastric secretion.

The time has now come to speak of a class of investigations which afford the most complete means available for the determination of what is happening in the body laboratory. I refer to what are known as "metabolism observations."

Such observations, which have for their object the exact determination of the intake and output of the body, are of necessity very laborious, and it is the amount of labour involved which has somewhat restricted their employment. However, very large numbers of such observations have been carried out upon persons suffering from various kinds of disease, and the results obtained have far more than repaid the labour involved in the analyses of the food, urine and faeces, day by day, over considerable periods.

For a series of quite complete "metabolism observations" it would be necessary to place the patient in a respiratory chamber through the twenty-four hours, and to study the respiratory output, as well as the composition of the solid and liquid excreta. However, without this results of great value can be arrived at by taking into account the intake as food and the output in the urine and faeces.

The value of a food is largely dependent upon the potential energy which it contains, which becomes converted into the kinetic energy of the organism. The kinetic energy of the body, which is manifested as heat, glandular activity, and muscular work, equals the potential energy of the food, *minus* the residue of potential energy in some of its excretory products. You will remember that I have already pointed out that whereas carbon dioxide and water are dead substances, the potential energy of which has been exhausted, urea and some other nitrogenous excreta are still capable of being further burnt to simple substances.

The measure of the energy of the food is the calorie. The calorie proper is the amount of heat required to raise the temperature of one gramme of water 1° Centigrade, but what is usually spoken of by that name in this connection is the large calorie, *i.e.* the heat necessary to raise 1000 grammes of water 1° C.

The calorie values of different kinds of food and of the end products of metabolism have been determined experimentally, and also the calorie requirements of the organism per kilogramme of body-weight, alike at rest and with active and slight exertion.

An adequate diet supplies the caloric needs of the body, and varies with age, activity, and with bulk. This latter is a somewhat uncertain factor, as only the living tissues require a supply of potential energy; the stored and inert fat has no such requirements.

The lessons to be learnt from observations of this kind

will be best impressed upon you by an example, which is taken from the writings of Von Noorden, one of the most prominent leaders in this kind of research.

A woman *æt.* 35 years was suffering from diabetes. The amount of exertion which she was undergoing was slight, and her caloric needs might be taken as 35 calories per kilo. She weighed 55 kilogrammes, so her total caloric need was $55 \times 35 = 1925$ calories.

For a period of five days her daily intake was as follows

Albumen 148 grammes	= 606.8 calories.
Fat 102 grammes	= 948.6 "
Carbohydrate 180 grammes	= 738.0 "

Total 2293.4 calories.

She excreted in her urine 141 grammes of sugar per diem, which represents a daily loss of $141 \times 4.1 = 578$ calories; therefore the value of the food taken must be corrected to $2293 - 578 = 1715$ calories, and it will be seen that there was thus a daily deficit of $1925 - 1715 = 210$ calories. This must have been made up by a loss of her tissues equal to 210 calories per diem.

Now the albumen of her food contained 23.68 grammes of nitrogen, and she excreted in her urine 23.3 grammes of nitrogen, and in her faeces 1.9 grammes, making a total of 25.2 grammes. We see, then, that the daily output of nitrogen was in excess of the intake by 1.52 grammes, which corresponds to 9.3 grammes of albumen, which represents the daily destruction of her proteid tissues in excess of their reconstruction.

The burning of 9.3 grammes of albumen would only yield 38.9 calories, and $210 - 38.9 = 171$ calories remain to be accounted for; these could only be derived from the breaking-down nitrogen-free material—namely, fat, and we are justified in concluding that on her somewhat inadequate diet she was destroying an equivalent amount of her body fat, *viz.* 18.4 grammes in addition to the 9.3 grammes of proteid above referred to.

I must now pass on to speak of the law of nitrogenous equilibrium. In conditions of health upon a fixed diet the output of nitrogen in the urine from day to day equals the intake in the food, *minus* the small quantity lost in the faeces; or otherwise stated, the intake equals the output in the urine and faeces together. However, the nitrogen excreted in any given period is not that which was contained in the food taken during that period, but is a product of the catabolism of the proteid tissues. If a diet more rich in proteids is substituted, equilibrium is within a few days re-established on a higher level; and if, on the contrary, the proteid of the diet is diminished the equilibrium is soon re-established on a lower level. This holds true within comparatively wide limits. If, however, the proteid of the food is reduced below a certain limit the equilibrium is disturbed, and an expenditure of the body proteids in

excess of their reconstruction results, which raises the output of nitrogen above the intake.

In disease also the equilibrium may be disturbed. When the body is wasting, and the body proteids are breaking down, the nitrogenous output is markedly in excess; whereas during the rebuilding of the tissues, as in convalescence, some of the nitrogen of the food is utilised in reconstruction, and the output is proportionately diminished.

When the kidneys are the seats of disease, and their functional activity is consequently impaired, there may be a retention of the end products of proteid metabolism, at least for a time, and in this way also the output of nitrogen will come to fall below the intake.

By watching the body-weight of the patient we can to some extent make up for what we lose by the impracticability of conducting the whole series of observations in a respiratory chamber, and by this means also we can, in many instances, obtain a fair notion of the adequacy or inadequacy of the caloric value of the food taken.

Even the brief account which has here been given of what may be learnt from systematic examinations of the intake and output of the body will perhaps serve to give you some notion of the value and importance of this method of research.

It has been the aim of this introductory lecture to convey to you a general idea of the class of problems with which the chemical pathologist is called upon to deal, and of the means at his disposal for their solution. If I have at all succeeded in this object you will be in a better position to follow the discussion of those special subjects of which I propose to speak in my remaining lectures, such as the pathology of diabetes mellitus, upon the consideration of which we will enter at our next meeting.

A Case of Symmetrical Abscesses in the Neck.

By A. J. FAIRLIE CLARKE.



AN ill-nourished female child eleven months old was brought to the East London Children's Hospital on October 7th, 1903, with the following history:

To within a fortnight of being seen the child had, it was said, been healthy, and was with her mother, who was hop-picking in Kent. At this time the mother thought the child had "the mumps," for she noticed swelling of the neck, first on the right side, but soon afterwards on the left side as well. At the same time the child had some sort of rash on its body. The swellings in the neck increased in size, and during the last week had grown rapidly larger.

When seen the child looked ill and wasted, and was in an ill-kept condition. In the front of her neck were two

large, symmetrical swellings, resembling in situation and outline a large bronchocele. Each anterior triangle was occupied by a soft fluid tumour of a rounded outline, and about two inches in diameter. A groove over the middle line of the neck divided the swellings. The skin overlying them, reddened and covered by a network of small vessels, seemed about to give way in the lower part of the swelling on the right side. On both sides of the neck enlarged and softened lymph-glands were felt above the swellings, and lying near the angles of the jaw. It was impossible to make out whether the masses moved with deglutition, but a faint expansion was noticed in them when the child cried. There was no stridor.

The swellings, which were obviously abscesses, were thought to be due to suppurating lymphatic glands. A few scattered scabs on the scalp, a conjunctivitis, and thrush were possible sources of infection.

The abscesses were opened and drained. Nothing unusual was noticed in the pus which escaped. Though a careful search was made with the finger in each cavity no communication could be made out between the two, there being a definite facial sheath attached to the structures in the middle line of the neck dividing them, nor did the swelling on the right side diminish after that on the left had been opened.

Though the abscess cavities closed the child continued to lose flesh. On October 20th the child was admitted to the hospital owing to its wasted condition. At this time it had a cutaneous abscess on the outer side of the left thigh, just above the knee. On October 27th the child died. No examination of the body was made.

I have to thank both Mr. C. S. Wallace, whose out-patient the girl was, for permission to publish an account of this case.

Pertussis with Prolonged Apnoea in a Child Four Weeks Old.

By G. V. BULL, M.B.



SHORT note of this case following the case described by Dr. Horder in the JOURNAL for August may prove of interest.

A male child, four weeks old, was admitted to Great Ormond Street in March, 1902, with the following history:

He had been ill for a week with cough and difficulty in breathing, and had "whooped." The (only) other child in the family had whooping-cough at the time.

The child had been breast-fed, and born at full term; he was well nourished. There was some cyanosis, but no cardiac murmur was heard.

At intervals he coughed feebly, became more deeply cyanosed, with some rigidity, and ceased to breathe. He revived on two or three occasions with inhalations of oxygen and artificial respiration, but only for a short while, and died a few hours after admission. He took small quantities of milk with difficulty, but no drugs were administered.

I have to thank Dr. Voelcker for permission to publish this note.

Notes on the History of the Hospital.

AT a time when changes loom in the not far distant future, when new land desolate, lies waiting the builder's hand, when the old order soon will be giving place to new, a few facts of history may be not without interest.

The day's work leaves the modern student little time to study the lives and doings of his predecessor's work, and Rahere is a name, a well-known name, but little more than a name beside.

Rahere, our founder, was, we learn from his biographer and fellow-monk, "a man sprung of low kynage," that, nevertheless, he was received among the nobility, and by his wit and good fellowship attained to considerable popularity, and is by some spoken of as King Henry I's minstrel or jester; still there is no good reason for believing that he ever held this office.

Enough is as good as a feast, however, and Rahere at length wearied of his courtier life and decided to journey to the court of Rome. In the words of his biographer, "coveting in so great a labour to do the worthy fruits of penance, where, at the shrines of the blessed apostles Peter and Paul, he, weeping his deeds, prayed to our Lord for remission of them."

During this visit he was seized with a grievous sickness, and, being like to die, vowed if he recovered that he "would make an hospital in recreation of poor men." On his homeward journey after his recovery, Rahere is reputed to have seen a vision, in which St. Bartholomew laid upon him the commands of Heaven to build in Smithfield a church, and, to this day the monument of his obedience remains in the Church of St. Bartholomew the Great. Rahere, on his return set to work to carry out the Divine commands, though the site for his building operations appears to have been by no means propitious, for Smithfield (or Smoothfield) was, at that time, no more than a marsh, and that part that was not submerged was used as a place of execution of criminals. Rahere's methods of obtaining funds were somewhat curious, for we are told "he was not ignorant of Satan's wiles, for he made and feigned himself unwise; for he was so coacted and outward pretended the cheer of an idiot, and began awhile to hide the secretness of his soul; and the more secretly he wrought the more wisely he did his work." Doubtless this conduct would not reward the latter-day worker as it did our founder, for the work progressed steadily, and in the year 1123 the Hospital and Priory of St. Bartholomew were founded. During the building, miracles are said to have occurred in Smithfield. For instance, a young man named Osborne, whose right hand stuck to his left shoulder, and whose head stuck to his hand, was cured at St. Bartholomew's. Again, a woman whose tongue could not

be contained in her mouth was indebted to Rahere's relics and holy water for a complete cure. When the Hospital was completed its staff consisted of a master, eight brethren and four sisters. Rahere himself appointed the first master, one Alfun by name, "to whom was sad age and sadness of age with experience of long time." Alfun himself was the founder of St. Giles' Church, Cripplegate. The close of Rahere's life appears to have been somewhat distressful, as there was a considerable amount of ill-feeling concerning him among the people, which even went so far as a plot against his life. He appealed finally, however, to the king, begging that he "would open the bosom of his pity to them that were desolate, and restrain the barking folly of the unfaithful." And so the king granted a charter, which gave full liberty and great privileges to both Priory and Hospital. Rahere died after having been Prior twenty-two years and six months, and was buried in his own church, of which, however, only a part—the choir—now remains. It is difficult to realise the vast difference that exists between the Hospital then and now, but probably the lying-in and sick wards of a parish workhouse of the present day represent more nearly the condition of the Hospital for several centuries after its foundation.

The character of Rahere, with regard to which much has been said and written, does not concern us here, and though his detractors are many, the great and useful work which occupied the latter end of his life may well be left to speak for him.

Of the history of the Hospital for several generations subsequent to the death of its founder, comparatively little is known, neither have we accurate details of its plans for some centuries, by which time it had probably undergone many alterations. It is of interest to hear that one of these was carried out by the famous Richard Whittington, Lord Mayor of London, in the year 1423.

Smithfield itself was, at this time, a spot noted for its tournaments, which were held there with all military pageantry and splendour, and the name of Giltspur Street is doubtless derived from such associations. In his *Survey of London* Stow describes one such scene as follows:—"At the day appointed there issued forth from the Tower, about the third hour of the day, sixty coursers apparelled for the Jousts; and riding upon every one an Esquier; then came forth sixty ladies of honour, mounted upon paltraies, riding on the one side, richly apparelled, and every lady led a knight with a chayne of gold. Those knights, being on the King's party, had their armour and apparrell garnished with white hartes, and crowns of gold above the harts neckes. So they came riding through the streets of London to Smithfield with a great number of trumpets and instruments of musicke before them."

Such is the procession along Smithfield, a vivid contrast to the place as we now know it, though doubtless the pastime of the jousts was by no means unproductive of work

in the Hospital, and to these remote times can be traced the well-known formula, "Cut head in the surgery, sir!"

After a lapse of several centuries there came the Reformation, and the Priory and Hospital did not escape the disasters that befell the monastic institutions throughout England. The Prior and his black-robed monks, the religious rites and ceremonies, were no more. The Hospital, however, was even then too necessary to the people for its loss to be borne without an effort, and what the Church could not do civic and private benevolence did, for in 1537 the Lord Mayor, Sir Thomas Gresham, together with his aldermen and citizens, begged the King to grant them the government of hospitals in London, among them St. Bartholomew's.

This petition appears to have met with no response for about six years, or at any rate that part which begged for the transfer of revenues to the City Corporation, the property being then held by the Crown. At length, however, in 1544, on June 23rd, letters patent were issued stating that as the Hospital was then vacant and destitute of Master, Fellows, and Brethren, and its possessions fallen to the Crown, the institution should be refounded, and should "consist of one Master and four Chaplain-Priests, to be called the Vice-Master, the Curate, the Hospitaler, and the Visitor of the Prisoners in Newgate."

To these officials was granted the site and buildings with their appurtenances to hold in pure and perpetual alms, the estates and their revenues, however, being retained by the Crown. The City Corporation were given no control by this act. As may be easily understood, this arrangement was most unsatisfactory, and two years later the King granted a charter to the City Corporation, giving them control of the Hospital and endowment to the extent of 500 marks per annum, on condition that the citizens should make themselves responsible for a like sum yearly.

Thus came about the second foundation, and to King Henry VIII belongs the proud title of our second founder. The troubles of the Hospital were by no means over, for criticisms on the subject of the work of the governing body were so numerous and free as to amount to slander, and were deemed worthy of a reply. This came in the form of a preface, with an account of the rules and regulations of the Hospital, so that all men might know how matters stood with the new foundation. This was published in the reign of Edward VI, and reprinted in 1580, and again in 1652. In this latter reprint, after describing the endowment, the writer tells of the dilapidated condition of the estates and the inefficiency of the appliances and furniture of the Hospital, referring to the large expenditure necessary; and he marvels that, notwithstanding the limited means available, "there have been healed of the pocks, fistules, and filthy blains and sores to the number of 800, and hence safe delivered, that other having need may enter in their room;" and congratulates himself upon the fact that eight score and

twelve others died there who might, by shuffling off this mortal coil at a less convenient spot, have become a nuisance in the City.

Then comes the list of governors and officers of the new foundation.

The governors were—

"The President, always the Senior Alderman.
Surveyors, four—two Aldermen and two Communes.
The Treasurer, a Commune.
Scrutiners, two, both Communes."

The officers were seven in number:

"The Hospitaler.
The Renter Clerk.
The Butler and Steward.
The Porter.
The Matron.
The Sisters, twelve.
The Byddles, eight.

"There are also in a kinde by themselves three Chirurians in the wages of the Hospital, giving daily attendance upon the cares of the poor, and a minister named the Visitour of Newgate, according to his office and charge."

Not only was the bodily welfare of the patients the care of the surgeon, but he is enjoined to give religious advice as well, and at the end of the book is a form of thanksgiving to be said by the poor that were cured before quitting the Hospital. The wages, according to modern standards, do not sound princely. For instance, a matron received 1s. 6d. weekly, a sister 1s. 4d. The surgeons, however, probably considered themselves "passing rich on £20 a year." The total expenditure seems to have been about £690 per annum.

In the year 1557 the Hospital was associated with the other Royal hospitals—Christ's Hospital, Bridewell, and St. Thomas's Hospital—under a comptroller-general and surveyor-general, while for each one three aldermen, a treasurer, and eight other citizens were appointed as governing body. These separate bodies appear to have become more and more independent, even of the Lord Mayor and Corporation, for, after 1652, governors were introduced for pecuniary considerations independently of the Court of Aldermen, the elections being merely formally confirmed by the Lord Mayor. The natural result was friction between the Corporation and governing bodies, which were settled finally by Act of Parliament in 1782. By it the government of St. Bartholomew's was constituted more or less as it at present stands, being completely separated from the other Royal hospitals, the Corporation retaining a considerable share in the management, since the Lord Mayor and Court of Aldermen and twelve councillors were *ex officio* governors. The final separation from the Corporation occurred in 1866, when a lawsuit was entered upon to determine whether the governors should elect the Lord Mayor to the vacant office of president, or whether they

could elect whom they chose. The decision was for the governors, and forthwith His Royal Highness the Prince of Wales was elected President, an office which, on his accession to the throne, was accepted by the present Prince.

Such, in very brief outline, is the history of the Hospital; and though the present buildings were erected only as recently as 1760, yet the onward march of time and the progress of medical science compel further enlargements and improvements, improvements undreamt of by our predecessors, and such, that men shall say that, after the lapse of more than seven centuries, Bart.'s yet stands alone as the greatest hospital of the world.

A. D. W.

Lord Bacon—his Medical and Physiological Remains.

IN the older editions of the works of Lord Bacon, printed under the general heading of Natural History, we find his "medical and physiological remains." The substance of his "physiological remains" is chiefly "Inquisitions touching the Compounding of Metals." In this treatise very little attempt has been made at a systematic arrangement of facts, and upon the whole subject he has noted but little. There is still less to be found in the "medical remains," an erratic and unconnected assortment of notes, containing for the most part receipts for his own personal use, together with observations and general remarks upon a variety of subjects.

But even in this portion of his writings, although these are now generally neglected by all but the curious, there can be traced that vigour and breadth of intellect which had none, and that without reason, announced the whole domain of knowledge to be its sphere of action. In looking over these pages the reader is particularly struck by two things,—the extensiveness of his observation, and the remarkable activity of his mind. Indeed, few happier or more appropriate similes have ever been discovered than the one used by Macaulay when he likens the mind of Bacon to a model of the world. "His knowledge," says he, "differs from that of other men as a terrestrial globe differs from an atlas which contains a different country on every leaf."

In making a collection of observations I fear that I have been rather led by the irresistible but perfectly unintentional humour of many of them into selecting those which are more qualified to entertain than to instruct. The reader may occasionally find some difficulty in tracing, amid the antiquated style and the apparently quaint use of his words, the profound author of the *De Augmentis*. The following are some examples:

My object in this paper was to lay before the reader a few of the most characteristic of Bacon's observations upon medicine, physiology, and general natural history.

Experiment in comfort touching the influences of the moon.—The influences of the moon (most observed) are four: the drawing forth of heat, the inducing of putrefaction, the increase of moisture, the exciting of the motions of spirits. For the inducing of putrefaction it were good to try it with flesh or fish exposed to the moonbeams, and again exposed to the air when the moon shineth not for the like time, to see whether will corrupt sooner; and try it also with capon, or some other fowl, laid abroad, to see whether it will mortify or become tender sooner; try it also with dead flies or dead worms, having a little water cast upon them, to see whether it will putrefy sooner.

Experiment solitary touching titillation.—Tickling is most in the soles of the feet, and under the arm holes, and on the sides. We see a feather or a rush drawn along the lip or cheek doth tickle, whereas a thing more obtuse or a touch more hard doth not. And for suddenness, we see no man can tickle himself. Tickling also causeth laughter. The cause may be the emission of the spirits, and so of breath, by a flight from titillation; for upon tickling we see

there is ever a starting or shrinking away of the part to avoid it, and we see also that if you tickle the nostrils with a feather or straw it procureth sneezing, which is a sudden emission of the spirits that do likewise expel the moisture. And tickling is even painful, and not well endured.

Experiment solitary touching cuttle ink.—It is somewhat strange that the blood of all birds and beasts and fishes should be of a red colour, and only the blood of the cuttle should be as black as ink. A man would think that the cause should be the high concoction of that blood, for we see in ordinary puddings that the boiling turneth the blood to be black; and the cuttle is accounted a delicate meat, and is much in request.

Experiments in comfort touching drunkenness.—Drunken men are taken with a plain defect or destitution in voluntary motion. They reel, they tremble, they cannot stand, nor speak strongly. Drunken men imagine everything turneth round; they imagine also that things come upon them; they see not well things afar off; those things which they see near hand they see out of their place; and (sometimes) they see things double. The cause of the imagination that things turn round is that for the spirits themselves turn, being compressed by the vapour of the wine; and it is all one to the sight whether the visual spirits move, or the object moveth, or the medium moveth.

Experiment solitary touching caterpillars.—The caterpillar is one of the most general of worms, and breedeth of dew and leaves. They breed commonly when the east winds have much blown, the cause whereof is the dryness of the wind; for to all vivification upon putrefaction it is requisite the matter be not too moist; and therefore we see they have cobwebs about them, which is a sign of a flimsy dryness. The caterpillar, towards the end of the summer, waxeth volatile, and turneth to a butterfly, or perhaps some other fly. There is a caterpillar that hath a fur or down upon it, and seemeth to hath affinity with the silkworm.

Experiment solitary touching yawning.—It hath been noted by the Ancients that it is dangerous to pick one's ear whilst yawning. The cause is, for that in yawning the inner parchment of the ear is extended by drawing in of the spirit and breath; for in yawning and sighing both the spirit is first strongly drawn in and then strongly expelled.

Experiment solitary touching the venomous quality of man's flesh.—The French do report that at the siege of Naples there were certain wicked merchants that barbelled up man's flesh, and sold it for tunny, and that upon that foul and high nourishment was the original of a disease. Which may well be; for that it is certain that the cannibals in the West Indies eat man's flesh, and the West Indies were full of the pox when they were first discovered. And sorceresses, as well amongst the heathen as amongst the Christians, have fed upon man's flesh to aid their imagination with high and foul vapours.

The ointment that witches use is reported to be made of the fat of children digged out of their graves, of the juices of smallage, wolfbane, and cinquefoil, mingled with the meal of fine wheat.

Preserving ointments.—Take of deer's suet one ounce, of myrrh 6 grains, of saffron 5 grains, of bay-salt 12 grains, of Canary wine of two years old, a spoonful and a half. Spread it on the inside of your shirt and let it dry, and then put it on.

Against the waste of the body by heat.—Take sweet pomegranates and strain them lightly, not pressing the kernel, into a glass; where put some little of the peel of a citron, and two or three cloves, and three grains of ambergris, and a pretty deal of fine sugar. It is to be drunk every morning whilst pomegranates last.

Methusalem water; against all asperity and tonefaction of inward parts and all adustion of the blood, and generally against the dryness of age.—Take of claret wine a pint, and quench gold in it four times. Of the wine and of the water of milk take of each three ounces, of the powder one scruple, and drink it in the morning. Stir up the powder when you drink, and walk upon it.

An extract by the Lord Bacon, for his own use, out of the book of the prolongation of life, together with some new advices in order to health.—(11) To use ale with a little emula campana, carduus, germander, sage, angelica seed, cresses of a middle age to beget a robust health.

(14) Never to keep the body in the same posture above half an hour at a time.

(15) Four precepts: to break oft custom, to shake off spirits ill-disposed, to meditate on youth, to do nothing against a man's genius.

(20) Methusalem water, of pearls and shells, of crabs, and a little chalk.

(31) Agitation of beer by ropes or in wheelbarrows. *Certain sudden thoughts of the Lord Bacon's set down by him under the title of experiments for profit.*—Muck of leaves; muck of river, earth, and chalk; muck of earth closed both for saltpeetre and muck; mending of crops by steeping of seeds; brewing with hay, broom, wild thyme instead of hops; multiplying and dressing arithcocks.

We would all gladly live to hear the indulgent laughter of our descendants, when the latest papers read before the Royal Society this year shall be pursued by them as curiosities; when the most ignorant student in their medical schools will possess funds of knowledge undreamt of by our ablest scientists; when the labour of a lifetime will be the work of a moment; when Science shall have passed far along on her triumphant progress, leaving our books, our methods, and our thought as far behind on the road of Truth as Bacon and his contemporaries lie behind ourselves.

A. R.

Amalgamated Clubs.

RUGBY FOOTBALL.

ST. BART'S 1ST XV v. R.I.E.C.

Played at Cooper's Hill on Wednesday, November 4th, on rather wet ground, when the College proved superior everywhere, and defeated us by the heavy margin of 7 goals 1 try (38 points) to nil. Bart.'s played up well at the start, and Owen nearly succeeded in scoring, but the superior condition of our opponents soon told, and although the game was pluckily contested to the finish, they managed to pile up the above rather alarming total. Grandage played a sterling game, leading the forwards with admirable judgment; he is indeed an acquisition to the team. Team: E. S. Marshall (back); H. B. Owen, C. S. Lee, C. H. Cross, P. R. Parkinson (three); W. G. Loughborough, W. H. Hamilton (halves); R. M. Ranking, W. Grandage, R. Jamison, A. J. Symes, G. H. H. Almond, H. A. Harris, F. McD. Courtney, S. Trevor Davies (forwards).

ST. BART'S 1ST XV v. LENNOX.

Played at Stamford Bridge on Saturday, November 14th. Result: lost by 2 goals 4 tries (22 points) to 1 try (3 points).

E. S. Marshall (back); B. A. Keats, H. B. Owen, C. H. Cross, C. S. Lee (three); W. G. Loughborough, W. R. Collingridge (halves); W. B. Grandage, R. Jamison, A. J. Symes, H. A. Harris, F. Trewhy, F. McD. Courtney, R. Wade, E. C. Hodson (forwards).

ST. BART'S 1ST XV v. UPPER CLAPTON.

Played at Winchmore Hill on Saturday, November 7th. A close and interesting game resulted in a win for Clapton by 2 goals (10 points) to nil. Forward we were more than a match for our opponents, but outside the scrum they showed superior combination, and won as stated.

ST. BART'S "A" v. UPPER CLAPTON "A."

This match was played at Winchmore Hill on Saturday, October 10th, and resulted in a win for the Hospital by 2 goals and 4 tries to 2 tries. N. M. Wilson scored twice, and E. S. Marshall, H. B. Hill, H. Spitz, and F. H. W. Brewer once each. There was not much chance of seeing who were our best men, as the game throughout was very easy, and at no time did our opponents make any show of a fight. However, some hard work was done, notably by Wilson, Marshall, Trewhy, and Brewer. Team: G. P. Jones (back); F. H. W. Brewer, N. M. Wilson, E. S. Marshall, H. Spitz (three-quarters); W. R. Collingridge, H. B. Hill (halves); F. Trewhy, A. R. Snowden, H. V. Wenham, A. G. Fuller, E. R. Jones, A. G. Horner, A. Hanau, A. Downes (forwards). Referee, F. J. Craddock.

ST. BART'S "A" v. PARK HOUSE "A."

This match was played at Winchmore Hill on Saturday, October 17th, and resulted in a win for Park House by 6 points to 3. The match was very even throughout. Our wing three-quarters are good, but they did not have much chance, as our forwards played rather weakly and had very little command of the ball. Team:

G. P. Jones (back); N. M. Wilson, F. H. W. Brewer, P. Lang, B. A. Keats (three-quarters); W. R. Collingridge, W. H. Scott (halves); F. Trewhy, G. R. Snowden, H. V. Wenham, V. Favell, H. Cotton, F. Fuller, A. G. Horner, H. Spitz (forwards). Referee, Mr. H. M. Huggins.

ST. BART'S "A" v. OLD ALLEYNIANS "A."

This match was played on the Dulwich College Ground, on Saturday, October 24th, in very wet weather. The ground was of the nature of a marsh, and our three quarters did not adapt themselves to its stickiness as readily as did those of our opponents. We lost the toss, and in consequence had to play uphill and against the wind. Arnould kicked off for us, and following up hard the first scrum took place in the Old Alleynians twenty-five, but our forwards were unable to find their feet for some time, and though considerably heavier, were unable to get the ball away. The Alleynians three-quarters were the part of our outsiders, however, prevented this. But soon after this White, by feigning to pass, succeeded in getting past our back and getting a try, which Melville easily converted. Some loose play then took place in which Noke and Jamison were very prominent, after which Macdougall again scored for the Old Alleynians, Melville converting. Our forwards now began to assert themselves, and held their own till half-time. Soon after half-time Scott by means of a brilliant dash carried the ball into their twenty-five, and Harrison looked like scoring, but was brought down just on the line. Immediately after this Ryland and Noke almost succeeded in getting over. From then till the end of the game, however, we fell away; and, in spite of some good defensive work by Brewer, two more goals were registered against us in rapid succession, both being due to White. Thus we were beaten by 4 goals (20 points) to nil. Forward Noke, Ryland, and Arnould were prominent, while outside Brewer, Scott, and Harrison did good work. Teams:

G. P. Jones (back); E. Harrison, F. H. W. Brewer, W. H. Scott, W. B. Benjafield (three-quarters); W. R. Collingridge, H. Spitz (halves); I. A. C. Arnold, A. Ryland, F. H. Noke, A. R. Simonds, S. T. Davies, A. J. Fuller, J. von Braun (forwards).

ST. BART'S "A" v. GUY'S "A."

Played at Honor Oak Park on Wednesday, November 11th. Resulted in a win for Guy's by 1 goal and 4 tries (17 points) to nil.

ST. BART'S v. LONDON IRISH.

Played at Winchmore Hill on Saturday, November 14th, resulting in a splendid struggle for supremacy, the Irish just winning by 3 tries to 1 goal. At half-time Bart.'s were leading by 1 goal to 1 try, and a magnificent dribble by Ryland and Wilson almost resulted in a further score, but the opposing back succeeded in touching down. The second half was a ding-dong struggle, but Irish scored a rather soft try from a forward rush, and soon after by a nice bout of passing got over again, winning as stated. Ryland, Arnold, Brewer, and Wilson were very prominent. G. W. Lloyd played as substitute for the Irish. Team:

G. P. Jones (back); B. N. Ash, F. H. W. Brewer (capt.), N. M. Wilson, C. H. Buckus (three); N. B. Benjafield, P. Lang (halves); L. A. Arnold, A. Ryland, H. V. Wenham, A. R. Snowden, E. R. Jones, S. Trevor-Davies, C. Strickland, A. J. Fuller (forwards).

NOTES.

First have played 6 and lost 6.
Second have played 5 and lost 4, won 1.
No matches have been scratched up to date by Bart.'s.
Outsides badly needed. If any in Hospital, please come forward and assist.
H. T. M. Wilson, E. S. Marshall, H. B. Owen, W. B. Grandage, have played for the United Hospitals v. Cambridge.

ASSOCIATION FOOTBALL.

ST. BART'S v. HASTINGS AND ST. LEONARDS.

This annual match was played at Hastings on November 11th, and a very even game resulted in a draw. Score 2 all.

The Hospital kicked off with great rush, and for some while pressed and looked dangerously like scoring, but could never get a real shot in. Hastings cleared, and play for some while was of a give-and-take nature, till the home side worked its way forward, and for some while Bart.'s had a most anxious time; but thanks

chiefly to Rimington no score was registered. Even play now followed and some rushes by the wings were indulged in. From one of these rushes and a centre from Butcher, Hogarth was able to register the first goal. Hastings very soon returned the compliment, thus making the score one all at half-time.

For the first part of the second half Hastings pressed, and were only with great difficulty prevented from scoring; but the Hospital clearing, Hogarth and Gordon took the ball right down the field between them, the latter scoring an excellent goal. This was certainly the prettiest piece in the whole match. It was not very long, however, before Hastings equalised, and then followed a short time in which each side pressed in turn, but no score resulted. Thus the game stood a draw.

For the Hospital Rimington at back was certainly the most useful player, whilst Miles was always in the right place, and Armitage saved some stiff shots. Team:

C. E. Armitage (goal); H. Rimington, H. Hardwick-Smith (backs); C. H. Fielding, A. Miles, J. R. Lloyd (halves); C. B. D. Butcher, J. C. Mead, A. H. Hogarth, T. J. Gordon, C. R. Evans (forwards).

AFTER THE MATCH the Hastings and St. Leonards Football Club and the Hospital team were entertained by the thirteen old Bart.'s men of Hastings and the neighbourhood to a tea and smoking concert at the Castle Hotel.

This annual gathering was started in 1896 by Mr. Gabb, and is always looked forward to by the Hospital A.F.C.

In the absence of Dr. Brodie, which was most regretted by all, Mr. Gabb occupied the chair. Thus we were once more treated to some of his characteristic speeches. He proposed the first toast, that of "Success to St. Bart.'s Hospital A.F.C." He said that this was a red-letter day to him, as he was heart and soul a Bart.'s man, and felt a pride in the ancient and noble Hospital, such as it was not easy to express in words. He briefly referred to the Hospital's appeal for funds for extension, and coupled this toast with the name of Mr. Hogarth, the captain.

Mr. Hogarth, in reply, thanked the old Bart.'s men most cordially for the reception which they had extended towards the team, and hoped that some day present students would be able to do as much for future Bart.'s men as the Hastings doctors were doing for them. He congratulated the Mayor on his re-election. Mr. Hogarth concluded by thanking the hosts very much for the kind way in which they had received the toast.

Dr. Gabb next proposed "Success to the Hastings and St. Leonards F.C." He first paid a fitting tribute to the late Marquis of Salisbury, their patron. He said that the result of the gate would be given to the East Sussex Hospital, and amounted to £18 18s. The toast was coupled with the name of Mr. Shepherd, captain of the Hastings Club.

Mr. Shepherd, in reply, said that he was sorry to have been unable to play that day, but as long as a good game took place and a good gate was taken every one should be satisfied. He suggested that a return match should be played, and that the gate should go to Bart.'s extension fund.

Mr. C. Baunton proposed the health of "Our Hosts," and said they were all thorough good sportsmen. He expressed regret that Dr. Brodie, of Battle, was unable to

take the chair. Mr. Gabb, he said, they all knew, and nothing he could say could increase the high esteem in which they held him. He asked them all to drink to the health of "Our Hosts," coupled with the name of Mr. Gabb.

In reply, the Chairman thanked them for the enthusiasm with which they had received the toast. He said that he considered this to be the last Free Trade tea, as next year they would begin a run of Protection teas, with more to eat, drink, and smoke, and with better music. Above all, he said, Bart.'s doctors will have fewer demands on their pockets. The first Protection concert would take place with Dr. Scarylton Wilson in the chair.

Throughout the evening a very excellent programme of music was given, which was loudly applauded.

HOCKEY CLUB.

ST. BART.'S v. HENDON.

This match was played at Hendon on Saturday, October 17th, and after a very even game ended in favour of Hendon by 5 goals to 4. For the Hospital Wroughton scored twice and Raikes twice, and Barton also played a brilliant game. Team was as follows:

F. Whitby (goal); L. L. Phillips and L. G. H. Furber (backs); H. B. Hill, B. H. Barton, E. Harrison (half-backs); R. L. Haines, A. C. Wroughton, C. T. Raikes, W. B. Griffin, H. Gray (forwards).

ST. BART.'S v. SEVENOAKS.

This match was played at Sevenoaks on Saturday, October 31st, and after a very good game resulted in a win for Sevenoaks by 7 goals to 4. The following scored the goals for the Hospital:—

Griffin (2), Raikes (1), Gray (1). Team: F. Whitby (goal); L. L. Phillips and L. G. H. Furber (backs); H. B. Hill, B. H. Barton, and C. E. Adam (half-backs); R. L. Haines, J. Gaskell, C. T. Raikes, W. B. Griffin, and H. Gray (forwards).

ST. BART.'S v. BRONDESBURY.

Played at Brondesbury on Saturday, November 7th, the ground being in a shocking condition. The game was very even throughout, the score at half-time being 1 goal all; in the second half, however, Brondesbury put on two goals to one more from the Hospital, thus leaving the former winners by 3 goals to 2. Griffin and Gray scored the goals for the Hospital. Team:

M. F. Grant (goal); L. L. Phillips and L. G. H. Furber (backs); H. B. Hill, W. R. Collingridge, and C. E. Adam (half-backs); R. L. Haines, J. Gaskell, W. B. Griffin, A. C. Wroughton, and H. Gray (forwards).

ST. BART.'S v. ERITH.

This match was decided at Erith on Saturday, November 14th, and resulted in a drawn game of 2 goals all. The goals for the Hospital were scored by Gaskell and Lynn. Team:

F. Whitby (goal); L. L. Phillips and W. E. L. Fowler (backs); H. J. D. Birkett, E. Harrison, and C. E. Adam (half-backs); R. Lynn, J. Gaskell, A. C. Wroughton, G. H. Adam, and H. Gray (forwards).

ST. BART.'S v. R.M.A., WOOLWICH.

This game was played at Woolwich on Wednesday, November 18th, resulting in a win for the Academy after a very even game by 2 goals to 1, Wroughton scoring the only goal for the Hospital. Team:

F. Whitby (goal); L. L. Phillips and L. G. H. Furber (backs); G. F. Page, R. C. P. Berryman, and C. E. Adam (half-backs); R. L. Haines, J. Gaskell, A. C. Wroughton, R. M. Im Thurn, and H. Gray (forwards).

ST. BART.'S v. STAINES.

Played at Staines on Saturday, November 21st, the home team winning by 7 goals to nil. Team:

F. Whitby (goal); L. L. Phillips and L. G. H. Furber (backs); H. B. Hill, B. H. Barton, and R. C. P. Berryman (half-backs); R. L. Haines, J. Gaskell, W. B. Griffin, G. H. Adam, and H. Gray (forwards).

Musical Society.

THE orchestral section of the above Society meets every Tuesday afternoon at 4.15 in the Inquest Room, for the purpose of practising for the Christmas entertainment, which will probably take place on three consecutive days in the early part of January next. It is earnestly hoped that all *freshmen* and others who have some knowledge of orchestral instruments should join the Society, and help to keep up the high standard attained in former years at these annual entertainments.

Any men desirous of further information should communicate by letter with Mr. H. R. Prentice, Cloak Room, St. Bartholomew's Hospital.

Ibernetian Society.

OCTOBER 8th.—The sessional meeting was held in the Medical Theatre. Mr. Boyle, President, made appropriate reference to the loss sustained by the Hospital in the death of Mr. Walsham.

Dr. Clayo Shaw read his paper on "The Psychology of Social Epochs," which was received with great enthusiasm by the large number of members present. The paper was published in the November number of the Hospital Journal.

October 15th.—The first ordinary meeting was held in the Society's room. Mr. Young read a very interesting paper on "Prostatic Obstruction." A number of members took part in the discussion which followed.

October 22nd.—Clinical evening. Mr. Denham White showed a man with some obscure wasting of the leg. Mr. Elmslie brought down from the wards two interesting cases: one, a boy of sixteen with coxa vara; and the other, a girl of eight years with congenital dislocation of both hips. Mr. Jeudwine showed a case of abdominal tumour, and Mr. Farncombe had a very interesting double placenta with a foetus papyraceus in one half.

October 29th.—Mr. McAdam Eccles read a paper at this meeting on the "Incidence of Appendicitis." It was accompanied with an excellent series of lantern slides. The paper is published in the current number of the Journal.

November 5th.—The meeting was held in the Anatomical Theatre, Mr. Young in the chair. Dr. José Johnson read his paper on "Dr. Otto Schmidt's Specific Treatment of Cancer," before a large audience of members and visitors. The paper dealt with the existence of a cancer parasite, and the results obtained from the use of Dr. Otto Schmidt's serum.

In the discussion which followed Mr. Willett reminded those present that fifty years previously Sir James Paget had demonstrated the parasite of trichinosis before the Society. He was struck, he said, by the statement that the serum only reacted upon cancerous patients, which he thought was the most notable feature of the subject, thus constituting a test.

Dr. Lovell Dudgeon spoke in confidence of the good effects to be obtained by certain organic compounds related to cinnamic acid in cancer.

Dr. Andrews would sound a note of warning, inasmuch as the cancer parasite had been so often discussed before. He asked what was the organism, how it was cultivated, and what was the nature of the inoculation.

The paper has been published in the *Lancet* of November 14th. November 12th.—Dr. Edwardes Stack read a paper on "Intubation for Diphtheria." He had performed the operation in 208, and was of opinion that intubation was much to be preferred to tracheotomy.

Mr. Boyle, from the chair, opened the discussion, in which the following gentlemen joined—Dr. Conrad Brown, and Messrs. Mackay, Nixon, Conolly, and Brown.

The general opinion was that intubation was better than tracheotomy, but needed more practice for its successful carrying out.

The Cambridge Graduates of St. Bartholomew's Hospital Club.

THE annual dinner of the above Club was held at Frascati's Restaurant on November 9th. It is satisfactory to be able to state that the attendance was the largest on record, eighty-two members being present. This fact reflects the greatest credit on the Secretaries, Dr. Fletcher and Dr. Horton Smith, who are responsible for the organisation of the Club and for the details of the admirable dinner provided.

The chair was taken by Dr. W. H. Rivers, of St. John's College, who, in proposing the toast of "The Club," referred to the close union that had always existed between St. Bartholomew's and Cambridge University, a union that had been further strengthened by the appointment of Mr. Howard Marsh to the chair of surgery. He then told some interesting experiences he had had whilst investigating the habits and traditions of certain tribes in India, showing that this branch of scientific research was not entirely free from danger to life and limb.

Dr. Norman Moore was in his very best form in proposing the toast of "The Guests," and we can give no higher praise to an after-dinner speech. He referred to the advantages he had had in living for so many years in the Warden's house, on land given to the Hospital by King Stephen, an advantage shared by two others present, Dr. Calvert and Mr. Harmer. He made sympathetic reference to a deer park that had existed to the north of Holborn at the same date. Amongst the guests were Dr. Garrod, Colonel James, Dr. Calvert, and Dr. Giglio of Florence. In each case his encyclopaedic knowledge and lively imagination enabled him to combine instruction and entertainment in proposing their healths. Especially interesting was his reference to the great debt that medical science owed to the intellectual giants of mediæval Italy.

Colonel James and Dr. Giglio replied in excellent speeches. Then Dr. Tooth proposed the health of the Chairman, and made a sympathetic reference to the interest that his post-mortem examination would afford. This was replied to, and after the customary thanks to the Secretaries the proceedings broke up.

Music was provided by Messrs. Holroyd, Forster, and Donaldson. We especially enjoyed Mr. Holroyd's rendering of the tenor song from "The Gondoliers." All are to be congratulated on a most successful meeting.

Freshmen, Session 1903-4.

LONDON UNIVERSITY.

Backus, C. H. Chatham House, Ramsgate.
Bomford, T. L. Dean Close, Cheltenham.
Candler, A. L. Lancing College.

Chipp, E. E. Highgate School.
Courtney, F. McD. Dulwich College.
Craddock, F. J. Bath College.
Dale, W. C. Barnet Grammar School.
Davies, S. T.
Eckel, C. F. Queen's Royal College, Trinidad.
Fry, A. P. St. John's School, Leatherhead.
Goodlow, H.
Hacker, H. J. King's College.
Hammond, J. M. Bristol University.
Holgate, M. J. University College, Nottingham.
Holthusen, A. Bancroft School, Woodford Wells.
James, W. A. Cardiff Medical School.
Kalapesi, R. M., Grant Medical College and Jamssetji Hospital, Bombay.
Kebbell, C. F. V. Rolandsk School, Ealing.
Kernahan, J. A. St. Mary's College, Trinidad.
King, H. H. Tillington Mart College.
Lang, P. Archbishop Holgate's, York.
Lukis, T. S. Tonbridge School.
Lynn, G. Rigby. Tonbridge School.
Mason, T. H. Charterhouse School.
Moreton, A. L. Merchant Taylors'.
Olipphant, F. M. South-Eastern Coll., Ramsgate. (Not yet matriculated.)
Paterson, J. J. Cardiff Medical School.
Pearse, R. King's School, Canterbury.
Price, R. B. Caterham School, Surrey.
Ramsay, J. Owens College, Manchester.
Rimington, H. Archbishop Holgate's, York.
Ross, W. D.
Ryland, A.
Searle, F. C. Malvern College.
Smith, H. G. Merchant Taylors'.
Snowden, E. N. Hutchin's School, Hobart. University of Tasmania.
Snowdon, A. R. Kelly College, Tavistock.
de Verteuil, E. J.
Viner, G. Merchant Taylors'.
Weakley, A. L. Wellingborough Grammar School.
Williams, R. T. Wrexham County School.
Wolferstan, R.
Yates, A. L. Felsted School.

CAMBRIDGE UNIVERSITY.

Barris, J. D. West Kent Grammar School. Caius.
Bean, J. W. Clare.
Cane, L. B. Uppingham School. King's.
Fuller, A. J. S.
Gaskell, W. H. Marlborough College. Caius.
Gordon, F. J. Weymouth College. Christ's. M.R.C.S., L.R.C.P.
Given up Cambridge degree.
Gourlay, W. B. Edinburgh Academy. Trinity College.
Grandage, W. B. Sedburgh School. Clare.
Griffin, F. W. W. Weymouth Coll. King's. M.B., B.C. 1st F.R.C.S.
Haigh, B. Lancing College. Caius.
Harris, H. A. Bedford School. Emmanuel.
Hill, R. A. P. Harrow School. Caius.
Horner, N. G. Tonbridge School. Caius. M.B., B.C. (Cantab.).
Lang, B. T. Abbotsholme, Derbyshire. Trinity College.
Nash-Worham, F. L. Eastbourne Coll. Pembroke. M.R.C.S., L.R.C.P.
Owen, A. H. Llandoverly School. Caius.
Postlethwaite, J. H. Fauconberge, Beccles. Emmanuel. M.B., B.C.
Roberts, J. H. Marlborough College and Liverpool College. Emmanuel. M.B., B.C.
Simpson, G. C. E. Mill Hill School. St. John's.
Smith, A. K. Toulmin. Dulwich College. Emmanuel.
Smith, J. M. Grey College, Bloemfontein, S.A. Victoria College, Cape University. Christ's.
Strickland, C. St. Andrew's Coll., Grahamstown, Oundle Sch. Caius.
Teichmann, O. Aldenham School. Caius.
Trappnell, F. C. Leys School. King's. M.B., B.C. 1st F.R.C.S.
Tylor, C. Marlborough College. Caius.
Wade, R. Sedburgh School. Christ's.
Whitaker, C. Dulwich College. Emmanuel.
Williams, W. H. Cheltenham College. Caius. M.B., B.C.

OXFORD UNIVERSITY.

Almond, G. H. H. Hertford.
Burra, L. T. Winchester College. University.
Priestley, J. G. Eton College. Christ Church.
Wells, W. W. Hadley College. Merton. M.B.

CONJOINT BOARD.

Allnutt, E. B. Stevenage School, Herts.
Beckton, J. J. H. Private.
Bickers, R. T. Yorkshire College, Leeds.
von Braun, R. Private.
Clifford, R. C.
Davies, I. J. Wards.
Deck, H. L. Sydney University.
Douglas, C. S. Owens College, Manchester.
Downes, A. King William's College.
Gray, G. C. Felsted School.
Hall, P. Private.
Hodge, W. H. S. R.N. Acad., Bognor.
Keats, B. A. Royal Naval Sch., Eltham, and King's Coll., London.
Laidlaw, F. C. Not up. Cambridge.
Langford, S. C. King's College, Taunton.
Lloyd, J. D. S. Wards.
Maclean, G. K. Tonbridge School.
Miller, H. G.
Mozumder, S. Doveton College, Calcutta.
Reckless, P. A.
Roper, R. N. Trinity College, Dublin.
Scott, A. B. Epsom College.
Spitz, H. University College, London.
Tha-Htoon-Oo. Doveton College, Calcutta.
Viner, G.
Wadia, M. D. Grant Medical College, Bombay.
Wilkes, C. F. Private.
With, P. A. Albemarle College, Beckenham.

Correspondence.

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

SIR,—I have been asked, on behalf of the Bishop of Zanzibar (the Right Rev. J. E. Hine, M.D.), to make known the great need that exists in his diocese for the services of a fully qualified medical practitioner.

In a letter received within the last few weeks the Bishop writes:

"After completing a visit of some duration in the Magila Archdeaconry I see more clearly than before what an opening there is here for a doctor, and what a useful work he could do in this part of the country. Wherever I go, whether to Msalabani, or Kologwe, or into the interior, I have people coming to me seeking medical or surgical treatment—genuine cases, often of considerable scientific interest.

"At Kologwe in this last week I had to do quite a succession of operations, and there were other cases needing longer and careful attention which I could not, owing to lack of time, undertake with any hope of benefit to them. A resident surgeon (resident in the district, I

mean) would have now a considerably larger area to travel over than was the case some years ago, when Dr. Ley was alive. The people all prefer to come for treatment to the Mission or to the Mission Dispensaries, rather than to go to the German Government Hospital at Tanga, excellent though it no doubt is. With our present staff of nurses there ought to be no difficulty in a competent man undertaking cases of the gravest nature. In the Likoma Diocese I had the valuable help of Dr. Howard, and his work, I hear, is always increasing, as the people on the lake shores get to understand and to value the skilled treatment they receive at his hands. We want another Dr. Howard here at Magila; he would find plenty to do, and possibly a good deal to investigate of scientific interest, as well as very practically helping the work of the Mission. Such a doctor must, of course, be one in thorough sympathy with the Church work that is carried on in the country, and he should have to some degree the missionary vocation himself, though he would not be required to do anything else except to pursue his own particular calling.

"There is also the health of the European staff to be considered; that, too, requires a resident doctor, so that in severe cases it may not again be necessary to cable to Zanzibar for assistance, or to send down to Tanga on the possible chance of being able to call in the German doctor who is sometimes to be found there.

"If those who are in touch with hospitals or with young surgeons recently qualified could bring this want before them, it is not unlikely that some one might be found who would be willing to offer himself for the work."

I should be most glad to give further and more detailed information to any who may desire it.

OSWALD A. BROWNE, M.D.,
Member of the Medical Board of the Universities'
Mission to Central Africa.

Reply care of SECRETARY,
Universities' Mission to Central Africa,
9, Dartmouth Street,
Westminster, S.W.

October 26th, 1903.

To the Editor of the '*St. Bartholomew's Hospital Journal*.'
UNITED HOSPITALS HARE AND HOUNDS.

DEAR SIR,—May I call attention through the medium of your Journal to the existence of the above Club, which, although instituted some sixteen years ago, has been poorly supported during the last two or three years? Owing to the loss of most of last year's regular men we are rather short of active members this year, and it is hoped that any cross-country men that there may be at your Hospital will turn out and support the Club. Club runs take place at 3.30 on Saturdays with the Blackheath Harriers, from their headquarters at the "Green Man," Blackheath (station: Lewisham Junction or Blackheath Hill, S. E. & C. Ry.). In addition to these ordinary runs several matches and a handicap have been arranged for this season.

I shall be glad to give men intending to run out any information they may require.

Thanking you in anticipation for inserting this notice, I am, yours faithfully,

T. E. A. CARR (*Hon. Sec.*).

GUY'S HOSPITAL, S. E.;
Oct. 30th, 1903.

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

DEAR SIR,—The accompanying engraving represents an apparatus which I have been using for some time for the administration of Somnoform, and consists of a celluloid facepiece and a rubber pad connected to a rubber bag.

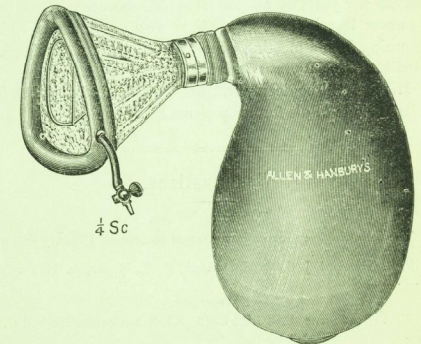
A piece of lint, easily changeable, of about 4" x 8" can be adapted to the interior of the facepiece by means of a special spring.

I have found that with this apparatus a dose of from 2.5 c.c. to 3 c.c. of Somnoform is enough to (within from thirty-five to fifty seconds), produce an anaesthesia sufficient either to act as a brief general anaesthetic or as a precursor to ether.

The advantages I claim for my apparatus are—
1. Simplicity of construction, there being no valves or anything else liable to get out of order.
2. That the lint does not require to be of any special shape, a piece 4" x 8" being all that is necessary.
3. That the aperture leading to the bag has been made especially large to prevent any difficulty in respiration.
4. That the cost of the apparatus fitted with one facepiece is only £1 is, and is therefore relatively inexpensive.

The apparatus has been made to my design by Messrs. Allen and Hanburys, from whom it can be obtained.

H. EDMUND G. BOYLE, M.R.C.S., L.R.C.P.,
Junior Resident Anaesthetist,
St. Bartholomew's Hospital.



Obituary.

MR. JOHN BRENDON CURGENVEN, M.R.C.S.,
L.S.A.

WE regret to announce the death of Mr. John Brendon Curgenven, which took place at Hildenborough on the 15th inst., quite suddenly from cardiac failure.

He was born at Tretawn in Cornwall in 1831, and entered St. Bartholomew's Hospital in 1847, qualifying in 1852, and in the following year was appointed House Surgeon to the Royal Free Hospital.

In 1855 he accompanied Lord Ward as medical attendant to the Crimea, and was present at the attack on the Redan, (June 14th) when he acted as volunteer surgeon. He was also present at the taking of Kerch.

He took charge of Miss Nightingale when convalescent from fever, conveying her to Scutari.

Mr. Curgenven was Honorary Secretary to the Harveian Society from 1862 to 1872, and Vice-President 1872-3. In 1859, as a member of the Provisional Committee, he assisted in founding the New Sydenham Society. He also served on the Parliamentary Bills Committee dealing with the first Habitual Drunkards Bill, and on other committees concerned with Infant Mortality and the Registration of Midwives.

He was a member of the Council of the Obstetrical Society 1872-3, and was co-honorary secretary with the late Mr. Berkeley Hill of an association for the extension of the Contagious Diseases Acts, and at the time of their repeal by Mr. Gladstone was examined by the Select Committee of the House of Commons, and acted as Assessor, in favour of the Acts, before the Royal Commission. In addition to all this public medical work he practised in Bayswater from 1856 to 1890, and was Churchwarden at Christ Church, Lancaster Gate, for twenty-six years.

In 1900 Mr. Curgenven retired from practice and spent the last few years of his life at Hildenborough, Kent, but he never lost interest in medical work, and it was while returning from a meeting of the local branch of the British Medical Association that he died.

His loss will be deeply felt, not only by his family but by a large circle of his former patients and friends.

Examinations.

CONJOINT BOARD.

The following gentlemen have passed the recent Primary Fellowship (November):
P. L. Giuseppi, J. E. R. McDonagh, R. F. Moore, A. H. Pinder, S. S. Rendall.

EDINBURGH.

A. A. Bradburne, L.R.C.P., L.R.C.S.Ed., has taken the F.R.C.S. Ed.

DURHAM UNIVERSITY.

M.B. Degree.—A. H. Bateman.
B.S. Degree.—A. H. Bateman.

Appointments.

CHEESE, J. W., M.R.C.S., L.R.C.P., appointed Resident Medical Officer at the Newcastle Union.

DAVIS, C. NOEL, M.R.C.S., L.R.C.P., appointed House Surgeon to the North Lonsdale Hospital, Barrow-in-Furness.

GIBLIN, Capt. W. W., Inst. A.M.C., to be Major and Principal Medical Officer, Tasmania.

GREGORY, C. H., M.B., B.C.(Cant.), appointed Surgeon to ss. "Indralemma."

HARKE, S. L., B.A.(Cant.), M.R.C.S., L.R.C.P., appointed House Physician to the North-Eastern Hospital for Children, Hackney Road.

HIGGINS, A. G., M.R.C.S., L.R.C.P., appointed Surgeon to ss. "Kintuch" to Japan.

KIDNER, H. K., B.Sc.(Lond.), M.R.C.S., L.R.C.P., appointed Assistant Medical Officer to the Wyke House Asylum, Isleworth.

STONE, G. W., M.R.C.S., L.R.C.P., appointed Surgeon to ss. "Warwickshire."

THOMAS, R. J. P., M.R.C.S., L.R.C.P., appointed Casualty Officer to the London Temperance Hospital.

New Addresses.

BRIGGS, J. A. O., Noel Street, Gregory Boulevard, Nottingham.
CARPENTER, E. G., Kasr-el-Aini Hospital, Cairo.
CROFT-HILL, A., 169, Cromwell Road, S.W. (Telephone: 869 Western).

DAVIES, HOWELL, 89, Visagie Street, Pretoria, South Africa.
EDE, A. GORDON, The White Hall, Abridge, Essex.
FORBES, J. G., 10, Bentinck Street, W.

FOX, E. H. B., Pear Tree Green, Ithen, Southampton.
HENSLEY, P. J., Hotel d'Italie, Mentone, France.
HOLMES, H., 13, Princes Avenue, Liverpool.

MARCH, J. O., Emsworth, Hants.
MARSH, HOWARD, 14, Herford Street, Mayfair, W.
MORTIMER, J. W. D., 4, Burton Court, Lower Sloane Street, S.W.

MURRAY, F. E., Ambleside, Kloof Road, Cape Town, Cape Colony.

NORBURY, W., 32, Gordon Square, W.C.
OAKLEY, A. R. H., Northlands, Hollycroft Avenue, Hampstead.
O'FINIGAN, D. C., 5, Windsor Road, Ealing, W.

PANK, H. W., New Barnet, Herts.
PARKER, H. F., Burnside, York Road, Guildford.
PARSONS, H. C., 119, Dartmouth Road, Willesden Green, N.W.

PENNEFATHER, C. M., Deanhurst, Harrow.
PICTON, L. J., Holmes Chapel, near Crewe.
SCOTT, S. R., 44, Welbeck Street, W.

SLATER, W., Woodland Cottage, Wanstead, N.E.
SLOANE, H. H., 207, High Road, Willesden Green, N.W.
STEPHENS, H. D., Laingburg, Cape Colony.

THOMAS, A. E. H., Eastern Fever Hospital, Homerton.
WATERHOUSE, J. H., 19, Avenue Victoria, Scarborough.
WIGHTMAN, C. F., Royston, Herts.

WILLIS, CYRIL HAMER, Branksome Park, Bournemouth.
WOOD HILL, H. G., Beccles, Suffolk.
WOOD, P., Crawley, Sussex.

YELD, R. A., 29, Platt's Lane, Hampstead, N.W.

Births.

CALVERLEY. On the 17th of November, at 10, Earl's Avenue, Folkestone, the wife of Joseph E. G. Calverley, C.M.G., M.D., of a son.

GIBLIN.—On June 17th, at Hobart, Tasmania, the wife of Wilfrid W. Giblin, M.R.C.S., L.R.C.P., of a son.

HARRIS.—On October 28th, at St. John's, Birchington, the wife of H. C. Harris, M.D., B.S., of a son.

HOOLE.—On October 25th, at the Croft, Yardley, the wife of John Hoole, M.R.C.S., L.S.A., of a son.

PEARSON.—Durban, South Africa, to Dr. M. G. Pearson and Mrs. Pearson, a stillborn son, on the 6th Nov.

St. Bartholomew's Hospital



JOURNAL.

VOL. XI.—No. 4.]

JANUARY, 1904.

[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.

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 communications, financial or otherwise, relative to Advertisements ONLY, should be addressed to ADVERTISEMENT MANAGER, The Warden's House, St. Bartholomew's Hospital, E.C. Telephone: 4953, Holborn.

A Cover for binding (black cloth boards with lettering and King Henry VIII Gateway in gilt) can be obtained (price 1s. post free) from MESSRS. ADLARD AND SON, Bartholomew Close. MESSRS. ADLARD have arranged to do the binding, with cut and sprinkled edges, at a cost of 1s. 6d., or carriage paid 2s. 3d.—cover included.

St. Bartholomew's Hospital Journal,

JANUARY 1st, 1904.

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

Somnoform Inæsthesia.

A Paper read before the Abernethian Society on December 3rd, 1903.

By H. EDMUND G. BOYLE, M.R.C.S., L.R.C.P.,
Junior Resident Anæsthetist to St. Bartholomew's Hospital.



R. PRESIDENT AND GENTLEMEN,—During the past year a new anæsthetic mixture bearing the name of somnoform has been introduced into this country, and as this anæsthetic is being used more and more every day it seemed to me that the members of this, the oldest medical society in London, ought to have the opportunity of becoming acquainted with the properties and

effects of an anæsthetic which, unless I am much mistaken, will, in the course of the next few years, be more universally adopted by the medical profession than it has been at present.

In May, 1902, Dr. Rolland, director of the Dental School in Bordeaux and principal anæsthetist in that School, and Mr. Field Robinson, one of the first founders of the school, read a paper at the British Dental Congress, at Shrewsbury, on a new anæsthetic mixture which they had been using for some time.

This paper and the subsequent demonstration was the introduction into England of somnoform.

Somnoform is a mixture composed of sixty parts of chloride of ethyl, thirty-five parts of chloride of methyl, and five parts of bromide of ethyl. These proportions are the result of experiments made by Dr. Rolland in his endeavour to provide a more perfect anæsthetic than we had hitherto possessed. Apparently he was aiming at four things:

- "(1) No cumbersome apparatus—something simple.
- "(2) Instantaneous action.
- "(3) Rapid elimination, rapid return of consciousness, action, and use of faculties.
- "(4) Security both in the beginning, during, and after effects."

To attain this he found that a mixture was necessary (*British Dental Journal*, June, 1902), for from the chloride of methyl he found that he obtained instantaneous anæsthetic action, from the chloride of ethyl prolongation of anæsthesia, and from the bromide of ethyl a further prolongation of the time required for operating by the production of an analgesic condition.

Whether or not the same results can be obtained with any of the ingredients alone I do not know, but Dr. W. J. MacCardie stated at the Society of Anæsthetists, when my colleague, Mr. W. F. Cross, read a paper on somnoform, that he had found that by using ethyl chloride alone the same results were obtained.

Mr. Sydney W. Cole, in a very interesting paper in the *British Medical Journal*, June 20th, 1903, on "The Physio-

logical Action of Ethyl Bromide and of Somnoform," says, "Ethyl bromide was first employed as an anæsthetic by Nunnely in 1849. Its use has been rather intermittent, but at the present time it is somewhat extensively used in America and on the Continent as a general anæsthetic,—chiefly, however, for minor operations, such as those in the throat. For longer operations it has been employed as a preliminary to ether by Williams, and to chloroform by Hartman and Bourbon."

In the *Lancet* of September 12th, 1903, there is an interesting paper by Dr. W. R. Huggard on bromide of ethyl. Apparently he is in the habit of using it frequently, not only alone, but as a preliminary to ether, and from the account given in his paper he seems to have had excellent results.

"The chief characteristic of bromide of ethyl as an anæsthetic is its strikingly rapid yet transient action. A suitable dose in about a minute produces unconsciousness, lasting on an average one or two minutes, from which the patient awakes and regains almost at once his normal state (quoted from A. Brown Kelly in *British Medical Journal*).

"Ginsburg gives the best account of the physiological action of ethyl bromide, his experiments being performed on rabbits and dogs. He finds that with small doses, yet sufficient to produce anæsthesia, the blood-pressure is not lowered, the pulse becoming more rapid, and not irregular. With larger doses there is a fall in blood-pressure, an irregular, rapid pulse, and a quickening of respiration. Death is produced by cessation of respiration, which precedes that of the heart."

"He ascribes the quickening of the heart to stimulation of automatic cardiac centres or of peripheral accelerator nerves. The fall in blood-pressure with large doses is due, according to Ginsburg, to paralysis of peripheral vaso-motor nerves. He states that ethyl bromide has no effect on the vagus, vaso-dilator centres, or peripheral vaso-dilator nerves."

"Thornton and Meixell obtained similar results, the chief source of danger being stoppage of respiration."

"Ethyl chloride has been used locally as an anæsthetic in dentistry, and also as a general anæsthetic for minor operations. Its physiological action seems to be similar to that of ether, but it is liable to produce death by paralysis of respiration."

Then, referring to somnoform, Mr. Cole says:

"Somnoform has an immediate and pronounced stimulating effect on the respiratory centre, which is manifested in three ways:

- "1. An increase in the size of contraction.
- "2. An increase in the rate of contraction.
- "3. An increase in the tone of the diaphragm.

"With large doses this stimulation of the centre is so great that the diaphragm is finally brought to a standstill, remaining in a state of strong tonic contraction until death ensues, the heart still beating strongly."

Later on he says, "An important point in connection with the use of somnoform as an anæsthetic is that this cessation of respiration does not take place until some considerable time after the causation of complete insensibility. Also that with all but very large doses it is very easy to re-establish breathing by artificial respiration. This is probably due to the fact that the heart is so little impaired by even prolonged inhalation of the drug, so the medullary centres do not become anæmic."

Arguing, therefore, from the results published by Mr. Cole in his paper, which he admits is only a preliminary account, it would seem that the danger in giving somnoform lies in the cessation of respiration occurring some time before the heart ceases to act, caused by a prolonged tonic contraction of the diaphragm. This, he tells us, only occurs in prolonged cases, and with large doses of the anæsthetic. Now, as I shall explain later that in my opinion somnoform is not suited to prolonged cases, and further that in prolonged cases only very minute quantities of the drug are needed, I think we may fairly say that whilst we are quite aware that cessation of respiration can occur, yet the fact that the anæsthetic is only recommended for brief cases where, should a temporary arrest of breathing occur, it can promptly be dealt with by artificial respiration, would be rather in favour than against the use of somnoform as an anæsthetic.

We must, however, remember that in these experiments the animals were all previously anæsthetised with some other anæsthetic—ether, A.C.E., or chloroform, and somnoform was only administered whilst the animal was under the influence of one or other of these anæsthetics.

Whether the same results would be obtained by anæsthetising them from the start with somnoform has not yet been determined, but it seems to me to be likely that the results would not materially differ, if indeed they did so at all.

PREPARATION OF THE PATIENT.

With somnoform, as with most anæsthetics, it is important to have the patient prepared if one desires to obtain good results; and this is, I think, more necessary in the case of somnoform than with gas, or gas and oxygen. No food should be taken for three or four hours previously, and the bowels should have been attended to beforehand and the bladder emptied just previously to the commencement of the administration. These last two precautions are not absolutely necessary, but they make the patient far more comfortable, and do away with the risk of any action taking place during the administration.

Dr. Cullen, in his paper in the *British Dental Journal* of May, 1903, referring to this point, says that he has never met with a case of relaxation of the bowels under somnoform. I have had two cases of relaxation of the sphincters, with a result in the one of defecation and in the other micturition. Both cases were unprepared, and, in the case where micturition occurred, I have reason to believe that



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logical Action of Ethyl Bromide as follows: "Ethyl bromide was first employed by Nunnely in 1849. Its use has been common at the present time it is somewhat common in America and on the Continent as well as chiefly, however, for minor operations of the throat. For longer operations it is used preliminary to ether by Williams, Hartman and Bourbon."

In the *Lancet* of September 13, 1904, an interesting paper by Dr. W. R. H. Swainson on ethyl. Apparently he is in the habit of using it not only alone, but as a preliminary to ether. In an account given in his paper he seems to have had excellent results.

"The chief characteristic of bromoform as anæsthetic is its strikingly rapid yet suitable dose in about a minute produces a state of unconsciousness lasting on an average one or two minutes. The patient awakes and regains almost at once consciousness." (quoted from A. Brown Kelly in *British Medical Journal*).

"Ginsburg gives the best account of the action of ethyl bromide, his experiments on rabbits and dogs. He finds that a small dose is sufficient to produce anaesthesia, the pulse becoming more rapid and lowered, the pulse becoming more rapid. With larger doses there is a fall in blood-pressure, irregular, rapid pulse, and a quick death is produced by cessation of respiration. Death is produced by cessation of respiration, rather than by depression of the heart."

"He ascribes the quickening of the heart to the stimulation of the automatic cardiac centres or of the vagus nerves. The fall in blood-pressure is due to paralysis of the vagus nerves. He states that ethyl bromide acts on the vagus, vaso-dilator centres, or peripheral nerves."

"Thornton and Meixell obtained similar results. The source of danger being stoppage of respiration."

"Ethyl chloride has been used locally in dentistry, and also as a general anaesthetic. Its physiological action seems to be similar to that of ether, but it is liable to produce death by asphyxia."

Then, referring to somnoform, Mr. Cross says: "Somnoform has an immediate and powerful effect on the respiratory centre, in three ways:

1. An increase in the size of contraction.
2. An increase in the rate of contraction.
3. An increase in the tone of the diaphragm.

"With large doses this stimulation of the diaphragm is finally brought to a state of strong tonic contraction, the heart still beating strongly."

the boy's bladder was rather distended before we began. The clothing should be loosened about the neck and waist. With regard to the position of the patient, this should be comfortable, and the anaesthetic may be taken either sitting up or lying down, as occasion may require. The inside of the mouth should be examined for all loose or foreign bodies, such as loose teeth, artificial teeth, plugs of tobacco, etc., and these should be removed. For all operations in the mouth or throat it is advisable to insert a dental prop before commencing the administration, for otherwise several seconds may be wasted in endeavouring to open the mouth for the operation to be begun. When administering somnoform in the throat or dental department I always now insert a dental prop to begin with.

Although I have so far had no difficulty with my cases, I would strongly advise you to have ready at hand emergency instruments, such as a tracheotomy box properly equipped, a good gag and tongue forceps, and some strychnine and a syringe.

ADMINISTRATION.

We now come to the administration of the drug. When first we began to administer somnoform in this hospital we used simply an ordinary ether face-piece with some lint at the top to plug up the hole, and sprayed 5 c.c. on to the face, and then placed the face-piece accurately on the face, so that no air got in at the sides; but with this method of administration we did not get a satisfactory form of anaesthesia, for frequently we got vomiting and struggling, and it was not until after I had seen an apparatus devised by Mr. R. H. Swan, of Guy's, for administering the drug in a closed method that I attempted to do so.

Mr. Swan, speaking at a meeting of the Anaesthetists' Society on an occasion when Mr. Cross had read a paper on somnoform, said that with the mask alone he had had much about the same results as we had had here, but that since he had been using the apparatus which he showed us his results had greatly improved. He pointed out that by using a closed method only 2.5 c.c. were needed in the majority of cases where before we had had to use 5 c.c.; and, moreover, the anaesthesia was quieter, and not followed by the after effects that had occurred when the mask alone was used.

Shortly after this I improvised an apparatus consisting of an ordinary ether bag and a mask in which a piece of lint was fitted, and kept in position by a small piece of whalebone. This worked well, but I came to the conclusion that the aperture leading into the bag was not large enough, and that the ordinary face-piece was too shallow, so I got Messrs. Allen and Hanbury to make the apparatus which I now show you. This, you will see, is simplicity itself, and, in my opinion, all forms of apparatus for anaesthetic work should be as simple as possible.

The apparatus consists of a celluloid face-piece attached to a rubber bag, and a simple spring to keep the lint in

place. The spring can be removed quite easily, allowing fresh lint to be quickly put in. The large bore allows of the lint being put in without the necessity of cutting holes or cutting any special shape; all that is required is a piece of lint four inches by nine inches, which is placed in the mask and the spring inserted, and the apparatus is ready for use.

Somnoform is supplied in small bottles containing 50 c.c. These bottles are graduated, and to them is attached a small tap.

With this apparatus I have had excellent results, not only in cases where somnoform alone was used, but also when I have used it as a precursor to ether. The apparatus can be obtained from Messrs. Allen and Hanbury at moderate cost.

THE ADMINISTRATION.

The method that I usually adopt is as follows:

When everything is ready show the patient the face-piece, and explain to him that he is to breathe deeply into it, and not to "hold" his breath. Then spray about 2.5 or 3 c.c. into the face piece, tell the patient to take a deep inspiration, and then rapidly but gently apply the face-piece, so that when the first expiration takes place the bag is filled. The face-piece must now be kept in accurate position, so that no air is allowed to get in; and this is a very important point, for I have found if air be given with the first few breaths that struggling almost invariably occurs. Even if the patient holds his breath at the beginning the face-piece should not be removed; there may be a little cyanosis, but this passes off directly the breathing begins.

During the first few breaths patients usually experience a feeling of anguish, due no doubt to the rapid approach of unconsciousness; and it is in this stage that it is very important for the anaesthetist to encourage his patients to go on breathing, for by so doing he not only reassures the patient, but obtains a quieter anaesthesia.

In a very few seconds the breathing becomes deep and regular, and slightly snoring in character. The conjunctival reflex is lost, the pupil is slightly dilated, the eyes suffused, and the complexion pink.

There is usually complete muscular relaxation, and in those cases where rigidity occurs it is due, in my opinion, to faulty administration, with probably a slight overdose. Further, those cases in which rigidity takes place include most of the cases in which vomiting occurs after the administration.

The signs of anaesthesia are fairly constant, and it needs but little practice to become quite familiar with them, and to observe their proper sequence.

The average time taken to produce anaesthesia is about forty seconds, but here let me warn you that with somnoform, as indeed with any anaesthetic, you must not fall into the error of administering by time, and thinking that after any given time the patient *must* be anaesthetised; there is,

to my mind, no greater fallacy than this, for no two patients are alike, and what may be too little for one will be an overdose for another. Therefore observe the events as they occur, and only consider your patient anaesthetised when the signs I have mentioned before are present.

THE ANÆSTHESIA.

The anaesthesia is usually quiet, but of course there are some patients who do not take somnoform well, and this also applies to other anaesthetics. And here let me say that I do not consider somnoform suitable for every case; nor, indeed, do I consider that we have at present any anaesthetic that we can suggest as being suitable for every case.

The best results are obtained from women and children, especially the latter; they take less of the anaesthetic, and remain "under" longer.

With men my experience has been varied, but I have come to the conclusion that it is unwise to administer somnoform to strong men, who perhaps are in the habit of drinking to excess.

With this type of case one requires larger doses, and the time for operating is usually short, whilst there is usually some inconvenient struggling; this, however, is not always the case.

The average length of time for working is roughly about ninety to one hundred and twenty seconds, which is longer than is usual with nitrous oxide gas. And here let me point out one, at any rate to my mind, of the great advantages of somnoform; namely, that if the operator finds that he will require a little longer, the face-piece can easily be recharged and reapplied just before consciousness returns; and then in a very short time, usually about twenty seconds, the patient is again completely under, and the operation can be completed.

By re-charging and re-applying the face-piece directly signs of returning consciousness appear, anaesthesia can be maintained, according to Cullum, "for about twenty minutes without risk."

I have myself administered it for eighteen minutes to a small child for tenotomy and plaster, but I quite agree with Mr. Cullum that in such cases somnoform is not "the most appropriate narcotic to choose."

The return to consciousness is fairly rapid, and the signs of returning consciousness are a rotary movement of the eyeballs, which gradually becomes slower until eventually, when the sense of sight returns, they become fixed on the objects around, and the patient recognises his surroundings. The pupils, which have been somewhat dilated, become smaller and react to light, and there are some twitching movements of the eyelids. The sense of hearing is, I think, one of the earliest to reappear, and patients can frequently hear what is being said before they are completely conscious.

During this stage of semi-unconsciousness patients fre-

quently move their limbs, and occasionally struggle: they have then not quite regained the command of their limbs, but in a few seconds this returns to them.

Mr. Robinson, referring to this state, says: "Even when the patients have not recovered the complete use of their limbs they experience an agreeable sensation, a sort of resurrection, so to speak, a reawakening of the functions of their different organs, the lower extremities being the last to regain their normal state. They breathe freely with evident joy, then suddenly rise from the chair and walk steadily away, feeling quite themselves again."

The after effects of somnoform have been of somewhat a varying nature. When first we began to use this anaesthetic several of the patients complained of headache, and not a few vomited for some time; others complained of an unpleasant taste in their mouth; in fact, the after effects left much to be desired.

Most of these ill-effects were, I think, due to one or other of the following causes:

1. The method of administration, viz. with only a mask, was wrong.
2. Too much anaesthetic was employed.
3. There was too free an admixture of air.

At the present time, however, now that we know more about the anaesthetic, and administer it in a more rational way and use smaller quantities, the after results have considerably improved. Most patients feel a little drowsy, and a few complain of headache; only a very few are sick, although some complain of slight nausea,—which, however, soon passes off. Most of the cases that have vomited can be included in one or other of the following groups:

1. Patients unprepared beforehand with full stomachs.
2. Patients to whom it has been necessary to give more than one administration at the same sitting; and
3. Patients who have had air mixed with their first few breaths, and who have in consequence struggled.

To these one might add a fourth group, namely, patients who have been allowed to swallow blood during an operation on the throat, e.g. tonsils and adenoids,—but this later group should be a very small one if the anaesthetist is only careful enough to prevent blood from being swallowed.

Another after effect that I do not think has been reported is collapse. There have been two cases here of collapse which lasted for some hours. The patients were pale and sweating, with a rapid weak pulse. Both had had tonsils and adenoids removed, and both had bled rather freely. Neither case was sufficiently bad to be admitted to the hospital, but they were both kept lying down for three or four hours, after which they were able to go home with their friends.

Dreams are fairly frequent during the administration of somnoform, and of a varied nature; with the alcoholic type of patient they have usually taken the form of a fight or street row—hence the precaution which I mentioned

before about not administering somnoform to this type of patient.

There is one after effect which I particularly wish to call attention to, namely, that in several cases when somnoform has been administered to patients both in the wards and theatres these patients have been not only quite ready for food soon after, but have asked for it, and I have not found that any of them have suffered any ill effects.

The fact that patients can take food almost directly after having this anaesthetic, and with no ill effects, seems to be a great point in favour of the use of somnoform, especially in cases where otherwise one would have given a short gas and ether or chloroform.

TYPE OF CASE.

Now let me say a word or two about the type of case most suited for this anaesthetic. As I mentioned before, women and children give the best results, but this does not in any way prevent the use of somnoform for men.

From my experience I have found that for opening abscesses, removing toe-nails, moving joints, removing sebaceous cysts, and a host of other minor surgical operations, somnoform gives excellent results. It is particularly useful in a busy surgical out-patient department, when time and space are limited, for the operation takes but little time, and the patient can leave and make room for others. But perhaps the two departments in which I have found this anaesthetic of most use are the throat and dental departments.

For the removal of tonsils and adenoids, provided always that the surgeon does not require a long anaesthetic, I am of opinion that somnoform properly and judiciously used possesses advantages that cannot be overlooked. For the duration of anaesthesia is amply sufficient for the removal of either tonsils or adenoids alone, and in most cases—and especially in children—gives one enough time to remove both. Moreover the after effects, extending over a series of over 200 cases, have been particularly encouraging, for, as a rule, these cases do not vomit and do not have unpleasant after effects.

In the dental department, too, it is particularly useful, especially when a rather longer period of anaesthesia is required than is usually obtained with gas. Nor must we forget the aural department, for I have found somnoform of great service for such cases as curetting, when anaesthesia is only needed for about six or seven minutes—a time generally too long for gas.

And now, gentlemen, I should like to say a few words about somnoform as a preliminary to other anaesthetics. So far I have only used it as a preliminary to ether, but I believe it has been used as a preliminary to chloroform, and with good results. My own experience of using it before ether has necessarily been limited, and at present I have

only so used it in seventy cases. Such a small number I am fully aware does not permit one to make any very definite statement, but the results of these cases taken as a whole have given me the impression that when one has had some more experience the somnoform-ether sequence, or preferably the somnoform-ether-chloroform sequence, will produce an anaesthesia equal to, if not better than, any we at present possess.

The method that I have so far adopted is to get the patient under with somnoform until the breathing is deep and snoring, and the pupils slightly dilated, and then go on to ether with an ordinary Clover's inhaler.

At first, when ether was substituted, I started with the pointer at the mark 1, and sometimes increased the amount of ether rapidly to 1½ or 2; but with this one found that there was a considerable secretion of mucus,—so much so that in one case the respiration became extremely difficult, and it was only by swabbing out the mouth and allowing the patient to come round sufficiently to cough that this danger was averted.

Later on I tried giving the ether more slowly, and began with the pointer at ¼, and increased the amount by ¼ every four breaths, just as one does with gas and ether, until the pointer reached 1, and in most cases when this was done the result was good. The patient keeps a good colour, the breathing is good, and the change to ether quite satisfactory.

Some of these cases, however, I am bound to admit, vomited more afterwards than is usual, for some of them vomited off and on for twelve hours; others, however, were not sick at all, and I am of opinion that the vomiting was in great measure due to my want of knowledge in the administration of the two anaesthetics consecutively, but with more experience in this particular method I hope to arrive at a time when comparatively few of the patients will vomit.

The cases in which the somnoform-ether-chloroform sequence was adopted were quite satisfactory. Chloroform was substituted for ether after from twenty minutes to half an hour's anaesthesia, following the usual practice in this hospital.

From my short experience the sequence that will probably give the best result is somnoform followed by a short ether of say five to ten minutes' duration, followed up by chloroform.

COST.

The cost of somnoform works out roughly at about three-pence for each administration, and when we compare this with nitrous oxide it is a little more expensive, but when compared with nitrous oxide and oxygen it is cheaper. This cost of three-pence per administration does not, however, include the initial expense of apparatus, but is based on the supposition that the requisite apparatus has already been paid for.

If, however, we consider the initial expense of the apparatus we find that the somnoform inhaler is far cheaper than the apparatus required for either gas and oxygen or even for gas alone.

In conclusion, there are one or two points which so far have been omitted, and first of all we will consider the odour of somnoform. This has been, and is now, held by some to be disagreeable, but from actual experience—and I have taken the drug myself—I can only say that, far from being unpleasant, it was, on the contrary, quite agreeable, and the only sensation that particularly struck one was that of breathing in a cold atmosphere.

And now one other point remains, and that is the portability of this anæsthetic. There can, I think, be no doubt that a bottle of somnoform, and the apparatus requisite for its administration, are far more portable than either a nitrous oxide or nitrous oxide and oxygen apparatus; and this is a consideration that probably would affect a busy man in the country more, perhaps, than one engaged in hospital practice, for the bottle of somnoform and the apparatus occupy but little space, and their weight is only a matter of ounces.

Finally, I would impress on you the fact that whilst somnoform should not be indiscriminately used, yet that for cases where only a short anæsthesia is required it possesses advantages which ought not to be overlooked, either by the man in hospital work or the man in private practice.

This paper may appear to you to be somewhat egotistical, but in dealing with this subject—which by some may be regarded as an innovation—I have endeavoured as far as possible to give you my own views and experiences, and this must be my excuse.

Let us not forget the words of Bacon,—“Surely every Medicine is an Innovation: And he that will not apply New Remedies must expect New Evils.”

Notes on the Medical Examination for Life Insurance.

By W. E. RISON, M.D.,
Medical Officer to Sun Life Assurance Office.

II. THE EXAMINATION.



HAVING considered the proposal on the lines indicated, the next step is the medical examination. No attention on the part of the chief officer, it should be remembered, can rectify mistakes and omissions at this stage, and the Company has no legal redress for any want of skill or care on the part of the examiner. The knowledge of this should therefore stimulate him to protect the office whose interests are for the time being entrusted to

him, and to show that its confidence has not been misplaced.

In ordinary medical practice the patient seeking relief from ill-health is only too glad to assist the diagnosis by a truthful description of his symptoms, but in insurance work symptoms are, as a rule, disclosed with reluctance when not intentionally misleading. Reliance must under these circumstances be placed to a great extent on physical signs, and here fortunately we are on safer ground. In the great majority of cases no special instruments are required for the examination, which should be conducted as expeditiously as is consistent with safety, bearing in mind that long examinations are trying to the applicant and prejudicial to the popularity of assurance.

As a preliminary, answers to a few direct questions in regard to past illness are generally required, and the signature thereto must be witnessed by the examiner. These questions vary in form and scope, but as they have reference to diseases which are considered of material importance by the Company, careful replies must be enforced. The signature of the proposer at this point gives a valuable opportunity of detecting abnormal conditions, such as tremor, paresis, athetosis, or inco-ordination, which should not be neglected, especially as this is a point which is sure to receive attention at the chief office, where an unexplained but obviously tremulous signature is often a matter of anxiety. In supplementing the questions in the certificate by any inquiries which suggest themselves in the particular case it is well to let the applicant talk freely if he will; useful hints can be thus gathered with regard to past illness, mental condition, habits and surroundings, which could only be obtained with difficulty, if at all, by direct questioning. From a long experience I would say the most difficult cases are those who regard the doctor as an enemy ready to pry into every past weakness, and who, in consequence, shield themselves behind a barrier of sullen reticence.

From the first the applicant should be watched closely with regard to the all-important questions of alcohol and syphilis, and all points favourable or otherwise noted as the examination proceeds. No examination, as a matter of fact, should be concluded without direct and careful inquiry on these points; but whilst too early interrogation will often defeat the end in view, similar questions at the close, when confidence is a little shaken by the various tests applied, will often meet with surprising success.

It seems superfluous to recommend a good light for the examination, but a recent unfortunate claim within my experience shows that this essential is not always obtained. The cause of death in this instance was certified as pernicious anæmia six months after acceptance of the life, and it was found on inquiry that the applicant, who was a butler, was examined at his special request in the dim light of his pantry, to which probably the unsatisfactory result was

directly attributable. With the candidate, therefore, placed in a good light, note the aspect as suggestive of health and temperance, or the reverse, and particularly whether the apparent age coincides with that stated on the proposal. A prematurely aged and worn appearance is distinctly unfavourable, and when confirmed by rough heart-sounds and thickened arteries, as is so often the case, of evil omen. It is a little curious how often this condition is found in those who, so far from being intemperate or syphilitic, are and have been most temperate and careful in their mode of life, being in them possibly the expression of the wear and tear of life on an over-zealous or conscientious disposition.

The height and weight are to be carefully recorded. To the chief office the height and weight, supplemented by the chest measurement, are points of great significance, and frequently assist to determine the question whether an extra rating should or should not be imposed for some flaw in personal or family history. It is not my intention to burden these brief notes with a copy of the height-weight tables to be found in the many excellent life assurance manuals, but a knowledge of them is of use to the examiner, and any serious departure from what is considered the normal standard should be deemed worthy of investigation and explanation. Wide variations are compatible with health, but the extreme cases are always viewed with suspicion at the chief office. It is unfortunately a fairly frequent occurrence to have applicants who are hopelessly beyond the normal limits recommended as first-class lives without a word of comment or criticism, and it is certainly not the fault of the office if such reports are received with uneasiness and distrust. Should the applicant be distinctly abnormal it is well to ascertain, if possible, whether the peculiarity is a family characteristic, and whether any satisfactory reason can be offered for recent noteworthy increase or decline in weight. Careful examination of the underweight is necessary for any disease which may explain the condition; but given sound organs and a good family history, statistics prove they are better risks than the overweights. In the latter class the question of habits and occupation, and the relative proportions of fat and muscle, are matters of importance; and where, as is often the case, the abdomen is notably larger than the chest, the life can never be considered quite first-class, however favourable other points may be.

Whilst stripping for examination it is well to watch for any indication of paresis or inco-ordination defects, sometimes revealed by the simple operation of removing shirt and vest. In inspecting the chest due notice will be taken of its shape and size, and particular attention paid to any localised shrinkage or flattening suggestive of past disease. Certain types of chest have been, until quite recently, associated with tubercular proclivities, but there is some reason to believe that our preconceived ideas on this subject may soon require reconsideration. Still, whatever

view we may take of shape as prognostic of disease, we shall probably agree that mobility is more important than size. As a matter of fact, most offices lay stress on the chest expansion, which should not be less than two inches. Anything above this is distinctly favourable; anything below one and a half inches, on the other hand, is adverse. Deficient expansion in young lives, when not explained by some definite disease of lungs, may be taken as indicative of low vitality: in the second half of life, it is scarcely necessary to say, the expansion is not a reliable test of condition.

In young lives, however, it is to this that the office turns when the candidate is much under normal weight, has a poor appearance, or a bad family history, in the hope of finding some redeeming feature which may mitigate or obviate an extra premium.

There is probably no more difficult task in medicine than the detection of phthisis in its earliest stages, and certainly none more important to an insurance office, but before condemning a lung it is absolutely necessary to remember the wide limits within which physical signs vary in perfectly healthy people. This subject, little taught in hospital work from the lack of healthy material on which to demonstrate, is one we should lose no opportunity of studying for ourselves by the careful examination of every normal chest which comes within our reach. The physiological differences in the character of the vocal resonance and respiratory murmur at the apices should, in fact, be constantly before us whilst seeking for evidence of tubercle. There is, unfortunately, no golden rule to guide us in this matter, but a recent excellent paper on the subject* may be read with advantage by all who are likely to be engaged in insurance work. Again, cog-wheel breathing, which, when audible over a limited area, must be viewed with suspicion as a possible indication of old pleurisy, is often and strikingly seen in nervous proposers, and may be regarded in these cases as of no significance.

Having decided, however, that the physical signs denote something more than a physiological deviation from the normal, and that he is, in fact, dealing with a tubercular lesion, the examiner must next endeavour to solve the still more difficult problem—the future development of the case. Although a recent “cure” is considered a passport to insurance by many of the public, offices do not yet care to accept for any period, however short, cases of tubercle which have manifested signs of recent activity. Where it is possible to ascertain that the lesion is of many years' standing, limited in area, the general condition good and tending to improve, and other points favourable, the examiner may be justified in advising acceptance at special rates. He must not, however, be surprised if his recom-

* “The Physical Examination of the Upper Regions of the Chest,” by E. Lloyd Jones, M.D., *Brit. Med. Journ.*, October 24th, 1903.

mentation is not always followed, for the acceptance of these cases, although most desirable in the interest of the community, presents this constant difficulty, that they tend in the course of a few years to select themselves unduly against the offices. Those who do well when health is firmly re-established discontinue the loaded policy, whilst those who do badly cling to the insurance, the net result of which is to leave the offices with an undue proportion of bad risks.

Emphysema, in the serious forms seen so frequently in hospital practice, although not unknown, is not often met with in insurance work; but the slighter cases from time to time present themselves, and, with due regard to surroundings and general condition, may be considered insurable with an extra rating. With the exception of slight bronchial catarrh, acute pulmonary affections and the rarer and graver diseases of the lungs and pleura are practically never seen. The marked appearance of ill-health presented in these cases would deter the patient from putting forward a proposal on his life under such circumstances, however much he might otherwise be inclined to do so; and it is a salutary rule of insurance offices to defer for a considerable period or to decline outright cases where the aspect is distinctly unfavourable, even if the physical signs are absolutely negative.

Note on Guinea-worm (India).

By W. G. RICHARDS, M.B.

THE following note on guinea-worm may be of interest to some of your readers. I have lately had officiating charge of the Third Madras Lancers, a reconstituted regiment. All the guinea-worm cases were Panjaubi Mahomedans or Rajputs. Some of the men had four, and one case five worms. One case had a worm in the skin of the abdomen; the rest were in the legs.

The worm on the abdomen I got out whole after opening the abscess by gentle manipulation. Various plans were tried, but I found the following the best:—A small opening was made as soon as the worm protruded and the tissues had become somewhat softened. Cold irrigation was then carried out. A tin with a hole in the bottom and cotton wick attached was hung over the outlet, and perchloride lotion, 1 in 8000, dropped over it. An antiseptic was used, so as to kill the ova when discharged. The worm generally put its head out in two or three days, and was then gently wound out on a roll of lint. Lint is better than a stick as the worm is less likely to be broken. The extrusion of the worm was aided by massage, one or two of the men being particularly skilful in doing this.

A week before I handed over charge of the regiment I saw a letter in an Indian medical paper recommending

sugar taken starving as a remedy for guinea-worm. I tried this with considerable success. The patient eat 2 lbs. or more of native sugar, and took no other food or drink that day. The result in the first three cases, two whole worms partially wound came out at once. In another case two portions of broken worms were at once extruded. In the fourth case a worm was pointing, and about ten inches came out at once, and was wound out more slowly afterwards. In other cases the worms appeared to come out more quickly. In two or three cases no improvement was noticed. In another case where there was a portion of a broken worm left in the heel the worm was not extruded, but all inflammation round it ceased, and the exit hole healed up.

The sugar treatment is, of course, very hard to carry out, as it is unpleasant, and it is hard—at any rate in a native hospital—to prevent men getting food or water. The most successful cases denied themselves, I am sure, as they were particularly keen about it. In one or two cases I found food or water had been taken, and the want of success may have been due to this. Any way, the sugar treatment combined with local cold irrigation is worth trying.

In some cases where broken worms had been left in the results were very serious, disorganisation of joints resulting from the irritation caused. One case had died previously from septic poisoning.

The effect of the sugar is interesting, and perhaps some physiologist on the staff can throw some light on it. If so I should be glad to hear his views, and if any other of your readers tries this method of treatment it would be interesting if he communicated the result to you.

I will send you another note later if I get more information on this subject.

Maternal Influence on the Fetus in Utero.

By ERNEST H. SHAW.

WHILE doing duty at "Mackenzie's" last August, the following interesting case fell to the share of myself and colleague, Mr. Tom Bates. A male child was born at term after the mother had gone through a long and exhausting labour lasting forty hours; the baby had a very large caput succedaneum, and, on looking further, a curious condition of the penis was noticed. The organ was of normal size, but, instead of the usual elongated prepuce, the glans penis occupied its apex. The prepuce was short, and formed a rolled collar-like ring behind the corona, and could not be brought forward over the end of the glans; the frænum was short. The meatus was rather nearer to the ventral surface of the glans than usual. The glans itself was of normal shape. The appearance of the penis was that usually seen after a successful circumcision.

The history of the case is, however, so interesting that it is mainly on that account that I venture to record it. The mother of the child was an English girl aged twenty-one, the wife of a Jew, and this was the first confinement. She had been hoping during her pregnancy that her child would be a girl, and the reason she gave for wanting a girl was not that she or her husband had any preference one way or the other, but that if it were a boy it would involve the expense of having it *circumcised*, and this expense they were ill able to afford. The mother had been brooding over this contingency, and had told me about it *before* the birth of the child.

I have not ventured to discuss the interesting subject of the influence of maternal impressions on the child when in the uterus, but have contented myself by recording the bare facts of this case. Perhaps other cases bearing on the subject will be recorded by those who have come across them.

Byways and My Ways.

No. 1.—MORNING BEHIND THE SCENES.

OUTSIDE it is dark. The sky is deep blue-black, but above the dark outline of the balustrades atop of the Post Office he who knows how London's day breaks sees the light is coming.

Within, the shaded ward lamp hangs low over the ward table; some beams from it seem peering out below the shade to stare at its opposite neighbour, the ward fire, that has been winking cheerfully in return.

There are sounds from the ward kitchen—the dull clatter of the breakfast mugs jostling one another, and a sound of quiet activity as of people walking in whispers.

The clocks begin to strike. They are ill-mannered clocks, for though they have lived together these many years, they have never yet agreed to strike all at once, nor in any decent order in turn: they strike six.

In comes the tray of jostling mugs; one by one, up go the locker lids, and the steaming mug stands witness that day has come.

"Gmornol!" echoes like a word of command from No. 11, who is a quick waker; "gmornol!" murmur several others in various degrees of sleepiness; "goomorninol!" comes from Charlie in the cot, who has not yet learned to mould his morning welcome into two syllables.

With breakfast the talk spreads as the hot tea and the growing light sweep away the sleepy cobwebs.

Outside, the day is waking too, the windows are no longer blue-black, and the rain-washed stone of the other blocks begins to show white round the half-awakened Square. The sparrows start such a chattering; they must surely be all telling their dreams and none listening.

The big mugs are empty; 11 and 7, who are convalescent, are up and helping clear away, and the nurses are bringing round the big tin washing bowls.

The talk stops, and the sound of water and of washing comes from behind the drawn curtains.

The washing is over and the bowls are gone.

The clocks betray their ill-breeding once more, and interrupt each other to say that it is seven.

The day nurses arrive and bed-making begins. No. 10 sits on his locker . . . did ever patient tumble his bed so! . . . but soon the sheets are smooth, and he is back and covered with the creaseless counterpane. Daddy 6 and Mr. 9 lie abed while the toilet is performed, and so round till the ward stands a double row of symmetry—a very picture-book of bed-makery.

Then come "glasses," pulses are counted and duly noted in the nurse's book.

The night nurse writes her notes, and as the day wakes gives in her report to sister and creeps off to her "evening" meal.

The ward maid has come, and is busy raking at the fire; the plantigrade scrubber is crawling round beneath the beds; the nurses, assisted by 7 and 11, are cleaning and polishing; the ward is full of work.

Everybody is awake, especially Charlie in the cot, exchanging insults with "young Ginger," who is grown up enough to have a bed.

The paper boy arrives, and there is a general grovel in lockers for the coin that is to buy the news of the big world outside, or rejoice its owner with a "comic."

Then prayers, and sister comes round with the medicines. The clocks clatter again, and it is nine.

7 and 11 bring round lunch to the ward world within, whilst perhaps the big world outside is but at its breakfast.

The papers are now almost absorbed, and their contents discussed the football, the murders, the King and Queen; but the *Morning Leader* man does not quarrel with the *Daily Mail* man . . . that is all left to the big world outside.

The clocks have quarrelled over the hour of ten, half an hour back, and the house physician and attendant satellites armed with stethoscopes arrive.

The curtain has gone up.

Fourteen Cases of Anthrax.

By DENNIS J. DRAKE, M.R.C.S., ETC.,
Medical Officer, Tezpur Medical Association.

BELEVE the following short notes on several cases of anthrax may be of interest, since it is comparatively a rare disease in England, and so many examples of it occurring together is, to myself at least, an unusual experience.

The outbreak was caused by the death of a cow from anthrax in an Assamese basti or village close to a tea-garden. It is unfortunately a common cause of death amongst cattle, sheep, and horses in this country, and is recognised by the natives. Before action could be taken by the garden authorities, and although the beast was known to have died diseased, such is the ignorance and greed of the Santal caste of coolie that a great many of the latter soon had the carcass cut up and taken away to be buried in the soft hot earth to mature and assume a "gamey" flavour. A very few hours in this moist, very hot climate turns the meat into a horrible putrescent mass, and is then eaten with avidity.

Twenty-four hours after the death of the cow cases began to come into the hospital, until up to the ninth day fourteen had come for treatment. All these had a pustule on some portion of their persons; the limbs in every instance except two, when the lesion occurred at the back of the throat. I have no doubt that the twelve other cases had infected themselves by handling the meat and scratching a mosquito bite. The pustule in every case was characteristic, and associated with great oedema and spreading inflammation of the limb.

The two instances referred to above where the lesion was at the back of the throat were women, and both were very serious cases from the commencement. Great destruction of the tissues of the fauces and surrounding parts took place, leaving a gangrenous ulcer. Both, however, eventually recovered.

One man lost very nearly the entire cuticle of one upper limb, leaving exposed the subjacent structures. He also recovered, and his arm is in a fair way to be covered with healthy skin.

In all cases the temperature was never very high— 101° or 102° . In the five that succumbed, besides the usual oedema of the limb and body adjacent thereto, there was great pain and colic and blood in the stools, which were liquid and passed frequently. The temperature even in these fatal cases never went high, and in the chart of the one case I have before me 101.4° was the limit. The duration of this particular case was five days. The greatest duration of any of the fatal cases was six days, and the shortest a few hours. A short time before death the temperature fell to subnormal, and a cholera-like collapse ensued. This condition was characteristic of all the fatal cases.

The treatment accorded was purely symptomatic. The pustule in every case had so far spread, and was associated with so much oedema, that I did not attempt to excise it.

There are a few points of interest, I think, in this series of cases.

A great many more people than contracted the disease fed on the affected animal, and it appears curious that out of all those that were under treatment only five showed

signs of internal anthrax, and these without exception died; and again, that the two cases in which the pustule was in such an unfavourable and unget-at-able position as the back of the throat should recover, and manifest no intestinal symptoms of the disease.

Complimentary Dinner to Professor Marsh.

Tuesday, November 17th, 1903, a complimentary dinner was given at the University Arms Hotel, Cambridge, to Mr. Howard Marsh on his appointment as Professor of Surgery at Cambridge University, by old students of St. Bartholomew's Hospital residing in Cambridge and the vicinity.

Dr. P. W. Latham, of Cambridge, occupied the Chair, and those present included Sir W. Church, Bart., M.D., Mr. A. Willett, Dr. A. Hill, Master of Downing College, Dr. D. Macalister, Dr. L. Humphry, Dr. Lloyd Jones, Dr. H. K. Anderson, of Great Shelford, Mr. T. W. Burn, Dr. Malden, Dr. Giles, of Caxton, Dr. Bindloss, of Melbourn, Dr. Ellis, of Swavesey, Dr. Michell, Dr. Skelding, of Bedford, and Mr. F. E. Apthorpe Webb.

After the usual Royal toasts, the Chairman, in well-chosen words, proposed the health of "Our Guest." Alluding to the brilliant career of Professor Marsh, he said that the appointment was an honour no less to the Hospital than to Mr. Marsh. He thought it must be gratifying to see among those who were present to do honour to Mr. Marsh, his colleagues, the President of the Royal College of Physicians, President of the Royal Medical and Chirurgical Society, and the Master of Downing College.

Mr. Marsh, on rising to reply, was accorded a very hearty reception. He could hardly express his thanks to those present for the compliment they had paid him. He would do his best to keep up the traditions both of his School and the University.

Dr. Hill then proposed "Success to our School." He was pleased to notice that the connection between Bart.'s and Cambridge University still continued, and did not think that the present appointment could do anything but good to the School. He alluded to the many eminent men who had been connected with Bart.'s, and said that that institution still held its place as the oldest and foremost of the hospitals of the metropolis.

Sir W. Church responded, and remarked that it was well known that important alterations were to be made at the Hospital, and that H.M. the Queen had shown her practical interest in the scheme by a munificent donation. It afforded him great pleasure to be present to show the regard and esteem in which Mr. Marsh was held by all Bart.'s men.

Mr. Willett also replied to the toast, and referred to the changes which had taken place with regard to the work of

the Hospital since he had been connected with it. He was sure the University had made a wise choice in its new Professor.

Dr. Bindloss proposed the health of the "Chairman," who, in reply, reminded those present that at the time the late Sir G. Humphry was a candidate for the post of House Surgeon to Addenbrooke's Hospital, two other Bart.'s men also applied—Luther Holden and Holmes Coote,—both of whom afterwards became surgeons at Bart.'s.

A vote of thanks proposed by Dr. Ellis to the Hon. Sec. of the dinner brought to a close a very enjoyable and successful evening.

Phansys Phoundnyimí Brányum.

BEING SOME HISTORIC FRAGMENTS RECENTLY DISCOVERED IN PHENICIA.)

(With apologies to Punch.)

HEESEPHÁKTS (biour salors) havcúm phroma Káintri

Pharovathesee (Lundunkáld) a longwáoph.

Ova Cúryustempl wherpeepelar dokford.

Risultsova wunderphulnatcher thá speekov

A Stranjrás ynhabítit, nonaz Thestooódentz

Or Medykalz (sumtymz korld Medykalztudentz

Theeslernbi a prosesov Panphulendurentz

Totak Epharsee-es (Phorkuryngal pépél)

And Wunderphulthyngs suchaz Emdeeademess

And conjointelarsepee (Utherzar adid)

Butavoydelesa (Phwenthakan.....)

.....Theesasum

Ovthoz phwhoohav past-throothe Wunderphulégsamz

Phyrst Langtun, Insyorynceph toothe Temple,

Heopeerstthroo Híslglarses

(Jentlútylyng hys chynup).....

And Lokwud a teribal hypreest; Adryvr

Ov Motorsandsuchlyk, who gyvzphorth Opynyonyz

On Peepelzapeerenz, and Kutsywh hys Langwyj

Sarkastyk, and sytzyon a Brystul.....

Yn Phorphrunt arorlso thē Bolbi (a Hypreest)

And Broozar (phwooz Reelnam ys Longger) anuthr;

And both ar adyktid-too Kwíkooperashunz,

Andboldynthair Kúting.....

.....Sirjri (The Medsŷn cumzläter)

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And Granjur, hoo pholoz Intestynzantesteez
And ritethov Herniaz.....
Yph Ekels and Langtun oeer mád yntoo oounman
Lyk Henrioktaveus (Hoo bildeda Phruntag)
Thadbee.....
A longlyst ov othrz ysgyvn Ynklooding
A Ooawden, a Dragunynglarsez.....
Hys Pheet oudapart, and hys Handzyn-Hyspoket,
Hys Cotalz behydym (hys pheersesz inkarnat)
Whoo luksateu stemli wyth smŷl Thatzardonyk
And telzeu Eur Byznes (Hyz Byznes tödooso)
A Jolligudsortovchep.....
The Medykalsteoódentz ar Menyynnumbr
And Vaireuskyndz ar ynvolyd yn Thairstudiz
Orotherooyz.....
A Smokyngrumslaker hoo sytzyon a Loden
Pharundr the Byldyngs, beló the-erthlevel
The Kuggermanalso hooz phrekwentkontorshunz
Ar endidbi Hooiselz. Sumalso plahokki
A Gamovsumyntrest ynvolyngyng Ooepon.
Thewirkerz ar Mény, and Splytyntoklarsez.
The Phérstandthephórmest ar thoz ov a Larjrum
Tiz phildwyth the Bodysovthozhoopreseeded
Embárméd—Tiz a Temple.....
Prezydidby Rorlyng the Torlandmyldmaner,
Hoo sytzyon a Lostool ynphruntov a Phyrplas
Thys shozup hys Longlegz hooich reecho Hyzchynup
A Reemarkabulpícker and uthrs ar menshund
Darsi (the Pouerr) and Jesoptheiman.....

[The remainder of this fragment is undecipherable.]

Notes.

DR. A. E. GARROD and Mr. McAdam Eccles have been respectively appointed medical and surgical editors of the *St. Bartholomew's Hospital Reports*. The next volume, namely the thirty-ninth, will be issued early in the new year, and we would refer readers to the advertisement of the same on page . Mr. McAdam Eccles (124, Harley Street, London, W.) would be pleased to receive the names of fresh subscribers at once, so that their names may be included in the forthcoming volume.

* * *

We offer our warmest congratulations to Mr. W. D. Harmer on his appointment to the post of Assistant Surgeon to the Hospital. It is not given to every one to find himself on the Staff within three and a half years of the house appointment. Mr. Harmer has thoroughly earned his good fortune—we speak with all confidence—by unremitting strenuousness of work since he first joined the Hospital. Since his appointment as Warden he has ever shown himself fully alive to the best interests of the

students, and has been untiring in his efforts on their behalf. We are certain that we are but echoing the opinion of our readers in expressing our delight at the reward which he has won.

MR. G. E. GASK has been appointed Surgical Registrar in place of Mr. Bailey.

MR. J. KEOGH MURPHY has passed the examination for the M.C. degree, and has been appointed Assistant Surgeon to the Children's Hospital, Paddington Green.

MR. F. A. ROSE has been appointed Demonstrator of Surgical Pathology.

MR. J. F. JENNINGS has been appointed Junior Demonstrator of Surgical Pathology.

DR. J. G. FORBES has been appointed Junior Demonstrator of Medical Pathology, and also Clinical Pathologist and Bacteriologist to the Hospital for Sick Children, Great Ormond Street.

DR. H. WILLIAMSON has been reappointed Demonstrator of Practical Midwifery and the Diseases of Women.

MR. W. P. YETTS was first at the recent examination for entrance to the Royal Naval Medical Service.

MR. C. GORDON WATSON has been appointed Assistant Surgeon to the Metropolitan Hospital.

WE have much pleasure in stating that the Commission appointed in June to draw up the laws and constitution of the new Students' Union have finished their labours. The proposed laws are now under the consideration of the Medical School Committee. We hope to publish the full text in the February number of the JOURNAL.

WE have received from Messrs. Cadbury various samples of their well-known cocoas and chocolates. These are now prepared in many different ways and for different purposes. We can heartily recommend the various preparations,—they are palatable and cheap, and have the guarantee of one of the most famous of English firms as to the purity of their ingredients. The milk chocolate especially is likely to prove a very valuable addition to elegant dietetics.

Royal Army Medical Corps Volunteers.

THE ST. BARTHOLOMEW'S AND ST. THOMAS'S HOSPITALS COMPANY SIXTH ANNUAL BALL.

THE sixth Annual Ball, given by the members of the above company of the Royal Army Medical Corps Volunteers, was held at the Empress Rooms, Royal Palace Hotel, W., on Wednesday, November

25th. Upwards of two hundred guests were present, and thoroughly enjoyed the somewhat lengthy programme of twenty-three dances.

Although St. Thomas's Hospital is associated with St. Bartholomew's in forming a medical company, very few members of the former hospital are now attached, consequently the ball was practically a "Bart's" function. Lady Duckworth, as President of the Ladies' Committee, received the guests, and was supported by the following ladies:—Mrs. Battle, Mrs. Bowlby, Mrs. Calvert, Mrs. Douglass Mrs. Makins, Mrs. May, Mrs. Miles, Mrs. Ormerod, Mrs. Perkins, and Mrs. Tooth.

Much of the success of the ball was due to the efforts of the above Committee and the very general support of the Hospital staff.

Among those present were Sir William Church, Bart., Sir Dyce Duckworth, A. Bowlby, Esq., F.R.C.S., C.M.G.; James Calvert, Esq., M.D.; J. A. Ormerod, Esq., M.D.; D'Arcy Power, Esq., F.R.C.S.; and H. H. Tooth, Esq., M.D., C.M.G. The dance was also supported by Sir Lauder and Lady Brunton, Professor Howard Marsh, S. Gee, Esq., M.D.; W. D. Harmer, Esq., M.C. Cantab., F.R.C.S.; and many others.

St. Thomas's Hospital was represented by G. H. Makins, Esq., F.R.C.S., C.B., and H. W. Battle, Esq., F.R.C.S.

Captain W. E. Miles (officer commanding the company) and Messrs. E. A. May and Leslie Rawes acted as M.C.'s, and were assisted by the following stewards:—The Rev. Sir Borradaile Savory, Bart., M.A. (honorary chaplain); C. Gordon Watson, Esq., F.R.C.S.; and Messrs. C. R. Veiling Brown, A. C. Brown, C. B. D. Butcher, C. Clarke, G. S. Ewen, E. S. Marshall, and R. Square.

After the members of the Ladies' Committee had been presented with bouquets dancing commenced at 9 p.m. The ball-room presented a pleasing spectacle owing to the numerous mess uniforms mingling with the effective costumes of the ladies.

The music was provided by Mr. Worthington's band.

The Honorary Secretaries and Committee are to be congratulated on a highly successful function, and also on the Balance-sheet, which shows a small surplus, and is given below.

SIXTH ANNUAL BALL.

Balance-sheet.

RECEIPTS.		PAYMENTS.	
	£ s. d.		£ s. d.
Tickets sold, 206 at 10s.	20 6 0	Royal Palace Hotel	88 7 0
		Programmes, Tickets, and Notices	6 8 0
		Bouquets, Badges, Postage, etc.	7 2 5
		Balance in hand	1 2 7
	£103 0 0		£103 0 0

The Rahere Lodge, No. 2546.

AN ordinary meeting of the Rahere Lodge, No. 2546, was held at Frascati's Restaurant, Oxford Street, W., on Tuesday, December 8th, W. Bro. Ernest Clarke, F.R.C.S., W.M., being in the chair. Mr. A. R. Tweedie, F.R.C.S., Mr. V. T. Greenyer, F.R.C.S., Mr. F. C. Sutherland, and Bro. W. E. Lee, M.D., F.R.C.S., were unanimously elected members of the Lodge, while Messrs. Greenyer and Sutherland were initiated into Freemasonry. It was unanimously decided that the W. Master of the King's College Hospital Lodge, during his year of office, should be entitled an Honorary Member of the Rahere Lodge. The Brethren agreed that the Lodge should meet in future at Oddenino's Imperial Restaurant, Regent Street, W., on the third Tuesdays in October, November, January, February, May, and June.

The William Harvey Chapter.

DURING the last few years the example of Bart.'s in forming its own Masonic Lodge has been followed by several other hospitals, and besides the Rahere, which was the first of the Hospital lodges, there are now the Sancta Maria, Middlesex Hospital, London Hospital, Chère Reinc, and Chescledcn, with the latest addition in the new King's Hospital Lodge consecrated this year.

For some time a chapter for the members of all these lodges was under consideration, and the William Harvey Chapter was consecrated with this purpose on June 4th, 1903, at the Criterion Restaurant, the consecrating officers being Sir Edward Letchworth, Sir Alfred Cooper, and Canon Brownrigg. The ceremony was most successfully conducted, and all the hospital lodges were represented in the list of the founders and the officers, with the exception of King's College Hospital Lodge, which was not then in existence, but from which several joining members and candidates are shortly to be proposed.

The three principal officers installed in June were Comps. C. Vincent Cotterell, W. J. Walsham, and Ernest Lane, but before the first regular meeting the chapter suffered severe loss in the death of Comp. Walsham.

Comp. Ernest Clarke, the present master of the Rahere Lodge, was elected to fill the vacancy, and many candidates are now waiting to be admitted.

The William Harvey Chapter should be of special interest to Bart.'s men; and the portrait and arms on the jewels will remind them of the first demonstrator of the circulation of the blood, who was appointed physician to St. Bartholomew's Hospital in 1609.

Dr. Probyn Williams is the secretary of the chapter.

Amalgamated Clubs.

ASSOCIATION FOOTBALL CLUB.

The first half of the season has ended: the results do not appear well on paper. Twelve matches played—2 won, 1 drawn, 9 lost. Several of the matches were against strong amateur teams, and in these the Hospital XI gave a good account of itself, but the other matches, that should have been won, were lost because the XI was not representative. The most creditable performances were against Old Carthusians, Old Westminsters, Old Reptonians, and Hastings. There is considerable promise in the team, but there is still room for much more keenness. The back division has worked hard consistently, but was not always reliable: the halves have been very variable, and have seldom supported the forwards sufficiently. The lack of combination among the forwards has been very conspicuous, though the individual play was sometimes quite good. No one has proved himself a consistent goal-getter.

We are drawn against Guy's in the first round of the Cup, and if the XI intends to make a bid for the Cup, there must be much more keenness, and the team must play with much greater dash, and must learn the art of getting on to the ball quicker. Combination can only be acquired by playing together match after match.

The following is the card filled in up to date:

SEASON 1903-4.

Date.	Club.	Ground.	Result.
Sat., Oct. 10.	Past v. Present	Winchmore Hill	Lost 1-3
Wed., " 14.	Old Carthusians	Winchmore Hill	Lost 2-4
Sat., " 17.	London Welsh	Winchmore Hill	Scratched
Sat., " 24.	Bradfield Waifs	Winchmore Hill	Lost 3-5
Wed., " 28.	London Hospital	Winchmore Hill	Scratched
Sat., " 31.	Roy. Military Acad.	Woolwich	Lost 1-2
Wed., Nov. 4.	Old Westminsters	Winchmore Hill	Won 6-3
Sat., " 7.	Royal Engineers	Chatham Barracks	Lost 2-4
Wed., " 11.	Hastings and St. Leonard's	Hastings	Drawn 2-2
Sat., " 14.	Old Reptonians	Winchmore Hill	Lost 5-8
Wed., " 18.	Roy. Vet. College	Winchmore Hill	Lost 2-4
Sat., " 21.	Sandhurst	Caunberley	Scratched
Wed., " 25.	Casuals	Winchmore Hill	Lost 0-4
Sat., " 28.	Old Foresthillians	Winchmore Hill	Scratched
Sat., Dec. 5.	Wellingborough Masters	Wellingborough	Lost 1-2
Sat., " 12.	Roy. Naval College	Greenwich	Lost 2-3
Sat., " 19.	Old Felstedians	Walthamstow	Won 2-1

1904.

Sat., Jan. 9.	Practice Game		
Sat., " 16.	Brentwood Rovers	Brentwood	
Wed., " 20.	London Hospital	Away	
Sat., " 23.			
Wed., " 27.	Eastbourne	Eastbourne	
Sat., " 30.	Old Foresthillians	Forest Hill	
Sat., Feb. 6.			
Sat., " 13.	Old Citizens	Winchmore Hill	
Sat., " 20.	Old Felstedians	Winchmore Hill	
Wed., " 24.	Roy. Naval Coll.	Greenwich	
Sat., " 27.	Old Cholmeleians	Walthamstow	
Sat., Mar. 5.	West Kent	Winchmore Hill	
Sat., " 12.	Casuals	Winchmore Hill	
Sat., " 19.	Sandhurst	Winchmore Hill	
Sat., " 26.	Normanhyrst Druids	Winchmore Hill	

RUGBY FOOTBALL.

ST. BART'S "A" v. OLD CHARLTONIANS.

Played at Winchmore Hill on Saturday, November 21st, before about 5000 spectators. Bart.'s won the toss and our opponents kicked off, a strong wind blowing across the field. Kendrick returned with a splendid kick, and play settled on our twenty-five. Very soon, however, through the instrumentality of Scott and Wilson at half play was carried to the other end, and after some pretty three-quarter passing Wilson scored, but Ryland failed to convert against wind. Just before half-time one of the visiting players had the misfortune to injure his leg, and had to be carried off. This of course weakened our opponents considerably, and

though they played up pluckily we did most of the pressing after this, and scored again through Backus, this time the major points being successfully added. Then came several hot attacks on our visitors' lines, Brewer, Scott, and Wilson being prominent in some smart rounds of passing, but the whistle blew for no side without any further addition to the score, the result being a win for Bart.'s by 1 goal 1 try to nil. The outsiders all showed up remarkably well in this match, while of the forwards Ryland, Noke, and Arnould were very prominent. Team:

A. J. Kendrew (back); W. H. Scott, N. M. Wilson (halves); C. H. Backus, F. H. W. Brewer (captain), N. B. Benjafield, H. Rimington (three-quarters); F. H. Noke, A. Ryland, E. C. Hodgson, S. Trevor Davies, L. A. Arnould, H. Spitz, N. G. Horner, A. J. Fuller (forwards).

Referee: Mr. R. S. Townsend.

HOCKEY CLUB.

ST. BART.'S v. BERKSHIRE GENTLEMEN.

This match was played at Reading on Saturday, November 28th. The scoring was very heavy on both sides, and after a very even game the Hospital proved to be the better team by 8 goals to 7. The goals for the Hospital were scored by Griffin (3), Adam (2), Haines (2), and Raikes (1). Team:

M. F. Grant (goal); L. Z. Phillips and L. G. H. Furber (backs); H. B. Hill, B. H. Barton, and R. C. P. Berryman (half-backs); R. L. Haines, W. B. Griffin, C. T. Raikes, G. H. Adam, and H. Gray (forwards).

ST. BART.'S v. BOWES PARK.

Played at Winchmore Hill, on Saturday, December 12th. The ground was in a very bad condition, and the latter part of the game was played in semi-darkness. In the first half the game was very even, Bowes Park scoring 1 goal; but after half-time our opponents had much the better of the game, adding 4 more goals to their score, and thus winning by 5 goals to nil. For the Hospital Whitby needs special mention for his goal-keeping, which saved us from a still worse defeat. Team:

F. Whitby (goal); L. L. Phillips and L. G. H. Furber (backs); W. E. L. Fowler, B. H. Barton, and C. E. Adam (half-backs); R. L. Haines, W. B. Griffin, C. T. Raikes, J. E. R. McDonagh, and H. Gray (forwards).

Medical Dictionary, 1785.

IN the last number of the JOURNAL I read an article on Bacon's medical remains, and I think it might be of interest to compare his style with that of a later date. I have therefore copied the first one or two items (without carefully selecting them for their humour) from the first page of a medical dictionary of 1785. It will be observed that there is not a great advance upon Bacon in these "prescriptions." The great advance in the medical world, as in the engineering and other branches of the scientific world, has been made during the last seventy years.

Adder's-tongue ointment, to make.—Take as much of the herb adder's-tongue as you think convenient, and a third part of that quantity of male plantain; bruise them together in a mortar very well, then add to it fresh butter from the churn, well beaten from the buttermilk, but not so much of it as to make it lose its green colour; mix it very well with the herbs; put it into an earthen vessel, and let it

stand three weeks or a month in some cool place, till it is grown mouldy, and then melt it down over a gentle fire till the herbs grow crisp, then strain it out into a proper vessel and keep it for use.

You may if you please, when it comes off from the fire, dissolve into it some fine and clear turpentine, which will make it the better.

It is a sovereign and excellent remedy for any beast that has been stung or bit by any venomous creature, or for any bite of a snake, or any other accident, and likewise for any hard swelling in any part of the body, and especially for a garget in a cow's bag, being chafed in with your hand twice a day.

This ointment can be made only in the months of April or May, the herb being then to be found and in its prime, wherein it soon perishes with a little heat.

Afterbirth—after burden, is the same that is by men midwives and surgeons called placenta, being a skin or membrane in which the child is wrapped in the womb, and which comes out, or is brought away after it. It is a kind of piece of flesh formed at the top of the womb, from whence it draws the nourishment, and is imparted to the child through a long gut that abuts at the navel.

To assist in bringing away the afterbirth give the woman some piece of the leaves of fresh smallage pounded in the quantity of a good glass of wine.

This is also very good for bringing away a dead child, and is very helpful in a tympany.

If it be winter-time, the seeds pounded and boiled in wine or broth, and afterwards strained and given the woman, will have the like effect.

Some recommend the powder of a horse's testicles, and given in broth or the like, as a wonderful remedy in this case.

Afterbirth, to bring away.—Give the woman thirty or thirty-five drops of oil of juniper.

After-pains, to prevent.—Toast a quarter of an ounce of nutmegs before the fire, and half an ounce of good cinnamon; mix it with the white of an egg by beating them together in a porringer, and let the woman take every morning the quantity of a nutmeg, and the like at night, and after it drink a draught of the following caudle.

Take half a pint of Alicane wine or tent, half a pint of red-rose water, and half a pint of plantain water; mingle these all together, and having beaten six new-laid eggs, make a caudle of them, both yolks and whites, and half an ounce of cinnamon, which boil in wine and water; before you put in eggs sweeten all with an ounce of double refined sugar, mixing all together, then add a dram of powder of knot-grass. Give of this six spoonfuls morning and evening after the electuary.

Another for the same.—Boil a little Bole-Armoniack in a new milk, and give it the woman morning and evening, whether she is in childbed or with child.

Also wrap some hog's dung in a fine linnen rag; warm it well, and lay it to lower part of the belly, and it will give ease immediately.

Correspondence.

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

DEAR SIR,—You have lately published in the JOURNAL a register of old Bart.'s men, and also, in the December number, a list of this year's "freshers." Would it be possible to complete this work by giving a register of other students now at Bart.'s, classed according to their years and exams.? Such a list I am sure would be very useful.

Yours truly,

A PRESENT STUDENT.

MEDICAL SCHOOL;

December 10th, 1903.

I am, yours faithfully,

G. A. AUDEN.

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

DEAR SIR,—In my researches in the Chemical Laboratory of this Hospital I have discovered something new—an *inorganic disease*. It is wonderful, or perhaps I should say I am. I only hope that like other wonderful discoveries, such as ten-year-old parasitic theories, it is not too vague for vulgar minds to grasp. I give the discovery for what it is worth—in verse:

There's a deadly disease called Potassium—
You know it? 'Course not. What an ass I am!
It is fatal to life,

For lo my wife,

Why, you know, Iodide of Potassium.

Faithfully yours,

A. PNU-PHAKT.

Reviews.

A HANDBOOK OF THE DISEASES OF THE EYE AND THEIR TREATMENT. By HENRY R. SWANZY, M.B., F.R.C.S.I. (H. K. Lewis, 1903.)

Swanzy's handbook on diseases of the eye is certainly one of the best of the smaller text-books. The new eighth edition, with 168 illustrations and 678 pages, is a very great advance on any previous edition; it contains many additions of great value; among others keratitis is more fully treated, sympathetic ophthalmitis has been rewritten, and a more detailed account given of extirpation of the lachrymal sac, tumours of the optic nerve, and the use of the magnet for foreign bodies.

Krönlein's resection of the outer wall of the orbit and Maxwell's operation for shrunken socket are described in a particularly lucid manner.

The chapter which requires further revision is that on

Yours, etc.,

HUBERT STANLEY.

December 13th, 1903.

* Paget's *Memoirs*, p. 305.

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

DEAR SIR,—May I be allowed to suggest that extracts from leaders, letters, etc., from the London and City papers

conjunctivitis, where the bacteriology is scarcely up to date. For instance, Mr. Swanzy states that the pneumococcus causes a mild form of conjunctivitis; in our opinion it is particularly acute. The diplo-bacillus of Monax is described as producing a mild form of acute conjunctivitis, whereas it is the organism beyond all others which produces a chronic type of conjunctivitis. Croupous conjunctivitis is really hardly worthy of being classified, for a false membrane may occur in any form of acute conjunctivitis; Mr. Swanzy urges that this must not be mistaken for diphtheritic conjunctivitis, and a few lines lower admits that the Klebs-Loeffler bacillus often causes a false membrane. According to Mr. Swanzy, diphtheritic conjunctivitis is almost unknown in these countries. We wish this were true, but papers read before the Ophthalmological Society by Mr. Jessop and Mr. Stephenson last year absolutely refute this statement.

Mr. Swanzy writes in a most lucid and easy manner, and can be thoroughly recommended to students and practitioners. The references are particularly full and useful.

ELEMENTS OF SURGICAL DIAGNOSIS. By A. PEARCE GOULD, M.S.Lond., F.R.C.S.Eng. (Cassell and Co., 1903, price 7s. 6d.)

A third edition of this little book has just been issued by the publishers. It is a small volume, and can easily be carried in the pocket. The author has managed to put together a vast amount of useful information on the important subject of surgical diagnosis in the 600 pages which the book contains.

He has divided the subject-matter up into—first, injuries; and second, diseases of various regions and organs. The injuries of head, spine, face, etc., are taken in rotation, and the various signs and symptoms, with their respective features, pointed out in a very concise and lucid manner. The diseases of regions are treated in the same way. The new chapter on intra-cranial complications of middle-ear disease is very good, as also are those on the diagnosis of abdominal tumours, and of certain acute abdominal diseases.

The book is well worth studying, and is a very useful adjunct to the larger text-books on surgery.

AN ATLAS OF HUMAN ANATOMY. By CARL TOLDT. Translated from the German by Eden Paul. First section: Osteology. (Publishers: Rebman, Limited.) Price 9s. net.

This volume is the first of a series of six which are about to come out to form the *Atlas of Human Anatomy*. Each section is to be complete in itself, and it is hoped that the succeeding sections will appear at intervals of a month.

The present volume deals shortly with the regions of the human body, and chiefly with osteology.

As the title implies, the book is an atlas, and consists almost entirely of a number of representations of bones, drawn to scale, and bearing the names of all the more important features. The German and English nomenclature are placed side by side, which is in our opinion rather unnecessary, and only tends to complicate the book.

As regards the general get-up of the book there can be no two opinions; the illustrations are admirable, they are well drawn and accurate, and the printing and paper are excellent. As regards the usefulness to the average student we are rather more doubtful. To the man who is reading his bones for the first time, and who knows nothing about them, not even their names, it is conceivable that the book might be of very great use; the use of such a work beyond this is rather to be deprecated, as tending to get the student into the habit of trying to learn his anatomy from a book rather than from the actual specimens. No illustration can be so good as the actual bone itself.

Seeing that there is no descriptive text, the book could only be used to supplement a descriptive book on anatomy.

Mr. Johnson Smith's *Practical Guide to Surgical Bandagings and Dressings*, published by the Scientific Press, is an excellent little book, which will prove of the greatest use to nurses. Although the book is intended for those beginning their studies, yet it deals fully and successfully with such subjects as antiseptic and aseptic dressings, and the preparation of patients for operation. The directions given are very clear and practical, and not overlaid with unnecessary details. We can heartily recommend this book as the best handbook of the elements of surgical nursing we have seen.

Examinations.

FINAL FELLOWSHIP, NOV., 1903.

We have to congratulate the following on their success at the recent examination for the Fellowship of the Royal College of Surgeons of England:—Messrs. G. Coates, H. T. Doble, C. A. B. Horsford, J. F. Jennings, J. C. Marshall, T. H. Molesworth, F. A. Rose, Taylor, W. C. Wilson.

Fourteen entered from the Final Fellowship Class at St. Bartholomew's, and of these it will be seen that no less than nine were successful, which is an excellent proportion when it is considered that sixty-five in all presented themselves, and only twenty-two passed.

The Special Class for the May, 1904, examination will commence early in March.

M.C., CAMBRIDGE, 1903.

It is with extreme pleasure we record the success of Mr. J. K. Murphy in this examination. We believe we are correct in stating that with the newly elected Assistant Surgeon, Mr. W. D. Harmer, these are the only two St. Bartholomew's men who hold this coveted surgical degree.

M.S., UNIVERSITY OF LONDON.

C. A. S. Ridout.

FINAL M.B.(LOND.).

Division 1.—E. E. Maples.

Division 2.—G. E. Aubrey, T. Burfield, H. B. Gibbins, S. B. Green, S. Hebbliethwaite, A. R. Nelligan, A. C. A. Van Buren.

B.S., UNIVERSITY OF LONDON.

1st Division.—J. F. Jennings.

2nd Division.—J. Burfield, L. E. Dickson, H. V. Wenham, E. C. Williams, A. C. A. van Buren.

Conjoint Chemistry.—A. Hawkins, F. J. Rees, A. B. Scott, H. W. Skan, F. Weber.

Marriage.

READ—LEGG.—On November 4th, at St. Augustine's Church, Preston Park, Walton Rix Road, of 1, Portland Place, W., to Ethel Marguerite, daughter of S. Roberts Legg, Esq., of 46, Springfield Road, Brighton.

Birth.

AUDEN.—On December 14th, 1903, at 54, Bootham, York, the wife of George A. Auden, M.A., M.D.(Cantab), of a son.

St. Bartholomew's Hospital



JOURNAL.

VOL. XI.—No. 5.]

FEBRUARY, 1904.

[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.

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 communications, financial or otherwise, relative to Advertisements ONLY, should be addressed to ADVERTISEMENT MANAGER, The Warden's House, St. Bartholomew's Hospital, E.C. Telephone: 4953, Holborn.

A Cover for binding (black cloth boards with lettering and King Henry VIII Gateway in gilt) can be obtained (price 1s. post free) from MESSRS. ADLARD AND SON, Bartholomew Close. MESSRS. ADLARD have arranged to do the binding, with cut and sprinkled edges, at a cost of 1s. 6d., or carriage paid 2s. 3d.—cover included.

St. Bartholomew's Hospital Journal,

FEBRUARY 1st, 1904.

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

Editorial.

OVER one hundred and fifty years ago, St. Bartholomew's appealed to the public for funds to rebuild the Hospital.

The Governors of that day realised the necessity for erecting buildings which were to be the best of their kind, worthy of the City and of the Empire; a heritage, as they have proved, for five generations.

History proverbially repeats itself. The Governors and

the Medical Staff of the Institute, which has flourished for eight centuries, are determined on having within the next few years a modern Hospital.

This is our aim. It is a high one, and without the help of the never-failing generosity of the public, it cannot be accomplished. Half a million pounds is needed. The sum is a large one; but if it had been spread over the years since the last appeal, it would mean only an annual contribution of about three thousand pounds.

The public is therefore now asked to subscribe a sum for capital expenditure, which will mean that it will not again be troubled for many a generation.

The Hospital not only has treated and will treat patients from all parts of the empire, but has aided and will aid vast multitudes everywhere by the men it has sent and will send from its Medical School into every region of the inhabited globe, and by the nurses who, having within its walls gained their knowledge, have scattered themselves to serve the sick and suffering.

To-day is a crisis in its history.

We invite all old St. Bartholomew's men and old St. Bartholomew's nurses to rally in maintaining the honour, position, efficiency, and usefulness of the premier Hospital of the Empire.

In this issue of the JOURNAL we have endeavoured to give a clear and chronological review of the various steps leading up to the present position, in order that all may thoroughly appreciate the needs of the Hospital and the proposals made to meet them.

We publish a letter from Sir Ernest Flower, M.P., heartily endorsing the co-operation of Bart.'s men, and to meet this end we are endeavouring to arrange for an old Bart.'s man to act as a local secretary in each of the larger towns in the country, to whom subscriptions may be sent. We hope to publish a list of those who have promised so to act in the next number of the JOURNAL.

We feel confident that we shall not appeal in vain to the generosity and loyalty of those who bear the honoured title of Bart.'s men.

The St. Bartholomew's Hospital Rebuilding Appeal.

SIR,—As Honorary Secretary of the Appeal Committee of St. Bartholomew's Hospital, I hope that you will accord me space in your JOURNAL to express the great pleasure which I feel at its co-operation in raising the money which is necessary to reconstruct St. Bartholomew's on its ancient City site.

I am sure that it is not necessary to address an appeal to old Bartholomew's students based on the sentiment of tradition which has linked for eight centuries this great charity to its present site, but I think perhaps that it will be of interest to some—separated by long distances from the Metropolis, and engaged in the strenuous pursuit of their profession, with a somewhat less intimate acquaintance with their *alma mater*—to know some of the facts connected with St. Bartholomew's Hospital to-day.

In the first place there is to note the increase upon the demands for relief to the sick and suffering poor.

During the last fifty years more than 7,000,000 of patients have been treated within these walls, and every week of the year 3000 of the sick poor come to us for treatment.

The old Hospital has bravely responded to the increased calls made upon it, but it has done so under great difficulties.

It is not too much to say that the out-patients and casualty departments of the Hospital are utterly inadequate according to modern requirements, whilst the condition of the nurses' home is utterly unworthy of a great hospital; the resident Medical and Surgical staff are without suitable accommodation; new operating theatres are required; a new mortuary; post-mortem rooms and pathological department are necessary for the proper carrying on of the daily work of the Hospital, and the existing wards need reconstruction.

For all this a huge sum of money, estimated at £500,000, is wanted, and for this sum the Governors have no resource but to appeal to public generosity.

This Hospital has never participated in the benefactions of King Edward's Hospital Fund or in the Metropolitan Hospital Sunday or Saturday Funds, and it now makes, for the first time for 150 years, a public appeal.

No part of the sum necessary for the reconstruction of our Hospital can come out of its ordinary income. That income, although hitherto adequate for carrying on the work of the Hospital, will now, in consequence of the encroachment on the capital for the purchase of additional land, be less than the necessary annual expenditure by several thousands of pounds.

It is therefore necessary that the cost of reconstruction shall be raised by public contribution.

I think that we shall not appeal in vain to old Bartholo-

mew's men to help us; and I would suggest that they might very effectively do so by undertaking the charge of collecting cards, and endeavouring to enlist the sympathy of their friends in what is not only a great Metropolitan, but even a great National Institution.

Collecting cards for the purpose can be obtained from W. D. Harmer, Esq., the Warden, who has kindly consented to act as Hon. Treasurer of the Bartholomew Men's Appeal Committee, or to H. J. Gauvain, Esq., who will be Honorary Secretary.

I am, yours faithfully,
ERNEST FLOWER,
Hon. Secretary of the Appeal Fund.

Brief History of the Steps which have led to the Scheme for the Rebuilding of St. Bartholomew's Hospital.

ALL those who have received their education at St. Bartholomew's Hospital are naturally interested in its future, and are desirous to know exactly what steps it is proposed to take with reference to the rebuilding of the Hospital. In our issue of September, 1903, a statement was made with reference to the proposed new buildings, but in order to understand the stage which we had reached then and the further stage which we have gained at the present moment it is necessary to go back over the ground which has been travelled during the last few years. There is probably not a single student who has passed through this Hospital who has not heard the general statement that when Christ's Hospital moved into the country more land would be obtained and many new buildings erected, so as to bring the old Hospital up to modern requirements. But it is quite certain that hardly any old Bartholomew's men have an idea of the amount of time and thought which has been bestowed upon this subject both by the Governors and by the Medical and Surgical Staff. To go back no further than the year 1899, a deputation met the Treasurer in the month of June and explained to him what was required to be done in the Out-patients' Department. In consequence of this deputation a report on the Out-patient and Special Departments was sent to the Treasurer and Almoners, and further supported by personal interviews.

In November of the same year a deputation from the Medical Council stated to the Treasurer their conviction that the whole site of Christ's Hospital should be acquired, in order to provide the Hospital with sufficient space for its immediate needs and for expansion in the future.

In the following year—on July 2nd, 1900—a meeting of the Governors took place under the Presidency of His present Majesty, then Prince of Wales, and it was at this meeting that

it was decided to take steps to purchase a portion of the Christ's Hospital site.

About a year later the principal points, to which attention had been drawn in the Report on the Out-patient Department above referred to, were summarised in a letter which was sent to the Governors on August 22nd, 1901. This letter was embodied in a report to the Mansion House Committee in the spring of 1903.

The report was subsequently published, and is now obtainable from the Scientific Press, 26, Southampton Street, W.C., and it is from this report that a large portion of the present account is taken.

The text of that letter is here appended:

TO THE GOVERNORS OF ST. BARTHOLOMEW'S HOSPITAL.

Gentlemen,—We desire to call your attention to the urgent necessity for a large increase of accommodation in the various departments of the Hospital, and the need of securing an adequate amount of space for future development. This can only be provided for by the purchase of the whole site of Christ's Hospital.

On November 2nd, 1899, a deputation from the Medical Council urged upon the treasurer and almoners our conviction of the necessity for the acquisition of the whole of the site of Christ's Hospital. They stated our belief that the portion of the site asked for, about an acre and a half, would be quite inadequate, and that if this opportunity of gaining the whole site were lost the proper growth of St. Bartholomew's would be hampered for all time.

On August 15th, 1899, the Medical Council had submitted, at the request of the treasurer, a full report on the seriously defective state of the accommodation of the Casualty, Out-patient, and Special departments, which together make up a very large part of the service of the Hospital.

We would draw your attention to this report, which showed that the Out-patient rooms, and rooms for Special Departments, have become insufficient for the work which has to be done in them, and that, for the proper treatment and welfare of the patients, a complete reorganisation is required. The Surgery, consisting of the large room, with smaller rooms attached, accommodates every morning an Assistant Physician, an Assistant Surgeon, a Casualty Physician, a Dental Surgeon and his Dressers, five Assistant House Physicians, ten House Surgeons and the Ophthalmic House Surgeon, forty Surgical Dressers, Sister, Nurses, an inquiry officer, and porters. When filled the department holds more than 600 people, and, in spite of the promptitude with which the work is performed, the places of those who go out are at once occupied, and the room remains crowded on some mornings from nine o'clock until nearly noon. In the afternoon the surgery accommodates the patients sent for consultation to the surgeons, to whom are allotted after 1.30 the small rooms used in the morning by the Casualty and House Physicians. On certain days these rooms are subsequently used by the surgeons to the Orthopædic and Throat Department, and throughout the day by the house physician on duty.

The body of the room is used daily for the reception of accidents and urgent cases, and after 2 o'clock partly as a waiting room and partly, also, as a place for treatment by the officers in charge of one or more of the following special departments—Orthopædic, Ophthalmic, Aural, Throat, and Dental. For all these purposes the report showed that the surgery is quite unsuited. (*Vide Report, Vol. 21, 24, 25, 27, 29.*)

As a receiving room only, the present surgery is large enough, in proportion to the size of the Hospital generally and its staff. It has become inadequate simply because its functions have been made to include those also of a waiting, sorting, and inspecting room, in addition to those of a room for medical and surgical examination and treatment. The present state of things can only be remedied by building elsewhere an extensive series of independent rooms for the several special departments, and the structural reorganisation of the whole casualty department, which should include the provision of proper rooms where the staff can examine and treat the patients.

The Report further showed that the Out-patient rooms, Medical and Surgical, are inconveniently situated, small, ill-arranged, and badly ventilated, and for the efficient carrying out of the work of the

numerous Out-patient and Special Departments are altogether insufficient.

Each department really requires, for the satisfactory treatment of its patients, a separate room fitted with particular apparatus. Thus the requirements of the Orthopædic are totally different from those of the Ophthalmic Department, and those of the Throat from those of the Skin.

In the Medical, Surgical, and Special Out-patient, as also in the Casualty Departments, the want of space and the insufficient number of rooms, lead to many defects of propriety in the conduct of the work; while the lighting, heating, and ventilation, as well as the equipment, furnishing, and fittings, especially such as are required in the performance of surgical operations, are altogether defective. As a result, there is unnecessary waste of time in the examination and treatment of patients, who are sometimes unavoidably kept waiting for a very long time owing to these structural defects.

The work done in the Special Departments has increased, and must continue to increase with the advance of medical and surgical knowledge. This has caused the want of space and completeness in the accommodation and appliances to be felt more and more.

The Report did not deal with the well-recognised need for a complete reconstruction of the quarters in which the students and the House Physicians and House Surgeons reside, nor with the reconstruction of the Nurses' home. The Nurses' rooms are in every way as inconvenient as possible. The College, which has been of great service to the Hospital in many ways, consists of old houses, the demolition of which nothing but the immediate prospect of reconstruction ought to postpone.

At least three new operating theatres are required. Their need may be seen from the fact that in 1870 the total number of major operations performed in St. Bartholomew's Hospital was under 450, and in 1899 exceeded 2,500; whilst the number of minor operations may be inferred from the number of patients to whom anaesthetics were administered, viz., 6,675 last year.

Isolation blocks are essential to the general safety of the inmates of the Hospital.

A new Mortuary and post-mortem department is essential. There is no proper mortuary accommodation in the existing buildings. There are, therefore, no means of showing that regard for the feelings of the friends of the dead which is their due.

Space is also required for Pathological and Clinical Research Laboratories without which no Hospital can now be said to be properly equipped.

The wards are not now in accordance with the most modern ideas of hospital construction.

It is not possible that such extensive improvements and additions as are known to be essential for the efficiency of St. Bartholomew's Hospital can be carried out satisfactorily on the comparatively small area of which the Governors have now acquired the right of pre-emption. In our opinion the whole site of Christ's Hospital ought to be obtained, and we desire to impress the importance of the statements we have made on every individual Governor.

We venture to remind you that although the Hospital has never of late years called for public assistance, yet that aid was asked for and freely given in the middle of the eighteenth century, at the time of the rebuilding. There is no reason why an appeal should not be equally successful in these wealthier times, if the need for funds can be shown.

We appeal to you to consider the question in all its importance, remembering that for nearly 800 years St. Bartholomew's Hospital has maintained the position of the chief hospital in the City of London. To lose this present opportunity of obtaining the whole site is to prevent the growth and to limit the sphere of beneficent action of a noble charity.

We are, Gentlemen,
Your obedient servants,

William S. Church	J. A. Ormerod
Samuel Gee	W. P. Herringham
Dyce Duckworth	H. H. Tooth
Philip Hensley	F. H. Champneys
T. Lauder Brunton	W. S. A. Griffith
Alfred Willett	Harrison Cripps
John Langton	W. Bruce Clarke
Howard Marsh	Anthony Bowly
Henry T. Butlin	Charles B. Lockwood
W. J. Walsham	D'Arcy Power
Norman Moore	W. H. H. Jessop
Samuel West	W. T. Holmes Spicer

A. E. Cumberbatch.

August, 1901.

A perusal of this letter shows that the conditions which obtain in the out-patients' rooms, Medical, Surgical, and Special, were brought under the notice of the Governors, and it was pointed out that both the departments themselves and the appliances were insufficient. The need of a separate set of rooms for each special department was abundantly made clear. The various points were, in the original report, illustrated by diagrams showing the ground plan of such of the departments as it would be difficult to understand without some method of this sort, and a general statement of the amount of space likely to be required in the immediate future was also laid before the Governors of the Hospital. Early in October of the same year, 1901, a letter signed by the whole Staff was sent to the Treasurer and Almoners, pointing out to them that it would be impossible to obtain all that was required without the acquisition of a considerable amount of more land. It was of course hardly to be expected that a large body of Governors—several hundred in number—should enter at once as fully into the needs of the Hospital as those who spend a large portion of their lives in attending to the needs of the sick poor who are treated within its wards, but some of the Governors, who were more intimately concerned in the general management of the Hospital, fully realised that a crisis in its affairs had arrived. A committee of Governors was then formed, with Sir Henry Knight as their chairman, to inquire into the finances and requirements of the Hospital, and the Medical Council received a letter from this committee asking them to state succinctly what the needs of the Hospital were, and in the order of their urgency. The Medical Council at once acceded to the request of the Governors, and sent them, on November 4th, 1901, the following statement:

THE NEEDS OF THE HOSPITAL.

1. New casualty and out-patient departments are urgently needed. The rooms in which the casualty patients and those in which the ordinary out-patients are seen are so deficient, both in size and number, that not only is the treatment of patients much hindered, but also the ordinary rules of propriety are with difficulty observed.
2. No separate rooms exist for the special departments for diseases of the skin, of the ear, of the throat, and of the teeth, nor for the out-patients in the ophthalmic and gynaecological departments. The electrical department also needs more accommodation.
3. The isolation department is too small for the general safety, and must be replaced by a much larger new building.
4. At least three additional operating theatres are needed. Whereas in 1870 the total number of major operations performed at the Hospital was under 450, it exceeded 2500 in 1899. The number of minor operations may be estimated from the number of patients, 6638, to whom anaesthetics were administered last year, and the need of theatres will be appreciated when it is considered that nearly 1000 of these patients had to be anaesthetised in the wards, amongst the other occupants, and no less than 2614 in the surgery and adjacent rooms.
5. For the purposes of diagnosis and treatment laboratories are required for pathological chemistry, and also for the bacteriological and clinical researches daily needed in the wards.
6. The mortuary and post-mortem rooms are far too small, and the former deficient in that propriety in its surroundings which is due to the friends of deceased patients.
7. The staff have long been given to understand that it is the intention of the Governors to rebuild the College, the quarters for

the resident staff and pupils, and the Nurses' Home; which are, of course, urgent needs.

SUGGESTIONS FOR NEW BUILDINGS.

1. In order to provide adequate casualty, out-patient, and special departments; with dispensary and chemist's shop and apartments for residents, not less than five-eighths of an acre of land would be required.
2. The surgery should be a room about 100 feet long by 60 feet wide. The rooms leading off it should have a depth of from 20 to 30 feet. There should be five rooms for male and five for female surgical cases; and there should be, in addition, two rooms for each house surgeon on duty, at the male and female departments respectively.
3. Each house physician and each casualty physician should have a separate room. The total measurement of such a building would be about 140 feet by 120 feet.
4. The special departments would require, on the average, about 2500 square feet of floor space each. Some of these departments would necessarily be larger than others. The special departments are:—
 - (1) Ophthalmic.
 - (2) Aural.
 - (3) Throat.
 - (4) Dental.
 - (5) Orthopaedic.
 - (6) Skin.
 - (7) Gynaecological.
 - (8) Electrical.
5. It is estimated that the site at present occupied by the casualty department, the Abernethy block, the resident staff's quarters, the College, and the adjacent portion of the nurses' quarters, would suffice for the erection of the buildings mentioned above. The part of this site that could be built over measures about 2800 square yards.

There are various reasons for believing that the Smithfield frontage is the best for the casualty and out-patient departments as a whole, and it is evident that the resident staff should be located near to their work.

6. It is suggested that the departments enumerated above could be conveniently massed in two separate blocks.

1. "Surgery Block" about 140 by 120 feet; facing on two sides into Smithfield and into Little Britain and on the other two sides towards the Hospital. It would consist of a basement with area and three other floors. This would contain:—
 - a. Ground floor. The surgery and adjacent rooms as already detailed.
 - b. First floor. Medical and surgical out-patient departments, and two of the special departments.
 - c. Second floor. Complete quarters for the resident officers. It would be preferable in some ways if the resident staff could be housed in a separate block, erected near to the surgery, if the requisite land can be obtained.
 - d. Basement. Drug manufactory, medicated baths for skin department, lavatories, store rooms, heating apparatus, &c.
2. "Special Department Block." Basement and two floors. This would contain the remaining special departments and a dispensary. A surgery ward might be erected either in this block or in the basement of the "Surgery Block." The necessary space for this block might be obtained on that part of the site of the College extending from the Warden's House to Little Britain gate; or else, perhaps, on the other side of the Little Britain gate, so that the patients might go into the special departments near to an entrance.
7. A New Ward Block. Additional land would be required for the erection of a new block of buildings to supply the beds lost by the removal of Abernethy, Lucas, and the ophthalmic wards.
8. Operating Theatres. In all, seven operating theatres are needed for the efficient working of the Hospital. If the two present theatres in Abernethy block are done away with, four new theatres would be required, in addition to the theatres in the East and South wings; only one of these theatres need be large, the others would not need

to be much larger than the East wing theatre. It is possible that the space might be provided on the top of the proposed "New Block," but in any case it is desirable that, in order to ensure economy in working and administration, three theatres at least should be grouped together. Small "recovery rooms" and rooms for the administration of anaesthetics, would be needed in connection with these theatres.

9. Isolation Block. This should provide for about 70 beds, and would accommodate patients who are at present scattered in various blocks, and would provide for both medical and surgical cases, including those now treated in casualty ward in Abernethy block.

10. Post-mortem Room, Mortuary and Clinical Laboratories. These could probably be erected on the site rendered vacant by the removal of the Apothecaries' Department and the Medical and Surgical Out-patient rooms.

The Medical Council desire to point out to the Special Committee that the following buildings are now being erected or are already

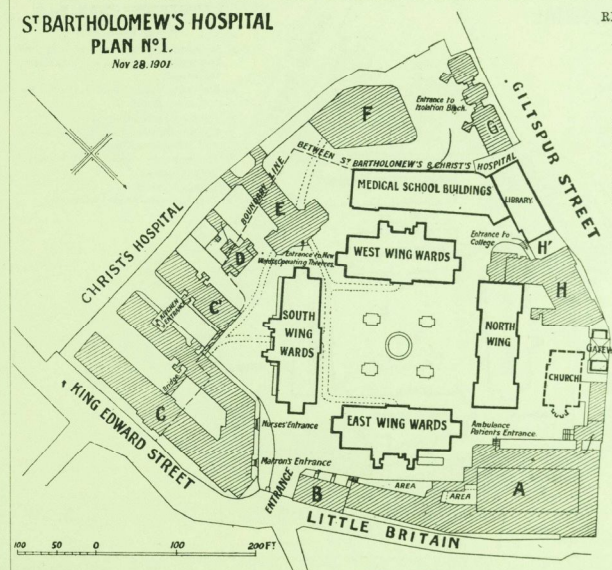
then the erection of the latter would both provide for the beds lost in Abernethy block and also for the necessary theatres.

2. The whole casualty, out-patient and special departments, and quarters for the resident staff should be erected as soon as is possible after the new theatres are built. They are all urgently needed.

It must be kept in mind that Abernethy block contains two theatres and also the only isolation wards for noisy patients in the Hospital. It also contains the whole of the ophthalmic beds and about forty other surgical beds.

B.—MAY BE POSTPONED PENDING THE COMPLETION OF BUILDINGS UNDER A.

1. A new College and Nurses' home.
 2. An Isolation block.
 3. New Post-mortem room, Mortuary, and Clinical and Pathological Laboratories.
- November 4th, 1901.



REFERENCES.—PLAN No. 1.

- A. Surgery, Out-patients' and Special Departments, and Resident's Quarters; Dispensary.
- B. Steward, Vicar, Clerk of the Works.
- C. Nurses' Home.
- D. Heating Apparatus, etc.
- E. Wards and Operating Theatres.
- F. Pathological Department.
- G. Isolation Block.
- H. Residential College.

completed at the London Hospital, and suggest that an inspection of these may prove useful.

- a. Out-patient and special departments (exclusive of the casualty department), forming a block 250 feet by 122 feet and covering three quarters of an acre.
- b. New theatres.
- c. Isolation block of 80 beds occupying half an acre.
- d. Mortuary, post-mortem rooms, and laboratories covering about one third of an acre.

The Medical Council, in summing up the requirements of the Hospital, and in response to the request of the Special Committee, dated October 31st, beg to state that:—

A.—IMMEDIATELY REQUIRED.

1. If it be decided to pull down Abernethy block, then, before this is done, new theatre accommodation would have to be provided; for it would be quite impossible to carry on the surgical work (including ophthalmic operations) in the remaining theatre. If it be decided to place the theatres on the top of the proposed new block,

This statement, it will be seen, includes a demand for a new Surgery, Out-patient rooms, and Special Departments, and at the same time points out that additional operating theatres were urgently needed, for whereas in the year 1870 the total number of major operations performed at the Hospital was 450, in 1899 it exceeded 2500. The number of minor operations may be best estimated from the anaesthetic books, which show that nearly 7000 anaesthetics were administered in the course of the year 1899. Attention was also drawn to further needs of a modern hospital which were non-existent five-and-twenty years ago. First of all a distinct isolation building for cases of infectious or suspected infectious diseases was required, whilst for the purpose of diagnosis and

treatment laboratories were required for pathological chemistry, and also for the bacteriological and clinical researches which are daily needed in the wards, and without which the best form of treatment is impossible. A month later—namely, December 9th, 1901—the first plan was placed before the Medical Council for consideration.

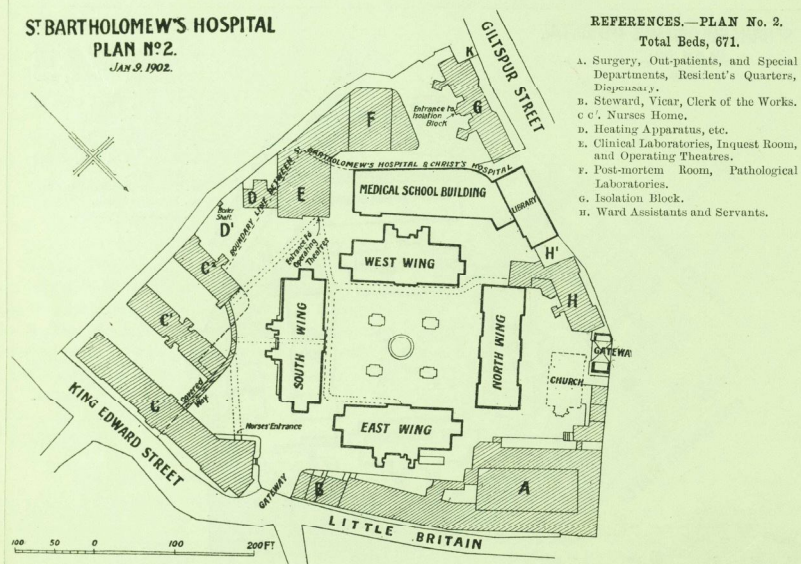
CRITICISMS OF PLAN No. 1.

Plan No. 1 practically consists in leaving the old square, the church, and the medical school intact, and surrounding these

Third, the boiler-house and destructor;

Lastly, three large blocks for the Nurses' Home.

It is needless to discuss in detail these various suggested buildings, but the Medical Council pointed out to the Governors that if large sums of money were to be spent on new buildings these latter must certainly approximate to the requirements of modern sanitation and hospital construction, and ought to be prepared to stand the test of comparison with other recently erected hospitals. It was pointed out to the Governors that such authorities as Sir Douglas Galton and Sir Henry Burdett regard sixty patients



with a ring of buildings of various kinds. In it the surgery, resident's quarters, out-patient rooms, and special departments, as well as the dispensary were placed on the area which is now occupied by the present Surgery, Warden's house, College, and Abernethy Ward Block. On the site of the old inquest room and shops just outside the Smithfield Gate, was to be situated the college. Beyond the library in Giltspur Street, on the new piece of ground which has been acquired from Christ's Hospital, was to have been placed the isolation block. Further down along the boundary which separates our newly acquired ground from that which has now been sold by Christ's Hospital to the Post Office came in order—

- First, the pathological department;
- Second, the new ward block;

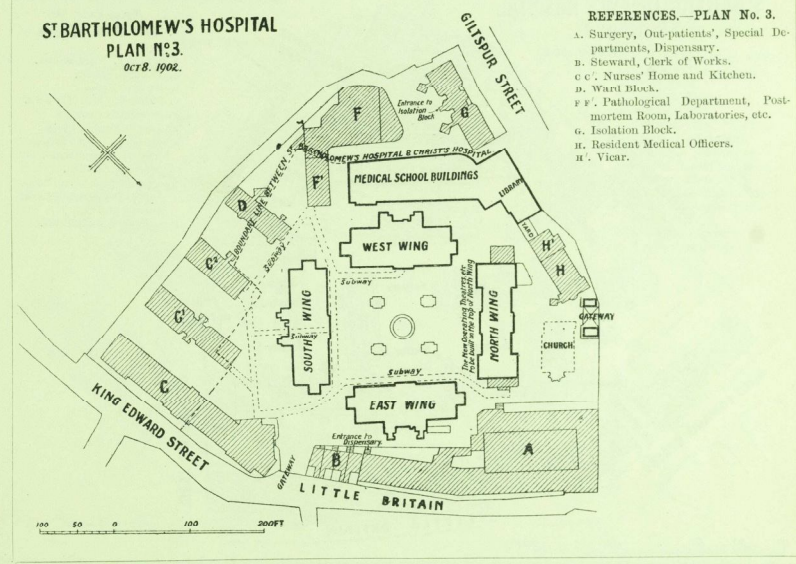
per acre as a standard that should be attained if possible. The Medical Council stated that the present buildings of St. Thomas's Hospital might be cited as an example of what has been done in that direction in recent years. It was therefore clear there would still be a tendency to overcrowding if 230 nurses, in addition to porters, servants, etc., were housed on the 6½ acres in addition to the present number of patients. It was in consequence of these criticisms that Plan No. 2 was presented to the Medical Council on May 17th, 1902, and in it the architects at once met some of the criticisms of the Medical Council by sacrificing the residential college.

CRITICISMS OF PLAN No. 2.

Plan No. 2 resembled in its general character the first

plan, which has just been described. The Surgery and Special Departments remain practically in the same position as in Plan No. 1. The buildings which comprise the Nurses' home have been separated further from one another, and so arranged as to admit a free current of air all round them. In blocks "E" and "F" are situated the Clinical Laboratories, and on the top of them the operating theatres. The isolation department remains facing Giltspur Street, as it was in the last plan, and the site which the college occupied in Plan 1 is now occupied by a ward block. The criticisms of the Medical Council on this plan were somewhat similar to

were erected outside the present site, a satisfactory rebuilding scheme would be rendered possible. The Governors, having regard to the financial aspect of the question and to the amount of money which they had at their disposal, were at this period—July 1902—unwilling to accede to the suggestion of the Medical Council that more land should be obtained, and they pointed out that it was useless to make plans which should have in view the complete rebuilding of the Hospital. Further, they made a suggestion asking the Medical Council if it were not possible to cut down the special departments, and thus to make more room



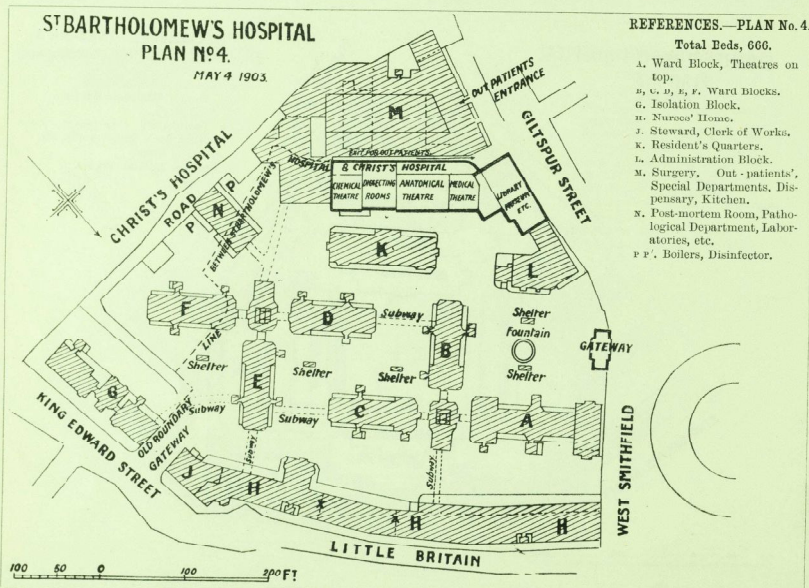
those which they had passed on the previous one. They readily acknowledged that Plan No. 2 was a great improvement on Plan No. 1. The principal objections to it were that an attempt was made to crowd the buildings too much upon the site, that the situation of the operating theatres on the top of the clinical laboratories and in the same block as the pathological department and post-mortem room was radically unsound. The newly proposed building for servants on the right-hand side of the Smithfield entrance gate tended to block the source of much of the fresh air which enters the Hospital from Smithfield. The Medical Council pointed out that more land was required, and that more still would be required in the not distant future, as the old wards could not long remain without demanding to be rebuilt, but that if the nurses' home and the students' residential college

for ward blocks, nursing home, etc. The Medical Council were exceedingly unwilling to agree to any such proposal, and it was suggested that the architects might possibly confer with the Council and see if there were no way out of the difficulty, and in consequence of this it was agreed that a third plan should be drawn up, and that the comments of the Medical Council should be printed and circulated amongst the Governors. Early in the October Session of 1902 the Council urged upon the Governors the necessity for an appeal for funds, and about the same time Plan No. 3 was actually laid before them. This was prepared by Mr. P'Anson in conjunction with Mr. Rowland Plumble, and accompanied by a report in which they made the following statement:—"We have taken it as absolutely settled that the Hospital cannot acquire more land, etc."

CRITICISMS OF PLAN No. 3.

In this plan, therefore, it was assumed as an axiom that the three old ward blocks surrounding the square must necessarily be retained. This being so, the architect for the first time made the suggestion to put the new theatres on the top of the Great Hall, and the Medical Council, regarding the question of a new hospital as almost beyond the reach of possibility, assented reluctantly to the placing of the five theatres in this situation. The Surgery, Out-patients' room, and Special Departments are placed in the same

hall where the students could obtain something to eat whilst engaged in their practical work in the service of the Hospital. Finally the Medical Council again recorded the opinion that the present site, including the area recently purchased, was insufficient for the erection of buildings so urgently required now, and that it afforded no provision whatever for the inevitable expansion of the Hospital in times to come. The Council pointed out that this had been its opinion all through, and strongly urged upon the governing body the necessity when they made an appeal of bearing in mind three things :



position as in Plans 1 and 2. The Nursing home remains practically the same as in Plan No. 2. Block "D" forms a new ward block, and Pathological Department and the Clinical Laboratories are placed at "F," immediately behind the old chemical theatre. The isolation block remains facing Giltspur Street, and the residence of the Medical Officers is placed by the side of the Smithfield Gate, where previously the college was proposed to be placed in Plan 1, and a ward block in Plan 2. Whilst the Medical Council readily acknowledged that the architects had done their best to meet their views and expressed a cordial appreciation of their endeavours, the Council strongly objected to the placing of the Nurses and servants in the basement, and also pointed out that now the College was not to be rebuilt on the Hospital site it would be necessary to provide at least a

- 1st. The maintenance of the income of the Hospital;
 - 2nd. The erection of new buildings;
 - 3rd. The need for obtaining more land;
- and at the same time they pointed out to the Governors that they could not but think that if the public were in full possession of the facts, they would increase their subscriptions as they saw an increased need for them.

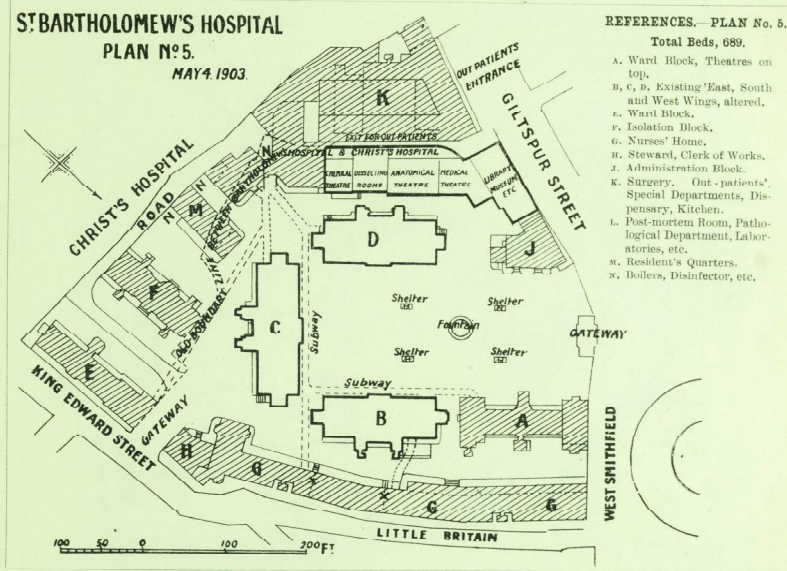
The Medical Council again laid stress on the fact that the whole of the Nurses' home as well as the College should be erected outside the present site, and they considered that if this were done a thoroughly satisfactory scheme would be rendered possible, for it would provide at once a good site for the erection of new wards and operating theatres, etc., and further that the future rebuilding of the ward blocks could be secured on an adequate scale.

Early in January, 1903, it was announced that St. Bartholomew's Hospital proposed to appeal to the public for funds, in order to erect the new buildings that were required. Various letters appeared in the daily papers, opposing this appeal, mainly on the ground that so wealthy an institution ought not to compete with its poorer neighbours, whose needs were far more urgent.

A meeting of some of the Governors was held at the Mansion House, the Right Hon. The Lord Mayor being in the chair, on January 19th, 1903, to discuss the situation, and it was at this meeting that a committee was appointed to

Hospital, and presented them in the form of a report to the Lord Mayor's Committee, and several members of the Staff attended at that committee, in order to answer any questions that might be put to them. The Mansion House Committee extended their sittings for a period of several months, but their report was not issued until July in the same year. After having a large amount of evidence placed before them, the Committee came to the conclusion that St. Bartholomew's Hospital should remain where it had stood for more than eight hundred years.

Before attempting to answer the second question that



inquire into what was best to be done, considering the criticism to which their appeal scheme was being subjected in the daily papers. The committee, now known as the Mansion House Committee, was appointed to report on the three following points :

1. Whether it was desirable that St. Bartholomew's Hospital should remain where it was.
2. Whether any better scheme of rebuilding than that which had already been laid before the Medical Council could be devised.
3. To consider any other matters affecting the Hospital which might seem desirable.

As has already been pointed out in an earlier part of this article, the Medical Council drew up a summary of the facts which they had already laid before the Governors of the

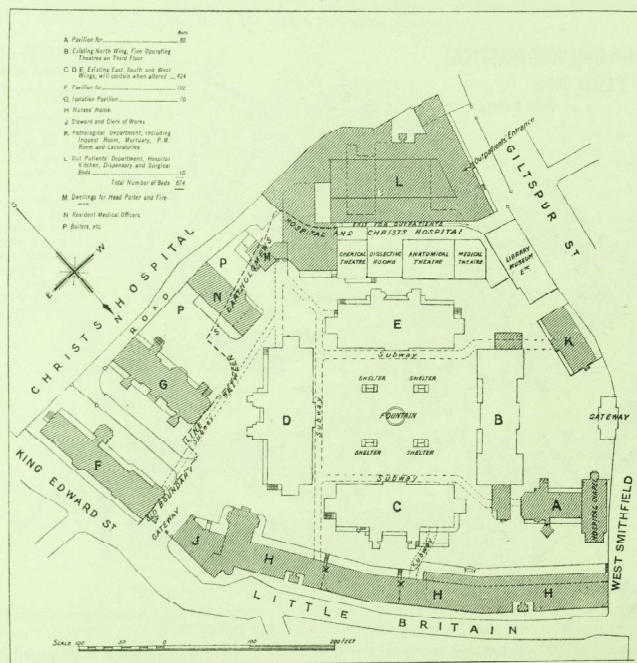
was put before them they directed that three more plans (Nos. 4, 5, and 6) should be prepared by the architects. These plans are here appended. No. 4 is a plan for complete rebuilding. In No 5 the block containing the Great Hall is removed, and the old ward blocks which surround the square are retained. No. 6 retains the Great Hall as well as these three ward blocks, and otherwise differs but little from Plan 5. In all of these plans the nurses' home is placed along the side of Little Britain, and the surgery occupies new land facing Giltspur Street.

Though the Committee did not actually say so, it is understood that they expressed a preference for Plan 6, and considered "that, with the additional land purchased from Christ's Hospital, there would be ample room for the provision of a hospital with every modern appliance."

Lastly, the Committee went fully into the finances of the Hospital, and stated that they did not think they would be justified in concluding their functions without placing upon record their opinion that from the evidence brought before them the administration of the Hospital had been conducted by the Governors in a wise and enlightened spirit, with a due regard to economy, and in the best interests of the patients.

When the report was issued at the end of July, 1903, the Medical Council found themselves in this position:

it was practically decided to accept the Lord Mayor's Committee's report, and to proceed with the reconstruction of the Hospital on the lines which had been foreshadowed. The Casualty and Out-patients' Departments were to be begun at once; Operation Theatres were to be placed on the top of the Great Hall; the Nurses' home, on the site of the present college, was to border on Little Britain. The New Resident Staff quarters were to be erected, as well as an Isolation block, a Mortuary, and Post mortem room, in accordance presumably with Plan 6, whilst some structural



though they had again and again stated their opinion that it was impossible to put all the buildings that would be required upon the site of 6½ acres, the Lord Mayor's Committee had ignored entirely their conclusions, which had been arrived at after long and careful investigation.

It is of course superfluous to point out that considerable dissatisfaction prevailed in consequence in the minds of many of the Medical Staff. It seemed as though they had fought a battle for efficiency and had lost it, and that they would be compelled to sit down and make the best of the situation. Matters came to a final crisis when, on November 5th, 1903, a Court of Governors was held at St. Bartholomew's Hospital, and by a majority of sixty to one

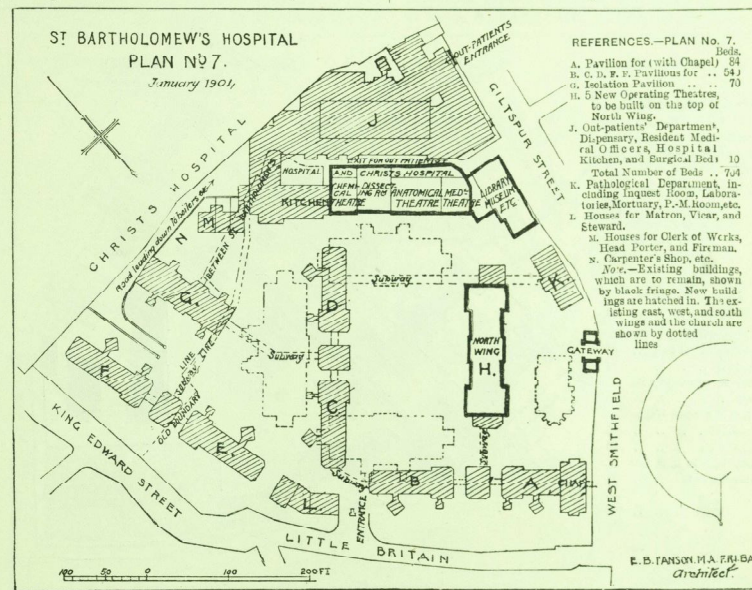
alterations were to be made in the east, south, and west wings. Considerable discontent and doubt existed at this period not only in the minds of the Staff, but also in that of some of the Governors. One of the latter, Mr. Andrew Motion, put the matter in a nutshell in a letter to the *British Medical Journal* of November 28th, 1903, in the following words:—"Shall St. Bartholomew's Hospital be rebuilt upon Sir Henry Burdett's plan, or upon the plan advocated by the Medical Council, whichever may be the better of the two, at a cost, roughly, of £600,000; or shall it be altered or tinkered at a cost of £350,000?"

By this time the report which the Medical Council had furnished to the Lord Mayor's Committee had found its

way into the press by an extract from it being published in *The Times* on November 26th, 1903. This at once altered the situation of affairs. On December 7th an article appeared in *The Times*, advising that a large scheme of rebuilding, as opposed to the Mansion House Scheme, should be insisted upon. The re-opening of the whole question by one of the Governors enabled the Medical Council once more to reassert that the opinions which they had so often expressed before were unchanged, and on December 12th, 1903, two letters were written to the daily papers, one signed by the Treasurer of the Hospital and the

been acquired by St. Bartholomew's Hospital. Thus for the first time St. Bartholomew's Hospital finds itself enclosed on all sides by streets—a position which has at least this advantage, that it admits of a free circulation of air all round its buildings.

On December 20th, 1903, the Treasurer invited the members of the Medical Council (and nearly all of them were present) to meet some of the Governors at the Hospital, in order to discuss the situation, and as it was already practically certain when this meeting took place that no more of the Christ's Hospital site could be obtained from



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other by all the members of the Medical Council, who stated that they were in hearty agreement with the Governors in their proposal to acquire more land and rebuild the whole hospital. The delay, however, in the demand for an increase of site had been fatal to the scheme for obtaining more land from Christ's Hospital. A few days later it was announced that the Post Office had purchased the remainder of the site, and though steps were taken by the Treasurer to interview the Postmaster-General, he could not be induced to part with any of his recently acquired land. An important concession, however, was obtained from him, namely, that the Post-Office authorities proposed to run a forty-foot street on their own land, thus making a well-defined boundary between their ground and that which had

the Post Office, the only possible solution was that which the Medical Council had previously advocated, viz. to remove the Nurses' Home and the Residential College to some adjacent piece of ground, and thus leave the whole 6½ acres for the accommodation of patients, excepting that small portion which is occupied by the medical school buildings.

Two days later the House Committee agreed to this proposal, and on January 7th, 1904, the General Court of Governors confirmed their decision.

The situation, therefore, in which St. Bartholomew's Hospital found itself placed on the eve of the Mansion House Meeting of January 26th, was that the Governors and Medical Council were alike committed, first, to rebuild the

whole hospital, and, secondly, to place the Nurses' Home and Students' Residential College outside the present area of 6½ acres. The short time which has elapsed since this decision was arrived at made it absolutely impossible to decide upon a final plan before making the appeal. The Hospital Architects, however, were not idle. Before the Meeting they made three more plans, namely, those numbered 7, 8, and 9, two of which, owing to the courtesy of the Editor of *The Hospital*, we are enabled to place before our readers. Plan No. 7, it will be seen, retains the Large Hall, the Medical School Building, the Entrance Gate,

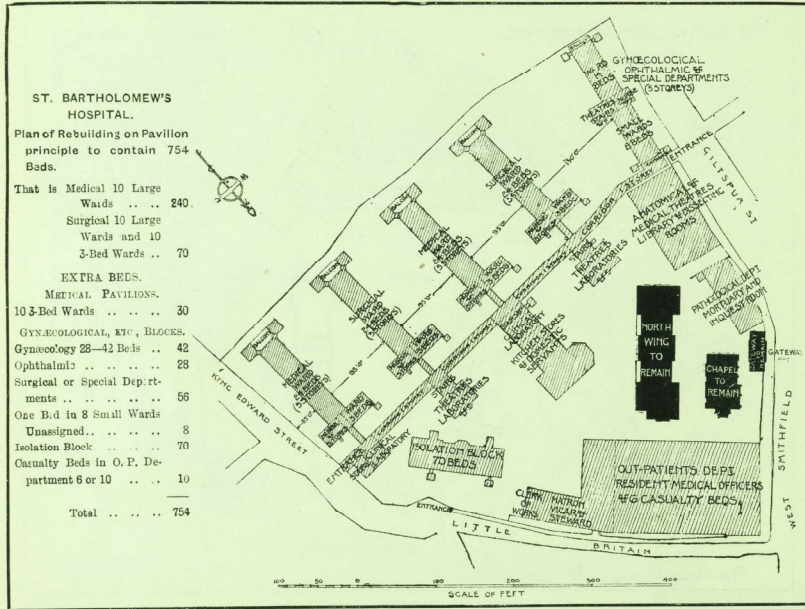
In the ordinary wards—

The wall space per patient	=	8 ft.
The floor	=	108 sq. ft.
The cubic	=	1400 cubic ft.

In the isolation block—

The wall space per patient	=	9 ft.
The floor	=	153 sq. ft.
The cubic	=	2000 cubic ft.

By the courtesy of the Editor of *The Hospital* we are also enabled to publish a suggested scheme by Sir Henry Burdett. In this scheme the Hall, Church, and Entrance



and possibly the Church. It proposes to place the Out-patient and Casualty Departments on a portion of the new site in Giltspur Street, whilst the Ward blocks are dotted about in various positions on the remainder of the site. Plan No. 8, which is not here included, shows a method by which the existing blocks might be modified. In Plan No. 9 the out-patient and casualty departments are placed in the same position as in Plan No. 7, whilst the Great Hall and Church are removed, and the Ward blocks are arranged, roughly speaking, in two parallel lines, so as to admit a free air-current from the open space in Smithfield.

A hospital rebuilt in accordance either with Plan 7 or Plan 9 would contain just over 700 beds.

Gate are retained. The Library and Museum are also retained, but the other portions of the Medical School buildings would have to be re-erected, and no exact plan is given to indicate the method by which this would be attempted.

The Ward blocks, arranged on a pavilion plan, all communicate with a corridor, which is entered close by the end of the Library, where most old students will remember Dr. Aldersmith's brass plate used to be presented to view. It appears from the description in *The Hospital* that a hospital constructed in accordance with this plan will afford accommodation for about 750 patients.

The area per bed in the general wards is as follows :

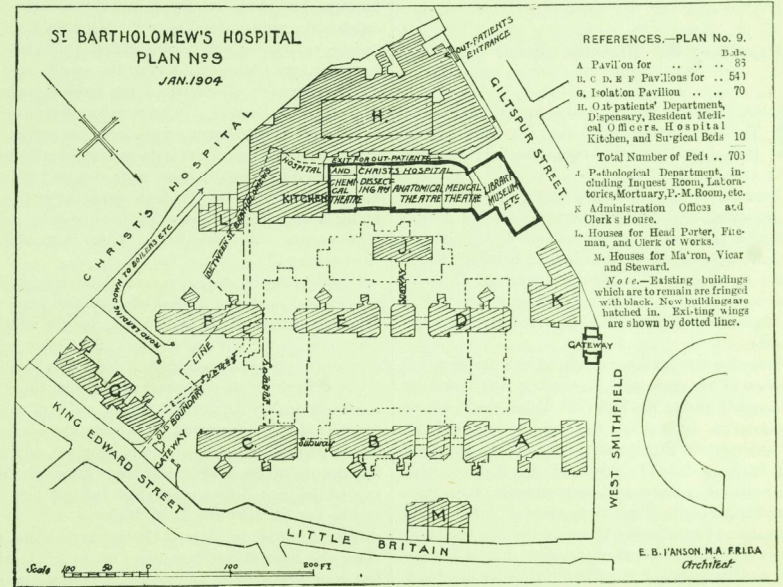
Wall space per patient	=	10 ft.
Floor	=	130 sq. ft.
Cubic	=	1625 cubic ft.

The dimensions of the twenty-four bed wards are—Length, 125 ft.; Breadth, 26 ft.; Height, 12 ft. 6 ins.; and at the end of each Pavilion is situated a balcony on every floor, where patients can sit or lie in fine weather. The operating theatres are placed close to the northern end, each Surgical Pavilion in close proximity to the wards.

Thus it will be seen that no less than nine official plans for the remodelling of the Hospital have been before the

work of the Hospital satisfactorily when the buildings are put up, it has no means of providing for their erection out of its own funds, and accordingly it appeals to those who are charitably disposed to aid it in attaining this object.

In a recent article *The Times*, referring to St. Bartholomew's Hospital, said: "As with Rome, so all roads lead to St. Bartholomew's." And this great accessibility is a matter of the very highest importance to the poor of London. In a letter published by the Medical Council in *The Times* and other daily papers of January 23rd, 1903, its position is referred to in the following terms:—"But the situation of St. Bar-



Medical Council, and many others have been suggested and studied by members of the Medical Staff.

The earlier ones, it is true, have practically been condemned, but we may confidently hope that it will not be long before a final and fully approved block plan for the rebuilding of the Hospital will be ready, and as soon as this is the case there need be no delay in commencing some of the new buildings. In all probability the first block of buildings to be erected will be the Casualty, Out-patients, and Special Departments. The rate at which the remainder of the scheme for rebuilding is to be carried out must necessarily depend on the rapidity with which money is found for the purpose. St. Bartholomew's Hospital is in this position: whilst it has an income sufficient to carry on

St. Bartholomew's is further of importance to its medical school, and we may be pardoned for thinking that this is also a matter of material public interest. For many years past St. Bartholomew's has been not only one of the most important hospitals in England, but also the largest school of medicine. In this way the benefits of the Hospital are not restricted to its numerous patients, but are spread over Great Britain and its colonies. For the past twenty years an average of 600 students have annually studied at St. Bartholomew's, and nearly one in eight medical men in England can lay claim to the distinction of having learnt medicine and surgery there.¹⁷

It is because this is the case that the *St. Bartholomew's Hospital Journal* is desirous of informing all

old students, and any others whose eyes may fall upon these pages, exactly what steps the Governors and Medical Council have taken to ensure that this great Hospital shall remain in the forefront; and if it is so to remain, we feel we may confidently appeal to all old Bartholomew's men not only to help us by any donation they may feel disposed to give, but also by recommending its claims to any of their friends and patients who are likely to help in an object of such great National, nay Imperial, importance.

The Report of the Mansion House Meeting.



MEETING to inaugurate this Appeal was held on Tuesday, January 26th, 1904, in the Egyptian Hall of the Mansion House, under the Presidency of the Rt. Hon. the Lord Mayor.

The Lord Mayor, in opening the proceedings, said they had been summoned there by the Governors of that ancient and splendid Institution, St. Bartholomew's Hospital, to ask for their support and assistance in the rebuilding scheme which the Governors were about to carry out. It would best suit their purposes, he thought, if he at once called on the Treasurer of the Hospital to make his statement (Applause.)

Sir Trevor Lawrence, who was received with cheers, stated that the Appeal was made with the sanction and sympathy of His Royal Highness the Prince of Wales, the President of the Hospital. (Cheers.) He had received a letter written by Sir Arthur Bigge, and the concluding paragraph read as follows:—"As President of St. Bartholomew's Hospital, and under the special circumstances of the case, His Royal Highness is prepared to associate himself with this Appeal, and I am directed to inform you that in issuing the Appeal you are authorised to state that it has the sanction and sympathy of His Royal Highness the President." (Loud Cheers.)

With regard to the question of the site of the Hospital an influential daily journal had devoted a great deal of its space to endeavouring to impress upon the public that the Hospital ought to be moved away from its present location. That question surely had been thoroughly dealt with by the Mansion House Committee. (Applause.) That Committee consisted of seventeen members, nine of whom were appointed by the former Lord Mayor and six by himself. The nine members nominated by the Lord Mayor were, so far as he knew, perfectly independent persons, having no connection whatsoever with the Hospital. The result of the Committee's deliberations was to decide in favour of the retention of the Hospital on its present site, the only dissentient being a gentleman who was well known to have

settled convictions in favour of removal. They could hardly, he thought, have a stronger piece of evidence than that. (Applause.) The witnesses who came before the Committee had had very large experience, and he was very much struck with the evidence that was given by the Chief of the City of London Police, Captain Nott-Bower, who said that of all the accidents and cases of illness that occurred in the streets of the City, 65 per cent. came to St. Bartholomew's Hospital.

Sir Trevor Lawrence then went on to read an extract from an article which appeared in *The Times* on the 16th January, and which put the matter very forcibly:—"The maintenance without shrinkage of the Maternity Department, strongly contrasting with the diminution of the same department at King's College, shows that the square mile round St. Bartholomew's still contains a large resident poor population, and in all London, perhaps excepting that of the docks, there is probably no locality more fruitful of accidents than Smithfield. The vicinity of eight railway termini to which passengers in thousands come daily, not only from every part of the suburbs, but also from almost every part of the Midland and Northern counties, is an equally important consideration. As with Rome, so all roads lead to St. Bartholomew's."

Dealing with the suggestion made in a daily paper that the Hospital should be divided into two parts, one for the more urgent cases on the present site, and the other somewhere else for the less serious cases, Sir Trevor said that such a plan was most undesirable. Not only would it make it very difficult for the treatment of patients, but it would absolutely destroy the Medical School, and if there was one thing besides the treatment of patients which was of the utmost possible importance to this Hospital, and through this Hospital to the kingdom at large, it was the maintenance of the great School which had brought forth, as was said by the Rt. Hon. the Lord Mayor, a series of distinguished men from the days of Harvey down to the present time. He thought that the value of the site of the Hospital had been very seriously exaggerated. They had the opinion of a gentleman who wrote in newspapers, and also the opinion of the most prominent landowners and experts, and these latter put the value of the site at very much less than it had been stated in the paper he referred to. When it was compared with the price at which Christ's Hospital was sold the circumstances were totally different. On that occasion two people wished to buy—the Post Office and St. Bartholomew's. A portion of it was bought by St. Bartholomew's, and the Post Office had purchased the rest. The Hospital could not get land anywhere else, nor could the Post Office, except by paying still more. Whereas if the Hospital were to move elsewhere it would be in the position of a compulsory seller and a compulsory buyer, and everybody was aware how very disadvantageous that would be.

On the present site no fewer than 7,000,000 patients had been treated during the last fifty years, and during the first three weeks of this year there had been 15,247 attendances in the Out-patients' Department. It had been contended that the census showed that the population had moved away from the Hospital. But the census was taken on a Sunday night, and no account was taken of the vast number of people who came to work in the neighbourhood during the day. He thought it would be admitted that the considerations he had submitted showed conclusively that the Hospital was required on its present site. (Cheers.)

With regard to the new buildings, the first that would have to be erected were new Casualty and Out-patients Departments, the latter to comprise adequate accommodation for Ophthalmic, Gynecological, Orthopaedic, Skin, Throat, Ear, Dental, and Electrical branches. Each of these should have its own building. Then a new Nurses' Home was wanted. It was quite impossible to express his opinion of the work done by the Nurses at St. Bartholomew's. (Hear, hear.) They wanted a home for 240 nurses and 80 female servants. Also a new Pathological Department and houses for the Vicar, Matron, Steward, Clerk of the Works, and other persons; boiler houses, and disinfecting rooms. New operating theatres were urgently needed, as well as subways for moving patients without taking them into the open air, an isolation block, and, finally, six blocks of new wards. The total cost of all this would be about £438,000, and that would provide an absolutely new hospital. (Cheers.) The average income of the Hospital for the last five years was £68,000, and for the last ten years £67,000, not, as some people had said, £100,000. The average expenditure had been £67,000, showing a small surplus, which had been used in assisting in the purchase of the land from Christ's Hospital. Owing to the purchase of that land they would now be about £6000 a year short of the average expenditure.

Sir Trevor concluded by saying that there was not a nobler institution in the world than St. Bartholomew's Hospital—(loud applause)—and that the great City of London, which could always find money for everything, would indeed be deaf to the call of duty if it did not find the means to place the Hospital in the condition which, as the oldest and first institution in London, and probably in the world, it ought to occupy. (Loud cheers.)

The Bishop of London moved: "That this meeting, having heard the statement of the Treasurer of St. Bartholomew's Hospital, cordially approves of the decision of the Governors to reconstruct the Hospital on its ancient City site, extended as it has recently been by the addition of one and a half acres."

He said that it gave him great pleasure to move that resolution because it was a Bishop of London who procured the land on which the Hospital was built and a Prebendary of St. Paul's who founded it. The Lord Mayor's predeces-

sors and his had worked together for twelve hundred years in the City, and he would have felt something like shame had he not stood there that day to back up to the best of his power the appeal of the oldest hospital in the United Kingdom—the pioneer hospital of the whole country. A second ground for his support was the splendid work which it had done for suffering humanity during the past 800 years. Pleading for one hospital, he repudiated the idea that he was not working for them all. The heart of London ought to be big enough and strong enough for all. (Cheers.) Nor must they forget the work done by St. Bartholomew's in sending out its men of mark to the whole world. There were impregnable grounds for this appeal. As to these complicated questions of sites and accommodation he was content, being accustomed to the English jury system, to take the verdict of the sixteen men who had studied the question with an open mind. He could imagine a very plausible argument being offered for the removal of St. Paul's Cathedral, but must confess that he was one of those who would oppose it very strongly. (Laughter and cheers.) Moreover, the fact that King's College Hospital was going to the south of London made the retention of St. Bartholomew's absolutely necessary. He stood there to plead very earnestly for the unfathomable generosity of the City of London to be opened once more and to give St. Bartholomew's the very best hospital possible.

Sir William Church, who seconded the resolution, said many improvements had been made by the governing body during his forty years' connection with the Hospital. But want of space had prevented adequate structural changes for the ever-increasing work of the different departments. Now that St. Bartholomew's had extended its borders they could confidently appeal to the City of London and to the public for the necessary help. As to the idea that the Hospital was situated in a gold mine, and should therefore be removed, he held that the value of the site could not be determined until it was put on the market. It must be remembered, too, that there was a daily influx of 30,000 to 40,000 workers to buildings in the immediate vicinity of the Hospital, and that the need for a hospital on the present site would be increased by the removal of King's. Moreover, removal to another site would destroy the Medical School.

Mr. John Tweedy, President of the Royal College of Surgeons, supported the resolution. He had at first favoured removal, but had altered his views on reading the report of the Mansion House Committee. He pleaded, also, for the present site on the ground of historic tradition and sentiment. What would New York not give to have within its boundaries an institution that for nearly 800 years had been doing one of the noblest works of charity?

Dr. Gee also supported the resolution, reminding the meeting that while there was so much to be said of St.

Bartholomew's antiquity, its record of work showed that healthy growth which was the sign of youth and vigour.

The resolution was then passed unanimously.

The Hon. Alban Gibbs, M.P., moved, "That this meeting pledges itself to support the Governors of St. Bartholomew's Hospital in their appeal for the funds necessary for the reconstruction of the Hospital, and earnestly commends to the generosity of the public this, the first, appeal which the Hospital has made for 150 years." This resolution was seconded by the Master of the Mercers Company, who stated that his own company received the decision arrived at with great satisfaction, and might be depended upon to support the appeal.

The Chief Rabbi, in supporting the resolution, spoke of the great kindness and consideration always shown to his own poor at St. Bartholomew's.

Sir William Hart Dyke, M.P., a member of the Mansion House Committee, said that no body of business men could have come to any other conclusion.

Mr. Bowly, speaking for the surgical side, emphasised the fact that the medical staff was entirely unanimous in supporting these proposals.

A gentleman in the body of the hall then asked some questions, which were answered by Sir W. Treloar as Chairman of the Appeal Committee, and the resolution was put and carried with only two dissentients.

Sir William Treloar then announced that nearly £40,000 had been already promised, and a vote of thanks to the Lord Mayor for presiding, and for the use of the Mansion House, was passed with acclamation.

Some Former Acquaintances.

The Mid-Sessional Address delivered before the Abernethian Society.

By HOWARD MARSH,

Professor of Surgery in the University of Cambridge; Consulting Surgeon to the Hospital.



WHEN I was asked to give this year's Mid-sessional Address, I thought it might be suitable if I offered an account of some of those interesting personalities who have been more or less intimately connected with our Hospital and School. These I have called "Some Former Acquaintances." In going a little into the subject, however, I was met with an *embarras de richesse*. There have been many more interesting people connected with our ancient Hospital than I could possibly pass in review, in an adequate manner, within the time at my disposal. I have been, therefore, obliged to make a selection, and even so I am afraid my remarks may do but scant justice to those of whom I propose to speak.

But I cannot avoid the temptation to be for a moment

a little, or as you may think, very egotistical, and begin with a brief reference to myself. I was Secretary to the Society in 1861, and I remember it as if it were but yesterday. Indeed, as I look back I feel that I should like to come again amongst you all as a first year's student; yet perhaps it would not do! I was President in 1864, and I do not doubt, Sir, that you feel the honour of your position as much as I did that of mine. It was the first distinction I had ever had conferred upon me, and none that I have since enjoyed has given me more genuine gratification. For some years I was a very regular attendant at your meetings, and I never attended a meeting without learning something that was useful. I have heard Sir William Savory say that he would rather attend a meeting of the Abernethian than of any of the senior London societies. I gave the Introductory Address in 1881, and I remember that, with a rhetoric which I should now regard as perhaps a little florid, I adopted, in my peroration, Goldsmith's magnificent metaphor as a faithful description of a medical student who, after surmounting all difficulties, has at length become qualified;

"Like some tall rock which rears its mighty form,
Swells from the vale and mid-way leaves the storm,
Though round its base the rolling clouds are spread,
Eternal sunshine settles on its head."

I may remark that in the first line Goldsmith puts "awful," but I felt "mighty" served my purpose better, and I thought he wouldn't mind.

But enough of myself. I have indulged in this retrospect with the object of making you all as much interested in the Society as I was. You know the old saying, "*Forsitan haec olim meminisse juvabit.*" Now, as I have come to the *olim*, the hereafter, I am in a position to cross out the *forsitan*, the perhaps, for there is no perhaps, no *forsitan*, about it. It does delight me to remember the time I spent at your Society, and I hope all new members will make as much use of their opportunities and privileges here as I did.

Well, going back to a now remote geological period, the first complete fossil skeleton we find is that of William Clowes, 1540—1604. He became a member of the Staff of St. Bartholomew's Hospital in 1575, and full Surgeon in 1581. His career at the Hospital was a short one, for in 1585, on being called away to accompany the Earl of Leicester to the wars in the Low Countries, he resigned his appointment. In those days when it was usual for great nobles, or princes of the Royal Family, or even the King himself to take the field, the most celebrated among the surgeons of the time were summoned to attend upon them; and both Clowes and Wiseman, to whom I shall next refer, must, in this position of body-surgeon to the commander-in-chief, have had a somewhat adventurous career, which probably on some occasions was not, in classical phrases "all beer and skittles."

On his return from foreign parts Clowes served for a time

in the Navy, and was present at the defeat and dispersal of the Spanish Armada. Subsequently the time of "beer and skittles" arrived when he settled in London, enjoyed a lucrative practice, and became Surgeon to Queen Elizabeth. His active connection with St. Bartholomew's Hospital was never renewed, and I am not aware that he did anything to leave his mark there behind him.

Then we come to Richard Wiseman, who was beyond doubt the principal figure in surgery, whether in England or abroad, of the Seventeenth Century. He not only did much to develop and improve surgery itself, but he must be ever honourably remembered for the part he played in elevating surgery from the degraded position in which he found it; and in initiating a movement—afterwards followed up by Sharp, Cheselden, Pott, and Hunter—which gradually brought surgeons their full rights and recognition in the public eye, and emancipated them from the cruel bondage in which the physicians for centuries had held them.

Sir James Paget once told me that as late as 1840, while physicians in signing a prescription used only their initials, surgeons were expected to write their names in full, so that, if they ventured to prescribe, they could be identified and made responsible if their audacity was followed by any untoward result.

Wiseman was born in London in 1622, and died in 1676. He joined the Royalists in 1644, and in 1651 was taken prisoner at the battle of Worcester. Subsequently he settled in practice in the Old Bailey, at the sign of the King's Head, so that he was our immediate neighbour. Afterwards he moved to Covent Garden, then an outskirt of London, and Charles II, now become King, guaranteed him an annuity of £150 and made him Sergeant Surgeon. What luck some people have! In his great work on surgery, published 1676, he deals with a large number of subjects, many of which were new in his time. And he records a vast number of cases in so graphic a manner that they still afford very interesting, if somewhat gruesome, reading. For instance, we read—

"A Child aged about 6 years, of a weak tender Constitution, having been long subject to Defluxions upon his Eyes, Catarrhs, &c., was after several unsuccessfull Attempts recommended to my care. I began with the making him a Fontanel in his Neck by Caustick. (It had been made sixteen days before he knew of it, and then it was described by the clinging of his Hair to the Plaister. From that time he grew froward with it, and in compliance with him it was healed up again 2 or 3 months after.) Having fixt the Fontanel, I began to purge him with an Infusion of Rhubarb in a small Ale, and gave him 6 grains of *Merc. diaphoret.* in a spoonful of White-bread and Milk, repeating this Powder and the Infusion of Rhubarb once in 4 or 5 days. A Pearl-julep was made him of a distill'd Milk, *cum aq. rinnam, hordeat.* & *sacchar. alb.* also a medicated Ale was prescribed him of *sarsaparill. liq.*

lentisc. santal. alb. passul. maj. nuculeat. flor. salvie, beton. euphrasia, milleped. cort. citr. & nuc. moschat. He was extreme nice in taking anything of Physick, so was for the most part cheated into it. He was also more shy in admitting of Topicks.

"A Young fellow, Servant to a Horse-courser, was thrown off his Horse against some of the Bars in *Smithfield*, whereby the *Calvaria* or Hairy scalp was torn up from the Coronall Suture to the Temporall Muscle, on the left side; the Scull was bared between two and three inches in breadth. He was led to the next Barber, who cut the piece off, and hanged it up in his Shop. The day after the Patient was brought to me. I caused the Hair to be shaved off from about the Wound, and drest the Bone and Lips with *liniment. Arcei* warm, embrocated the Parts about *cum. ol. ros. & chamamel.* and applied *empl. d. bolo* over the Wound, with Comprese and Bandage rowling up his Head. He had been let blood the day before, without consideration of the great quantity which he had lost from his Wound."

This patient, Wiseman informs us, made a good recovery.

It would at first sight appear that the practice of surgery in Wiseman's time must have been most distressing and heartrending. Witness the attempt to remove large tumours from the neck (which were sometimes merely tuberculous glands, but in other cases malignant growths) by strong caustics, such as quicklime or arsenic, a proceeding which was not rarely followed, as may be supposed, by profuse secondary hæmorrhage. "When you apply these to the softer Sex, or tender Bodies, it affects their Head with grievous pain numbing that side and parts about, depriving their very senses. Fainting, and palpitation of the Heart, are frequent effects of such Escaroticks, and not seldom a Fever; by which may be judged the ill consequence of applying strong Escaroticks of Sublimate indistinctly to all Complexions and Ages."

Would it not have been better, it may be asked, to leave matters alone? But to understand the position we must go back to Wiseman's time and put ourselves as far as possible in his place. People were much more accustomed to physical suffering than they are at present. Battle, murder, and sudden death were very much the order of the day. Personal violence was always taking place. Men were hanged for very slight offences, and women were tortured and burned as witches. In such a condition of things the natural impulse of an intelligent and kind-hearted man would be to make some attempt to establish a better order of things, to find some way by which suffering and misery might be relieved or diminished. Indeed, *mutatis mutandis* we may suppose that Wiseman's position was exactly the same as that of any enterprising surgeon of the present day. He saw what others had previously done; he met with defects that had not been corrected, with problems that had not been solved, and he devoted himself to a careful study of

the subject, and did what he could to leave surgery better than he found it.

What has always interested me about Wiseman is the attitude he adopted in regard to the cure of the king's evil by the royal touch. On this subject Wiseman remarks that "the young surgeon will find reason to acknowledge the goodness of God who hath dealt so bounteously with this nation in giving the king of it, at least from the time of Edward the Confessor downwards if not for a longer time, an extraordinary power in the miraculous cure thereof. This," he continues, "our chroniclers have all along testified, and the personal experience of many thousands now living can witness for his Majesty that now reigneth and his Royal Father and Grandfather. His majesty that now is, hath exercised that faculty with wonderful success not only here but beyond the seas in Flanders, Holland and France itself." Charles, however, was not left in undisputed possession of this gift from God. Like claims were advanced by other monarchs, and I regret to say that the kings of France and Italy not only dishonestly pretended that they possessed this gift, but even asserted that instead of originating with Edward the Confessor, it had been originally conferred on themselves. Evidently the case was one which ought to have been referred to the Medical Council, which no doubt was thought as efficient, and gave as much satisfaction in those days as it does at the present time. This power, which had come down by unbroken descent from Edward the Confessor to Charles II, was regarded as miraculous, as indeed it must have been had a hundredth part of what was said of it been true. Under the term "King's Evil" were ranked all kinds of swellings in the neck and other parts (whether goitre, new growths, or glands enlarged by tuberculosis or lymphadenoma), together with various skin eruptions, weak eyes, and diseased bones. In treating such disorders Charles II had a large out-patient department in Whitehall, and the success he attained was such as Mr. D'Arcy Power or Mr. Eccles, in their present office in the out-patient room, might well envy. Wiseman avers that "I have myself been a frequent eyewitness of many hundreds of cures performed by His Majesty's touch alone, without assistance of chirurgery. It were," he continued, "endless to recite what I have myself seen and what I have received acknowledgement of by letter, not only from several parts of this nation, but from Ireland, Scotland, Jersey and Garnsey." The king's method of operating was by touch, and then sometimes the presentation of a small gold ring. Wiseman alludes to the "evasions which obstinate and incredulous men have used to avoid so great a notoriety of experience; for since it cannot be denied that persons go away cured, some will impute it only to the journey they take, and the change of air, others to the effect of the imagination, and others to the wearing of gold." He opposes the view that the cure was due to the journey and change of air, by pointing out that Londoners would meet

with little change of air simply by going to Whitehall. Secondly, imagination, he contends, would not explain the cure of infants in arms, for they were not old enough to imagine anything of the majesty or other secret rays of divinity that do attend kings. As to gold, the cure could not have been due to this, for Charles I in his great extremity of poverty had no gold to bestow, but instead of it sometimes gave silver and sometimes nothing. Yet he cured large numbers." And Wiseman carefully points out that the cure was due to the power inherent in Majesty itself. "Some," he says, "hold that Queen Elizabeth cured her cases not by her own special virtue, but by the virtue of the cross, *non virtute propria sed virtute signi crucis*. But what could such an one now say were he living and had seen it done by three generations of kings without the sign of the cross." And he adds, "but it is not my business to enter into divinity controversies, but only to assert facts which I have witnessed time after time, and of which there could be no manner of doubt."

What explanation of Wiseman's position can be advanced? The time in which he lived was characterized by an amount of superstition which is at the present day almost incredible. In the absence of knowledge the imagination ran riot. Things first stated as mere guesses or impressions were repeated, and passed on from one person to another, even from one generation to another, till they came to be implicitly believed. That remarkable superstition of the evil eye was still held not only in Italy, but in all parts of the Continent and in England. Many were still terrified by it, and methods by which its influence might be neutralised were still promulgated. At the execution of Charles I numbers of people rushed to the scaffold and dipped chips of wood and other objects in the royal blood. These relics were looked upon as highly precious, and were carefully preserved, and with them all sorts of miracles were subsequently performed. Did so shrewd a man of the world as Wiseman really believe all this? If he did, why did he not get the king to employ his miraculous powers in order to cure persons on whom, as a matter of fact, he (Wiseman) performed very severe operations with quicklime and the like? Had it nothing to do with Wiseman's estimate as to the side on which his bread was buttered?

Cheselden.—Born in 1668, died 1752. Cheselden, who was Surgeon to St. Thomas's Hospital from 1719 to 1738, must, as I shall presently show, have often been at St. Bartholomew's. He was a man for whom I have always entertained the greatest respect. He was a great surgeon, and a man of the highest and most honourable character. Although he did not write very much, he left one splendid work on the bones, his *Osteographia*. He did much to advance surgery in many ways, and he is said to have been the first to make an artificial pupil. But to-night I have only time to allude to a very interesting development of a great operation, in which he took a chief and most creditable

part. I allude to lateral lithotomy. The history of lithotomy goes back to the ancient Egyptians. But I will begin with a monk named Frère Jacques, who believed he had received a commission from Heaven to practise this operation. Frère Jacques came to Paris in 1694 habited like a member of the Franciscan Order, except that instead of sandals he wore shoes, and, in place of a cowl, a hat. He had every appearance of sanctity, simplicity, and charity. He was very poor, and accepted no other reward than a few pence to mend his shoes and repair his instruments. Before his time surgeons, dreading hæmorrhage, had avoided cutting as far as possible, and had employed dilatation by stretching, using such a multiplicity of instruments for this purpose that the proceeding was called the apparatus major. Frère Jacques took a new departure by making a free wound, *i.e.* cutting instead of stretching. Sad to say, many of his patients took their departure also. He used no staff or guide, but passed in a long dagger-shaped knife, with which he sounded for the calculus, and when he found it he withdrew his knife so as to make a sufficiently wide outlet, through which he then removed the stone with a blunt hook. Later, however, he received some anatomical instruction in Paris, and began to use a grooved staff as a guide. He now met with very much greater success. In the course of his travels he reached Leyden, where Rau was professor of surgery. Rau took the matter up, and his results were so good that he acquired a European reputation and had a very extensive practice, not only among the poor, but among the rich, including some of the highest nobility and even members of some of the reigning families of the day. It is supposed that he operated on at least 3000 cases. Reports of his results soon reached England, and Cheselden made earnest inquiries of Albinus, who was then Rau's assistant, as to the operation which he performed. Believing that, though Rau would not explain it, yet that he (Albinus) had found the method out, he sent a description to Cheselden. At that time there was a surgeon of the name of Bamber at St. Bartholomew's, who, as was the case with Cheselden at St. Thomas's, was the officially appointed lithotomist. Cheselden and Bamber talked the matter over, and agreed that whoever first had a case of calculus should adopt Rau's method. Before very long first Bamber and then Cheselden performed the operation, and, sad to say, both lost their patients. Much distressed, and feeling sure that Albinus had not sent the true account, Cheselden applied to him again, but when Albinus asked Rau for further particulars, Rau merely said, "read Celsus (*legite Celsum*)." Now, I am sorry to say that in doing this Rau was acting a most unworthy part. I feel inclined to say he was a scoundrel. John Bell remarks, *à propos* of this incident, that Rau's "sordid temper made him commit an unpardonable crime against his profession and the interests of humanity. He concealed his operation till the very moment of his death." Rau must have known that Albinus had made a cardinal mistake in

reporting that he (Rau) opened the body of the bladder beyond the prostate gland—a proceeding which of course, as Cheselden had found out when he used it, led to fatal extravasation of urine through the whole cellular tissue of the pelvis. Yet Rau, for his own selfish purpose and to preserve his secret, would say no more than "*legite Celsum*." Moreover this slim Dutelman claimed to have himself invented the use of the grooved staff, although it is quite certain that he copied it from Frère Jacques. All this, however, would not do for Cheselden. He turned to the subject with a conviction that he was being misled, and with a fixed determination to work the matter out on his own account. He came to the conclusion that the only safe method was to open the membranous part of the urethra and enter the bladder through the prostate without dividing its capsule. His success was immediate and gratifying in the highest degree. Cheselden, in fact, had established the "lateral method," which became the classical operation for lithotomy, and which held its place till it was, in the practice of the majority of surgeons, recently superseded by the supra-pubic method. Cheselden's conduct in this matter was, as I have said, highly creditable to him, and showed him in his true light as an able, high-minded, and humane man. His conduct was governed by a strong sense of duty and of pity for the sufferings which he witnessed.

Cheselden was Surgeon to the Chelsea Hospital, and in 1751 John Hunter was attending his hospital practice there as his pupil. Unhappily Cheselden had an attack of cerebral hæmorrhage, and it was clear that his work was done. He died in the following year. In these circumstances John Hunter came to St. Bartholomew's to work under Percivall Pott. He, however, remained only about a year, for he found that there was no chance that he could obtain an appointment on the Staff. He went to St. George's Hospital, and was House Surgeon in 1756. He became Surgeon in 1768. Hunter's difficulty at St. Bartholomew's Hospital was that he had not been apprenticed to one of the Surgeons. In those good old days surgeons had apprentices, who paid them from £500 to £1000. This arrangement secured the apprentice certain privileges, among which was practically the right to be elected upon the Staff, so that when a vacancy occurred there was no open competition. The only question was which of the apprentices should be chosen. This most vicious system continued in force down to the forties, in the instance of Sir James Paget. Paget had not been an apprentice, and I have heard him say that except for the friendship and vigorous support of Sir William Lawrence, he would certainly have been kept out. Thus Hunter went to St. George's—a very sad piece of business for St. Bartholomew's. Had he met with encouragement, he would have remained here, and then St. Bartholomew's would have had the glory of having had both Harvey and Hunter upon its Staff.

Percivall Pott, 1714—1788.—Pott's name is more often

mentioned, not only in St. Bartholomew's Hospital, but on the Continent and in America, than that of any one else except Lord Lister, because, as you know, it is after him that two of the most common conditions, tuberculous disease of the spine and a certain fracture of the bones of the leg, have been named. Although the connection of a surgeon's name with a particular disease or injury does not necessarily prove that he is more worthy than others to be remembered, yet Percivall Pott does deserve the celebrity which this circumstance has brought him. He did a great deal for surgery, for he had an original mind, and instead of running on in the usual groove, he looked at things with a fresh pair of eyes, and thought for himself. For instance, he protested strongly against the use, or rather the abuse, of mercury—an agent which he found was often given in such quantities and such prolonged courses that patients were reduced to a lamentable condition of cachexia and prostration. He formed a collection of bones to show how the mischief caused by syphilis was aggravated by the overfree use of this powerful drug.

Secondly, his conservative ideas came into play in respect to wounds of the scalp and other parts. When he began to practise he found that if a patient had a scalp wound, instead of replacing the flap or lacerated portion, the practice was to cut it all away. He, however, after cleansing the part, adjusted the flap with sutures. He must have been a successful and careful operator, for of eleven cases which he trephined it is said that seven recovered. He was the first surgeon in England to carefully describe and to correctly explain the nature of congenital hernia, and the specimen he prepared, with the roll of paper which he originally placed in the open tunica vaginalis, is still in the Museum, No. 2138.

The cases of tubercular disease of the spine with which his name is connected appear to have been those in which paralysis had occurred, and in which, when they were treated by the prolonged use of issues or moxas, the paralysis passed off. Probably it was to the long-continued rest in the horizontal position which the treatment involved quite as much as to the moxas that the successful result should be ascribed.

The history of Pott's fracture is interesting. As Pott was riding, aged 42, in 1756, in Kent Street, Southwark, his horse fell, and he suffered a compound fracture of the lower end of the leg. He would allow no one to come near him, but lay on the cold pavement (January) while he sent for two chairmen and made them nail their poles to a door he had in the meantime purchased. He then had himself carried over London Bridge to his house in Watling Street. The surgeons called in advised amputation, but at the last moment Nourse, of St. Bartholomew's, to whom he had been apprenticed, arrived upon the scene, and, luckily for Pott, advised against amputation. It was while laid up with this injury that he formed his opinion as to the exact

nature of the fracture. In his published works he has two figures, one of a leg showing the deformity present in a "Pott," and the other a skeleton limb showing the details of the fracture itself. Pott's master, Edward Nourse, had been the first to give a course of lectures on anatomy and surgery at St. Bartholomew's Hospital, and Pott continued this undertaking.

Goldsmith and Hogarth.—Now I come to two Former Acquaintances who are among the immortals. Their names are imperishably inscribed in the Temple of Fame. I mean Goldsmith (1728—1774) and Hogarth (1697—1764). As you will remember, Goldsmith was an Edinburgh medical student, though he never succeeded in obtaining his diploma. He lived at one time in Greenarbour Court, near the Old Bailey, close to the back of the present Holborn Viaduct Station. Hogarth lived in a house in the Old Bailey which was pulled down some twenty years ago. I well remember it, and the medallion on its front, recording his name. Both Goldsmith and Hogarth must frequently have been at the Hospital, and, as you are aware, the cartoons on the stairs in the Great Hall are Hogarth's work. Goldsmith was of course wretchedly poor. When he was writing his history of England he lived at Islington, lodging with a Mrs. Flemming. On one occasion—no doubt there were many such—he was unable to pay his rent, and his landlady threatened to turn him out. Hogarth, hearing this, went to spend a day with him and, in order to appease the impatient Mrs. Flemming, offered to paint her portrait. A copy of this portrait you may see in Forster's 'Life of Goldsmith.' The lady is seen posing herself with great dignity and making much play with her fan. Hogarth must thoroughly have enjoyed this little incident.

Perhaps you may not all know the story of the gentleman who refused to pay for a portrait of himself, which he had commissioned Hogarth to paint, on the ground that it was not a good likeness. Three months afterwards Hogarth wrote to him to say he had an order to paint a dancing bear, as the sign of a public-house, and asking whether he was prepared to take the picture. The money, it is said, was paid at once.

The Hospital for Sick Children originally occupied the house in Great Ormond Street, No. 49 I think it was, which had formerly been the residence of Dr. Mead, Physician to Queen Anne. Mead attended Pope, who very properly declared in a well-known line, "I'll do as Mead and Cheselden advise." When I was House Surgeon there in 1862 I occupied, as Sir Thomas Smith and Dr. Gee had done before me, Mead's dining-room, where must have often met the group of men in which Goldsmith was one of the principal figures, some of the others being Reynolds, Garrick, Burke, and Johnson. Garrick, you will recollect, in anticipation, wrote Goldsmith's epitaph:

"Here lies Nolly Goldsmith, for shortness called Noll,
Who wrote like an angel but talked like poor poll."

Goldsmith said, in his retaliation, of Reynolds—

"He casts off his friend like a huntsman his pack,
For he knows when he likes he can whistle them back."

While of Burke he says—

"Here lies our poor Edmund, whose genius was such
You scarcely can praise him or blame him too much;
Who, framed for the universe, narrowed his mind,
And for party gave up what was meant for mankind. . . .
Though equal to all things, for all things unfit—
Too nice for a statesman, too proud for a wit. . . .
In short, 'twas his fate, unemployed or in place, sir,
To eat mutton cold and cut blocks with a razor."

These things, it seems to me, are like old songs, they can't be heard too often.

As to Hogarth's cartoons, I really do not know their history.

Abernethy.—The last of our Former Acquaintances whom I have time to mention is Abernethy himself. He was born in London (where his father was a merchant) in 1764, four years before the birth of Wellington and Napoleon in 1769. He died at Enfield, whence he had originally married his wife, in 1831, aged 67. He sprang from an Irish family of Scotch extraction—a mixture which, together with some English blood, it is impossible to beat. His grandfather and great-grandfather were non-conformist ministers of eminence in Ireland. He was christened in St. Stephen's, Walworth, 1765. At fifteen he was apprenticed to Mr., afterwards Sir Edward Blicke, Surgeon to St. Bartholomew's. He attended Pott's lectures—the only lectures then given in London. He was elected Assistant Surgeon to the Hospital in 1787, and remained in this office for the depressing period of twenty-eight years, becoming Surgeon only in 1815, when he was in his fifty-first year. He lectured on anatomy, physiology, and surgery in Bartholomew Close, and with such success that in 1791 the Governors built him a theatre within the Hospital to lecture in. This was the starting-point of our Medical School. And here beside me, and adorned by the athletic figure of your President, is his chair. In this same chair Sir William Lawrence used to sit, wearing cloth gloves, as he gave his lectures on surgery in the evening at 7.30. There was a central gas pendant over the table at which he sat. One night, I remember, a student, who shall be nameless (it was not the present speaker), threw a copy of an evening paper, rolled up into a ball, across the body of the theatre to his friend opposite. This, happening to strike the pendant, fell, just clearing the lecturer's nose, and bounced on the table in front of him. Thus startled, Sir William Lawrence jumped up, and, grasping the paper, held it at arm's length, exclaiming, "I will thank the person who threw this to come and take it." No one of course responded to the challenge. "I am glad," said he, "that whoever threw this is ashamed of himself;" and then went on with his lecture.

Although Abernethy was perhaps not a great surgeon, he enjoyed enormous popularity. This was due to the following circumstances. He was the exponent of a particular doctrine as to the origin of disease, which he advocated with great success. His doctrine was that all local diseases which are not the immediate consequence of an accidental injury are the result of derangement of the digestive organs. This view made him incline to oppose operations, and to treat his patients by diet, alteratives, and small doses of mercury. One would think that Barrie must have come across Abernethy's writings and found there the materials out of which he constructed "Little Mary."

Secondly, Abernethy must have been an admirable lecturer and a very excellent teacher. He was a man of infinite humour. He was, as I have said, Irish by descent, and he was a born actor, and to be an actor often helps a man to success. Watson, Paget, and Jenner were successful without it; but Gull, who increased his natural similarity to the first Napoleon by the way in which he wore his hair, and Sir Andrew Clark were both as good actors as you could wish to see.

As we are engaged to-night, not with severe studies of a strictly professional character, but rather with personal reminiscences of the lighter kind, let me conclude with a story or two which will suffice to remind us in a pleasant way of Abernethy, whose name we desire to honour and keep green. He was, as I have said, the founder of our School, and to honour him this Society was founded.

Abernethy, leaving his house, kicked his foot against a paving stone, where the road was under repair. He shouted to a workman (who was Irish) to take it out of the way. "And where shall I take it?" asked the Irishman. "Take it"—the language was strong in those days—"to Hell for all I care." "May be," said the Irishman, "if I take it to Heaven it will be more out of your Honor's way."

Abernethy, leaning in the square on his walking-stick and chatting, saw a nurse (about whose habits he had his own opinion) approaching, and remarked to his hearers, "You watch what I am going to do." When the nurse (after an obsequious curtsy) was walking past, Abernethy swung his stick round and brought it into contact with a bulge under the woman's dress, and exclaimed, "If that is not a bottle of gin, ma'm, I beg your pardon." But his diagnosis was correct, and the bottle lay in fragments before them all on the ground.

Notes.

MR. H. J. WARING has been appointed Consulting Surgeon to the Metropolitan Hospital.

MR. W. D. HARMER has been appointed Surgeon to the Metropolitan Hospital.

MR. SYDNEY SCOTT has been appointed Hon. Surgeon to the Westminster General Dispensary.

MR. E. A. WRIGHT has been appointed Assistant Resident Medical Officer to the North-West London Hospital, N.W.

MR. TOM EASTHAM, M.B., Ch.D. (Vicl. Univ.), was one of the fifteen students of Lincoln's Inn called to the Bar on January 26th by H.R.H. The Prince of Wales as Treasurer of Lincoln's Inn.

THE Hunterian Lectures on "Fractures of the Skull" will be delivered by Mr. Louis Bathe Rawling, Hunterian Professor, at the Royal College of Surgeons, on Monday, Wednesday, and Friday (February 29th, March 2nd and 5th). The lectures will begin at 5 p.m., and will be illustrated by lantern-slides.

WE are publishing to-day, as a supplement to the JOURNAL, a copy of the proposed constitution and laws of the new Students' Union. This may be obtained on application to the Cloak Room attendant.

OWING to unforeseen circumstances, the Christmas Entertainment for the Resident Staff, which it had been determined to hold on the 7th and 8th ult., did not take place.

IN December an action of some interest to medical men was tried before Mr. Justice Byrne in the High Courts. The action was brought by Messrs. Burroughs, Wellcome and Co. against Messrs. Thompson and Capper, a Manchester firm of chemists, against whom it was proved that prescriptions and orders for "tabloids" had been met by the substitution of other preparations. The word "tabloid" is a name registered by the plaintiffs in 1884 for compressed drugs of a well-known description, and Mr. Justice Byrne held that when "tabloids" were ordered the order referred to drugs prepared by Messrs. Burroughs, Wellcome and Co., and was not a general order for any of the tablets made by other firms. This decision is of general importance, as the question of substitution of inferior drugs for the sake of higher profits is of even more significance than that of substituted adulterated foods—"just as good,"—because drugs are often used for people not in the best of health. There are few circumstances in which the dispenser is entitled to exercise his judgment concerning a prescription, but the substitution of one drug for another, or of imitations for proprietary articles of accepted reputation, is not one of those circumstances. There are many local pharmaceutical associations throughout the country, and it is to be hoped that this important action will bring the question so prominently before them that some general action may be taken against substituti-

tion. The consequences to dispensing chemists will be serious enough in all conscience if physicians find that they cannot depend upon the faithful dispensing of prescriptions. We believe that the great majority of chemists loyally serve the profession, and we hope that the local trade associations and the pharmaceutical societies of Great Britain and Ireland will take the matter up vigorously, and once and for all dispose of what is clearly a menace to the status of the craft.

Appointments.

BISHOP, F. M., M.R.C.S., L.R.C.P., appointed House Physician to the Victoria Hospital for Children, Chelsea.

BODY, T. M., M.R.C.S., L.R.C.P., appointed Assistant House Surgeon at the Royal Portsmouth Hospital.

DAVONPORT-KNIGHT, H. A., M.A. (Cant.), M.R.C.S., L.R.C.P., appointed Surgeon to the ss. "La Plata."

DICKSON, L. E., M.B., B.S. (Lond.), M.R.C.S., L.R.C.P., appointed House Surgeon to the St. Leonards and East Sussex Hospital, Hastings.

EDWARDS, J. H., M.D. (Cant.), appointed Surgeon to the ss. "Tintagel Castle" (Union Castle Line).

HARDING, W. J., M.B. (Lond.), F.R.C.S., appointed Medical Officer to the British North Borneo Company.

JOHNSON, W. J. G., M.R.C.S., L.R.C.P., appointed Surgeon to the ss. "Doone Castle."

JOWERS, L. E., F.R.C.S. Edin., M.R.C.S., L.R.C.P. Lond., has been elected Assistant Surgeon to East Sussex Hospital, Hastings.

KNOBEL, W. B., M.A. (Cant.), M.R.C.S., L.R.C.P., appointed Surgeon to the ss. "Cuzco."

LAMPLOUGH, W. H., M.R.C.S., L.R.C.P., appointed House Surgeon to the Royal Hants County Hospital, Winchester.

MCLEAN, W. L. R., M.R.C.S., L.R.C.P., has been appointed Surgeon to the R.M.S. "Walmer Castle" (Union Castle Line).

MONCKTON, R. V. G., M.R.C.S., L.R.C.P., appointed Surgeon to the ss. "Golanda."

NICHOLAS, C. F., M.R.C.S., L.R.C.P., appointed Junior House Surgeon to the Westminster Hospital.

ROBINSON, C. C., M.B. (Lond.), M.R.C.S., L.R.C.P., appointed Senior Assistant Medical Officer to the Hereford County and City Asylum.

WILLIAMS, E. C., M.B., B.S. (Lond.), M.R.C.S., L.R.C.P., appointed House Surgeon to the Hospital for Women, Shaw Street, Liverpool.

WILSON, H. L., M.R.C.S., L.R.C.P., appointed Resident Medical Officer at the Belgrave Hospital for Children, Kennington.

Birth.

PRATT.—On 27th November, at Honfield, Sussex, the wife of Eldon Pratt, M.D., of a daughter.

St. Bartholomew's Hospital



JOURNAL.

VOL. XI.—No. 6.]

MARCH, 1904.

[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.

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 communications, financial or otherwise, relative to Advertisements ONLY, should be addressed to ADVERTISEMENT MANAGER, The Warden's House, St. Bartholomew's Hospital, E.C. Telephone: 4953, Holborn.

A Cover for binding (black cloth boards with lettering and King Henry VIII Gateway in gilt) can be obtained (price 1s. post free) from MESSRS. ADLARD AND SON, Bartholomew Close. MESSRS. ADLARD have arranged to do the binding, with cut and sprinkled edges, at a cost of 1s. 6d., or carriage paid 2s. 3d.—cover included.

St. Bartholomew's Hospital Journal,

MARCH 1st, 1904.

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

St. Bartholomew's Hospital Rebuilding Scheme.

OLD ST. BARTHOLOMEW'S MEN DONATION
TO APPEAL FUND.



WE are glad to report that the idea of old St. Bartholomew's Men raising a sum towards the Rebuilding Fund has met with much approval, as is evidenced by the letters which we have already received.

We append a list of these gentlemen who have intimated their willingness to act as Local Secretaries.

An endeavour has been made to ascertain what portion of the new buildings would chiefly appeal to the minds of old and present students, and we believe the consensus of opinion to be in favour of the Pathological Block, and this for the following reasons. The urgency of the need of a properly equipped and up-to-date pathological department is a matter very difficult for the lay public to appreciate. For many years our pathological work here has been terribly handicapped by the conditions under which it has had to be carried out—all the greater honour to those who have succeeded in producing first-class work. Medical men nowadays are fully alive to the absolute necessity of pathological research in a modern hospital, and they can alone appreciate the importance and the difficulty of this branch of our science. This particular department also represents the double interest of the School and Hospital. We feel, therefore, that it would be especially appropriate if the new pathological department could be provided by the exertions of past and present students of the Hospital. We have decided to open our columns to subscriptions for this object, and we hope to publish a list of subscribers each month.

We call the attention of our readers to the following facts:

- (1) The approximate cost of this block and its fittings is £15,000.
- (2) If every old and present St. Bartholomew's man will raise the sum of £5 towards this particular object, the block may be presented to the Hospital as a gift from those who owe much to their alma mater.
- (3) We are desirous of seeing this amount raised not later than the middle of June, so that the donation may be announced at the annual prize-giving.

We are also extremely pleased to be able to announce that a most satisfactory block plan for the re-building of the Hospital has been devised, and is now under the consideration of the Building Committee for final approval.

This plan we hope to publish in a subsequent issue, and from it it will be seen that the entire rebuilding can be accomplished with very little disturbance of the work of the Hospital, and *none* of that of the School.

LIST OF ST. BARTHOLOMEW'S MEN WHO HAVE UP TO THE PRESENT SIGNIFIED THEIR WILLINGNESS TO ACT AS LOCAL SECRETARIES FOR THE DONATION FROM OLD ST. BARTHOLOMEW'S STUDENTS TO THE REBUILDING APPEAL FUND.

District.	Name.	Address.
Bedford	R. H. Kinsey, Esq.	10, Rothsay Gardens.
Bournemouth	W. T. Gardner, Esq., M.B.	4, Poole Road.
Bradford	R. H. Crowley, Esq., M.D.	116, Manningham Lane.
Clifton and Bristol	H. E. Harris, Esq., M.B.	13, Lansdown Place, Clifton.
Cowes, I. of W.	T. A. Mayo, Esq., M.B.	6, Parade.
Exeter	J. Raglan Thomas, Esq.	13, West Southernhay.
Folkestone	J. E. G. Calverley, Esq., C.M.G., M.D.	10, Earl's Avenue.
Kew	H. W. Henshaw, Esq.	1, Priory Terr., Kew Green.
Leicester	R. Sevestre, Esq., M.D.	119, London Road.
Lincoln	W. H. B. Brook, Esq., M.D.	8, Eastgate.
Nottingham	R. G. Hogarth, Esq.	60, Roperwalk.
Oxford	C. A. Coventon, Esq.	111, Woodstock Road.
Plymouth	Connell Whipple, Esq.	St. Andrew's Lodge.
Reading	G. H. R. Holden, Esq., M.D.	168, Castle Hill.
St. Leonards	C. Christopherson, Esq.	28, Evershill Place.
Shrewsbury	H. W. Gardner, Esq., M.D.	23, St. John's Hill.
Torquay	W. Odell, Esq., M.D.	Ferndale.
Wolverhampton	W. F. Cholmeley, Esq.	3, Waterloo Road, S.
York	G. A. Auden, Esq.	54, Bootham.

The St. Bartholomew's Hospital Students' Union.

GENERAL MEETING of Students was called on Thursday, February 11th, at 4 p.m., in the Anatomical Theatre. The meeting was called by the Students' Union Commission to consider the suggested constitution and laws of the Students' Union, and to arrange for the Students' Union to replace the Amalgamated Clubs. The chair was taken by Mr. Anthony Bowly, C.M.G., F.R.C.S., President of the Amalgamated Clubs.

The chairman commenced the proceedings by calling upon Mr. H. J. Gauvain, Hon. Sec. of the Students' Union Commission, to read the Suggested Constitution and Laws of the Students' Union.

Dr. Eustace Talbot, President of the Students' Union Commission, then proposed:—"That a Students' Union be formed to replace the Amalgamated Clubs, and that the

proposed Constitution and Laws now before the meeting be adopted."

Dr. Talbot, after alluding sympathetically to the late Mr. Barry, explained why it had become essential that the Amalgamated Clubs should be replaced by a society which should embrace and largely expand the duties which the Amalgamated Clubs had hitherto undertaken. Such a society to be efficient must be thoroughly representative. The Students' Union Commission had borne this fact closely in mind in drawing up the constitution of the proposed Union. He would not say that the laws suggested were perfect, but he claimed that they were sound and practical. Much thought and care had been bestowed upon the drawing up of the scheme. They might consider themselves present on that occasion in a twofold capacity, as undertakers and midwives. They had to inter decently the Amalgamated Clubs and to help into the world the long-desired Students' Union. (Laughter.) He had very great pleasure in moving the resolution.

Mr. Hogarth, in seconding the resolution, also laid stress on the representative character of the proposed Union, and explained clearly how each section of students would find their particular interests watched and promoted.

The chairman, having invited discussion or criticism, Mr. Crawford called attention to the possible preponderance of members of the staff on the finance committee of the Union (see law 17).

Mr. Bowly, in reply, assured the meeting that the Staff would not desire to out-vote the students on any matter connected with the Union. He pointed out that it was within the power of the students to appoint more members to the Council or any of the committees and thereby invariably maintain a preponderance of students.

Mr. Nosendrew being assured that members of the Preliminary Scientific Class would be eligible to vote; and no other questions being asked, the motion was put to the meeting and carried unanimously.

Mr. Boyle then proposed:—"That the Students' Union Commission date its formation from the election of the Council, which election shall take place during the first seven days in March, and shall be conducted by the Students' Union Commission on the lines laid down in the laws as submitted."

This resolution, he said, was a natural corollary to the previous one. The Union was to be formed; the question then arose, when? He would propose March for the election as being in every way the most suitable time.

Mr. Gauvain seconded the resolution, and drew attention to the amount of work which lay before the Council,—its importance and its difficulty. The sooner it could be attended to the better, and therefore he had much pleasure in seconding the resolution.

This resolution, on being put to the meeting, was also passed unanimously.

A vote of thanks to the chairman was then proposed by Dr. Talbot, and seconded by Mr. Griffin, and carried with acclamation.

Mr. Bowly, in thanking the meeting for the hearty reception they had given him, assured his hearers that the Students' Union met with the warm approval of the Medical School Committee, and would receive its hearty support.

The meeting, which was largely attended, was enthusiastic throughout.

The Students' Union Commission is rewarded by the unanimous and hearty approval with which its suggestions were received.

Three Cases of Ruptured Suppurating Ovarian Tumours;

WITH NOTES ON AFTER TREATMENT.

By JAMES MORRISON, M.D.

THE following notes of three cases of suppurating ovarian cysts with sudden rupture are of interest by reason of the urgency of the symptoms and the difficulties which lie in the way of accurate diagnosis.

CASE I.—Miss R., æt. 45, had been quite well until three or four weeks before I was called in consultation on her case. She then noticed, on account of difficulty in fastening her clothes, that there was swelling of the abdomen; she also complained of some slight pain in the left lumbar region and tenderness all over the lower abdomen.

Catamenia were usually regular, recurring every twenty-eight days, of duration from three to four days, the quantity never excessive, using about six or seven diapers; there was slight pain at these times in both iliac fossæ, but it was never severe enough to cause her to lie up. Her last regular period was five weeks ago.

The bowels were often irregular, but had been of late more satisfactory. With the urine there was no pain, no retention, and no undue frequency.

The appetite was always poor; no sickness nor pain after food. Three days before I saw her she had felt ill and taken to her bed. Dr. Makalua, of St. Leonards, was called in, and diagnosed an ovarian tumour with free fluid in the abdomen. The temperature was then 100°.

Examination.—On September 21st I was asked to see the case. The patient looked ill, the face drawn and anxious, and she appeared to have lost flesh rapidly. The pulse was very small, weak. The pulse-rate was 100 at times, and difficult to feel. The temperature was 101°.

The abdomen was distended to about the size of a five month's pregnancy, with bulging in both flanks. The walls felt tense, and an indefinite resistance could be felt occupying, roughly, the lower half of the abdomen. The resist-

ance appeared to be caused by one large, firm, rounded mass, mostly to the right of the middle line, with two smaller masses on the left of this, which appeared to be floating in fluid. There was much tenderness on examination, especially in the left iliac region.

There was dullness in both flanks, which varied with the position of the patient, and absolute dullness over the lower abdomen corresponding to the area of resistance. Liver dullness was present; no fluctuation could be felt.

Per vaginam the cervix was felt to be multiparous. No bulging in the fornices.

Bimanually a large, firm, hard tumour, about the size of two fetal heads, could be felt, closely connected with the uterus. Pressure on the abdominal mass in any direction moved the cervix. The smaller masses to the left appeared to be closely connected with the main tumour. No fluctuation nor feeling of fluid could be made out. The mass appeared to be solid, although it had not the stony hardness of an ordinary fibroid.

The left ovary could not be felt. The right could be felt in the right posterior quarter, and was enlarged, prolapsed, hard, fixed, and very tender, and this was best made out *per rectum*. The sound was not passed.

Diagnosis.—A solid tumour, closely connected with the uterus, probably malignant in nature, and probably arising from the left ovary with chronic peritonitis. I saw no reason to suspect rupture; the tumour in every part felt solid. I considered the free fluid in the abdomen as due to the chronic peritonitis, and not due to the contents of a cyst. I had no suspicion of suppuration, for the temperature had never risen above 101°, and there was no marked pain.

On September 24th Mr. Bland-Sutton saw the case with me, and agreed with my diagnosis.

On September 24th I opened the abdomen. The cavity was full of a thick, sticky, greenish-yellow fluid, almost like glue. There were two to three pints of this fluid. Floating in this, and arising from the left ovary, was a bilobed, friable, irregular mass of a mixed structure. The greater portion was solid and papillomatous; near the base were a few small tense cysts, and on the posterior surface was a large collapsed cyst with a large ragged opening three inches long. From the inner surface of this cyst many papillomatous masses were sprouting, and what fluid still remained in it was purulent and offensive. The mass was adherent to omentum, to the back of the uterus, and to the pelvic peritoneum. These adhesions were broken down; I transfixed the pedicle and removed the mass. I placed a second ligature round the stump on account of the rottenness of the tissues, which tore through like paper.

On examining the right appendages I found that the right ovary was transformed into an irregular mass of cysts and solid growth about the size of a cricket ball, and was covered with yellowish lymph. Two or three of the cysts were suppurating. This I removed in the same manner as

The tongue was clearing. She ate well and felt brighter, but still had pain in the left iliac region.

Examination.—On examining I found the abdomen slightly distended, but less tender; the lower abdomen did not move well on respiration. A resistance could be felt extending three fingers' breadth above the left Poupart's ligament, which had a convex upper margin; there was impaired resonance over this area.

Per vaginam.—I found the uterus in the middle line, the size of a fist, almost fixed; left fornix convex, and the left lateral fornix and left posterior quarter of pelvis felt hard and board-like, but I could feel no distinct tumour.

Subsequent history.—The perimetritis gradually cleared up, and a swelling could be felt in the left posterior quarter, which gradually grew larger until it reached the size of a foetal head. The temperature began to oscillate, ranging from 101.5° to 103.5°.

The diagnosis of a suppurating ovarian cyst was made. The first rupture had evidently closed, and the cyst was refilling. Her general condition gradually became worse.

On January 14th, 1903, Sir John Williams saw the case in consultation. He agreed with the diagnosis, and recommended operation on January 15th, 1903.

I performed laparotomy, and made a four-inch incision in the middle line. On passing my hand into the pelvis I found a thick-walled cyst to the left of the uterus, and firmly fixed by the surrounding structures, especially the sigmoid. I broke down the adhesions and removed the cyst; it contained thick dirty-coloured pus, and the place of the previous rupture could be distinctly discerned; it had been closed by adhesions to a portion of adjacent gut. During the removal of the tumour the cyst burst, so that some of the pus escaped into the abdominal cavity; this I carefully sponged away. I left no drainage-tube in, nor did I flush out the abdominal cavity. The patient made an uninterrupted recovery.

The condition of this patient from the time of rupture, which evidently occurred on the Sunday a few hours after delivery, was one of the greatest gravity, and for several days she hung between life and death. Being in a position to watch her from hour to hour, and to operate at a moment's notice, was my only justification for delaying the operation as long as possible in order to allow her to recover from the effects of the delivery and the shock of the rupture. Whether the tumour was suppurating before rupture or not I do not know, but the probability is that pus had not formed, otherwise the temperature, after the first collapse had passed off, should have been higher.

When Dr. Griffith examined on Monday, December 22nd, he could discover no tumour, and had only my word to go upon that a swelling had previously existed. Following the rupture, localised peritonitis was set up, which evidently closed the opening, and thereupon the cyst refilled, and in eight to ten days a distinct tumour could again be felt.

The temperature then began to oscillate, until on January 14th, when Sir John Williams saw the case, it was varying between 101° and 103.6°, with sweating, quick pulse, and increased respirations. The abdomen was tender, distended, and a fixed swelling could be made out, reaching within a finger's breadth of the umbilicus. At one spot the cyst was so firmly adherent to the sigmoid that I found it necessary to leave a small portion of the outer wall of the swelling attached to the bowel rather than run the risk of tearing the gut. It looked almost as if an opening at one time existed between the intestine and the tumour, but no clear history of any discharge of pus *per rectum* was forthcoming.

Several points in the line of treatment may be mentioned as of importance.

1. *Closing the abdominal wound.*—It is, I believe, a very general custom to leave a drainage or Keith's tube in all cases where pus is present in the abdominal cavity, or where pus has contaminated the peritoneum from rupture of a suppurating tumour during extraction. I see no reason for ever doing so, and the whole of my experience leads me to think there is not the slightest danger in straightway closing the wound. I have many times had such cases where pus was present, and have never required to re-open my wound, nor have I lost a case from sepsis. The increased trouble of a Keith's dressing, the weakening of the abdominal scar, and the increased risk of subsequent contamination through the tube are three good reasons for discontinuing the use of drainage if one can do so with safety, and I am convinced that this is possible in almost every case. The only precaution I take is to carefully sponge out all the pus I can see, and then I do not flush out the cavity with sterilised water, for fear of carrying the pus upwards into the general abdominal cavity. At the most a little localised perimetritis may be set up, but even of this I have never been able to satisfy myself. If pus has already existed in the pelvis the peritoneum appears to become tolerant of it, and no harm is done by flushing out and then leaving Oj or Oij of fluid in the abdomen. The advantage of leaving fluid in the peritoneum after operation is very great, improving, as it does, the pulse at the time, and later relieving thirst during the first twelve hours.

After-treatment. The following are the five most important points in after-treatment:

1. Stopping sickness arising from the anæsthetic and from over-feeding.
2. Establishing feeding.
3. Expulsion of flatus.
4. Treatment of pain.
5. Opening the bowels.

The treatment of abdominal cases is one of comparative simplicity at the present time as compared with the difficulties that existed ten years ago, and this greater facility is

due to two great causes. The first and most important point is the preparatory treatment of the patient. The bowels are thoroughly emptied, and kept flaccid by administering strychnine. If possible a hypodermic injection of strychnine, 3—5 min., should be given twice daily for two days before operation, and one injection during or immediately after operation. This treatment not only supports the action of the heart and lessens the danger of syncope, but, what is far more important, it prevents the distension of the bowels and causes the passing of flatus within twelve hours of operation, showing the re-establishment of the free lumen of the gut. The intense pain caused by irregular peristalsis and distension of the bowels is practically done away with; the bandages have seldom to be loosened; and also, if much pain is present from the operation itself, morphia can be given without the least anxiety of its causing the intestines to distend. As soon as flatus passes freely the patient can be considered to be through her worst danger.

If no strychnine is given the bowels invariably distend a little from partial paralysis through being handled at the time of operation; and further, if any morphia has to be given the distension increases, and this distension is the source of the greatest anxiety and, indeed, danger, for not only is the patient in great pain and is restless, but, in addition to this, the diaphragm is pushed up and the heart and respiration hampered, and, at the same time, the vessels in the intestinal walls become more or less strangulated, thus leading to further paralysis, and thus a vicious circle is established. Again, the distension of the bowels may cause tearing of the peritoneum, and even rupture of the gut walls, resulting in sudden collapse and death.

It must be endeavoured, therefore, at all costs to keep the bowels flat, and this is most satisfactorily and readily done by the free exhibition of strychnine before, during, and for two or three days after operation.

The second great source of success in abdominal cases is rapidity in operating. The shorter the time of the operation's duration the greater the success. Most operations should be accomplished within half an hour, the most severe ones within the hour.

A third and minor point is the non-exposure of the intestines to the air outside the abdominal cavity any more than is absolutely necessary.

Sickness depends largely on the duration of the operation, and I treat it as follows:

1. No fluid by the mouth for six hours after operation at least, and not for two hours after the last sickness.
2. The mouth is sponged out with hot water during this time.
3. A four-ounce nutrient enema is given about one hour after the patient has been put to bed, consisting of 1 oz. brandy, 1 egg, 2½ oz. milk, beef tea, or soup alternately (peptonised or not). These enemata are repeated every

four hours for the first day, every six hours for the second day.

4. The bowels are washed out after the first twenty-four hours, and this is repeated, if necessary, every twenty-four hours.

5. Two hours after the last sickness begin by administering teaspoonful doses of hot water every half-hour; gradually increase it to teaspoonful doses every quarter of an hour. If this is retained, in four hours' time give some weak plasmon and water in two teaspoonful doses every twenty minutes, with small pieces of ice to suck if very thirsty, and frequent sponging out of the mouth.

6. If sickness recurs stop everything by the mouth for four hours, and rely entirely upon the nutrients. If the thirst is very troublesome give Oj or Oiss saline (5j ad Oj) by the bowel.

7. In eighteen to twenty-four hours give ʒiv of clear soup, plasmon and water, brandy and water, or weak tea and milk, but never give more than ʒj at a time for the first twenty-four hours.

8. Never give any aerated waters or champagne.

9. If there is no sickness during the second twenty-four hours give Bengel, milk and water, weak tea, broth, and plasmon frequently, and in quantities up to two ounces at a time so long as no feeling of sickness is produced. If patient feels sick, lessen the quantity given at each time.

10. *If sickness recurs during the second twenty-four hours,* or if there is a constant feeling of sickness, give ʒij of Epsom salts in a half-pint of hot water at one dose. The patient almost invariably retains it with marked beneficial effect, and not only is the feeling of sickness allayed, but the bowels are freely opened, and any sign of the abdomen's beginning to distend is overcome by the free passage of flatus. Following Lawson Tait's advice, I have given as much as one ounce of salts in a tumbler of hot water when the sickness was troublesome and distension increasing, and the onset of peritonitis was doubtful, and have always obtained a highly satisfactory result.

11. A strip of lint soaked in vinegar and placed over the upper lip has an excellent effect in preventing chloroform sickness.

12. The expulsion of flatus should be accomplished as soon as possible, but it is useless to pass the rectal tube during the first eight hours. After that time the rectal tube should be passed about four inches up the bowel every two hours and allowed to remain twenty minutes. Care should be taken not to injure the mucous membrane, because it is of the utmost importance to keep the bowel sound for feeding purposes. A proper tube, therefore, with a rounded end should be used, and this tube should be well smeared over with vaseline. No force should be used, but the patient should be asked to strain down a little as the tube is being inserted.

13. Usually flatus passes freely under this treatment

within twenty-four hours, and, with the passing of flatus, most of the adverse symptoms disappear. Should, however, flatus not pass within thirty-six hours the question of some obstruction to the bowel must be considered, particularly if sickness is present and the abdomen is much distended. The dressings must then be removed and a careful examination made. The peristaltic movements of the intestines must be carefully watched to see if there is any spot where the movements suddenly cease. If no grounds for such suspicion can be found a turpentine enema should be given, the enema being made up of 5j of turpentine mixed with one pint of gruel. It is of the utmost importance, again let me insist, never to allow the abdomen to become greatly distended for fear of strangulation of the intestinal blood-vessels, with increased paresis of the gut.

14. As regards pain, it is better, if possible, not to give morphia; but, on the other hand, if the pain is severe it is preferable to give it than for the patient to have a restless and sleepless night. If strychnine has already been given no distension will occur. Morph. Sulph. gr. ʒ, Strychnini Sulph. gr. ʒ, is usually sufficient to ease the patient. Pain from colic moves about, and will be relieved at once by the passage of flatus; the rectal tube, therefore, must never be forgotten. Again, a distended bladder may occasionally be the cause of the trouble.

15. The bowels should be opened on the third day, and this is best arrived at by means of Epsom salts, which gives a large watery motion, which lessens the congestion of the intestinal vessels. After flatus has been passed and the bowels well opened the patient is well on the way to recovery, and at this juncture the nutrients can be lessened or stopped, or a little bread and butter, followed by an egg, fish, fowl, and meat, given.

16. The questions of sepsis and internal hæmorrhage I have not discussed, because with proper care at the time of operation they are of the rarest occurrence.

17. The dressings should not be touched till the ninth day unless the temperature rises or remains high without any adequate cause being found. An irregular temperature about the fifth or sixth day generally means stitch suppuration, and the dressings must then be removed in order to discover and remove the cause.

18. After removing the stitches on the ninth day always support the wound for a week by strips of Leslie strapping, and insist upon the patient's wearing a belt when she gets up.

I have added these few notes upon the after-treatment of abdominal cases in the hope that they may prove useful to practitioners who are left in charge of patients who have undergone these more severe operations.

[NOTE.—Since writing these notes I have had another case of suppurating cyst giving no symptoms of the presence of pus, and the escape of pus at the time of operation into the abdominal cavity requiring no further treatment than sponging out with subsequent perfect convalescence.]

The Royal Army Medical Corps—a Few Pros and Cons.

SEE that a good many commissions in the above corps will be offered for competition in January next.* Perhaps some general remarks—somewhat disjointed, I fear, and written in haste—may be of interest to men who are in doubt as to whether they should go up. Not unnaturally the average man who has just passed his final, unless he has relations in one or other branches of the service, is as ignorant of the conditions of life therein as he is, under similar circumstances, of what general practice means. At present also there are hardly as good chances of picking up ideas on the subject at Bart.'s as at some of the other great hospitals, which are utilised for the clinical teaching of men in the corps before they are promoted. Still, if the Bart.'s man wants an outside opinion on the subject, he will do better to get it from the members of our Hospital staff who have been in South Africa, than to pay much attention to some sweeping generalisations on the army doctor, his work, and his status, which have been reported in the journals in the last few months. As to the accuracy of some of those statements there may be considerable doubt; as to their bad taste and unsportsman-like tone there can be none.†

As the conditions of service, pay, promotion, pension, rewards, and other details can be obtained from the usual sources, I will not go into them other than to say that they will also be found set forth in the *Lancet* of May 23rd last. The latter article has been reprinted as a pamphlet. The table of ordinary pay and allowances found therein is correct, but the "examples of emoluments which may (the italics are mine) be obtained by medical officers," though literally correct, are stated in a very optimistic spirit; in fact, they may be taken as "highest possibles," only obtainable under the most favourable combination of circumstances. Still, great strides have been made. A fair proportion of juniors will draw specialist pay, and will benefit not merely in hard cash and professional improvement, but also in fixity of tenure, and perhaps slightly longer turns of home service than the ordinary duty man. Charge pay for the more senior men, which will also fall to some comparative juniors, is a very great advantage. The charge of large hospitals, I believe, also means a permanent billet for three years. In reckoning Indian pay remember that Rs. 15 = £1, and that you get better value for your money out there than for its equivalent at home.

* We were unfortunately unable to publish this article before January owing to lack of space.—Ed.

† Since writing the above I have read a most fair and sympathetic article, on "The Army Medical Service from a Civilian Standpoint," by Dr. Tooth, in the *Household Brigade Magazine* for June, 1903, now reprinted. Every one should read this.

So much for the financial side of things. Now for a rough contrast of the military with the civil branches of the profession. It goes without saying that there are not the same chances of professional eminence in any line, except tropical disease and preventive medicine, as appointments on the staff of the metropolitan and great provincial hospitals bring, nor is the same lucrative return to be looked for as in some of the best of private practices. Perhaps on the whole it would be fairest to contrast medico-military service for the average man with good-class but moderately remunerative private practice.

The great objections to the army may be summed up in the drawbacks attendant on prolonged foreign service, often in unhealthy climates, and in the constant moves, especially in the junior ranks. As to the first, unless the unforeseen happens, you may look forward to doing at least two thirds of your time abroad, unless you are lucky in getting billets or can afford to pay for exchanges. Doubtless attempts are being made to lessen this, but to a great extent it is unavoidable. The following table gives an idea of foreign service at present, the length of your time in the various commands, and a very rough estimate of the number of medical officers in each; but it does not pretend to be more than an approximate estimate:

Five Year Stations.	Three Year Stations.
Punjab, Bengal, Bombay, Madras (including Burma) 335	Bermuda 7
South Africa 75	Barbadoes, etc. 8
Malta, etc. 25	Jamaica, etc. 7
Egypt, etc. (exclusive of 9 officers with Egyptian arms) 17	Mauritius 5
Gibraltar 15	Ceylon 7
Canada 6	Straits Settlements 5
	China 10
	One Year Station.
	Sierra Leone (with double pay and a year's leave) 8

Unless there are material alterations you will probably go abroad after a year, more or less, at home. On completion of your foreign time you will put in two or three years at home, and then go out again; and so on. This is a peace estimate. War anywhere of course affects not only those on the spot, but every one else.

Now this foreign service does not matter to a bachelor if he keeps his health; in fact, he has, as a rule, a much better time than at home. But I can imagine that it is a very different matter for a married man with children. Apart from the great extra risk of health to wife and family in the tropics it may mean prolonged separation, especially later on when education comes in. It means running two establishments. In short, he has not a home in the sense that his brother in civil life has. Of course this is common to all services in India, etc., but in some ways it hits the R.A.M.C. more than most. We cannot get the leave the regimental officer does, nor does he draw the big pay that

some of the civilians do. Still the pay has been very much increased, and every year more and more troops are kept in the hills in the hot weather, and with them more medical officers. Leave, too, is said to be easier to get. As to constant moves, perhaps this is more noticeable at home than abroad, where you may have a year or perhaps two in one station, and in the smaller colonies more. Here again it is Benedick who comes off worst. Under the rank of major it is very risky for him to take a house at home. Still, if he is a company officer in a district he is not moved from headquarters, and doubtless the same will be the case with the specialists. To the bachelor this moving, though at times unpleasant, is not of so much consequence. These remarks do not apply to the large stations nearly so much, and the tendency of the day seems to be towards centralisation. The obvious deduction from the above is that the young officer, unless he has means, should keep out of matrimony for his first ten years.

Now for the other side of the question. The man in civil life is the slave of the public. His work is never done. He cannot call his soul his own from morning till night. He cannot sit down to a meal without the chance of being interrupted; in fact, some of his patients may take that opportunity of making sure of finding him. He goes to bed with the fear of the night bell hanging over him, and perhaps twice a week it is not a vain one. Halfway through his dinner he is dragged out for an eight-mile drive on a winter's night. His holiday has to be arranged to fit in with Mrs. Blank's confinement. When he does get away he may be called back because Mrs. Dash has had a mishap. Unless he has a partner he is at the mercy of *locum tenentes*. Competition is keen, and his opponent may be on the watch to catch him tripping, and perhaps may not be too scrupulous as to how he does it. His nominal income may much exceed yours, but 30 per cent. of it goes in working expenses and bad debts. It is true he does not run nearly the same risks to health that you do, but if he does break down it is a poor look-out. Last, but not least, you have a pension to look forward to, and a liberal provision in the way of sick leave and half-pay should unfortunately it be necessary. As to your daily routine, when you leave your hospital at lunch time you are, unless on duty, your own master till next morning. The orderly medical officer for the day or for the week is responsible. It is true you may have outside things to do, bad cases to see again, and reports to write up, but he looks after all casualties during his turn of duty. If there are two of you in a small station you generally take it week about. In the large stations it is a daily duty, and your turn may vary from once a week to every fourth day. Theoretically it should not come more often than this, and if there are four officers below the rank of major available the seniors do not do orderly duty.

If you can get it you are entitled to two months' leave a

year at home. You do not often get it all, but even then are far better off than in civil life. A bachelor should, with ordinary luck, be able to get six months home during his Indian tour.

As to the professional interest of your work, the material naturally differs to some extent from that in civil life. You have to deal mainly with men in the prime of life, and not with old people. It has been stated that women and children are not under the care of medical officers. This is hardly correct. It is true that at home, except at stations where there is a women's hospital, you are not supposed to be sent for in uncomplicated cases of midwifery. Otherwise you look after the women and children of the unit of which you have charge. At large stations there are women's hospitals, and special medical officers are detailed for women and children. They do not usually do duty at the station hospital. These latter appointments are usually for a fixed period. I should say that at home you see quite as many serious cases of acute disease as you would in private practice. Abroad you see far more. Obviously you do not see so much of chronic cases, as they are invalidated. At the large centres you would probably get a moderate amount of surgery, and more as time goes on. I have often been asked whether the junior gets a chance. I can only speak from my own experience, and that is that I have always found seniors only too glad to profit by the more up-to-date knowledge of those who may recently have held appointments at the big hospitals. On the other hand, sometimes the junior is apt to forget that the medical officer in charge of a hospital is held professionally responsible for all cases in that hospital, whether they may be in his own wards or not. There is hardly an analogous position in civil life. You are often chaffed about your extensive experience in venereal diseases. It is quite true you get plenty of it. But after all a soldier with syphilis may be quite as interesting and more satisfactory to treat than the run-down or neurotic woman with her numberless aches and pains, who takes up the time and tries the patience of the man in general practice. There can be no better patient than the British soldier, whatever may be the matter with him. I think you see as many eyes, ears, throats, etc., as you would in civil life, and now men are encouraged to specialise they will have presumably cases sent to them from wide areas. In the way of sanitation and administration your duties and responsibilities are much wider than that of the average civilian. In this line, too, there are special appointments. You are responsible for the discipline and welfare of the men under your command. In the tropics naturally there are far more serious problems of preventive medicine than at home. The whole vast field of research in tropical disease is open to you if you wish to follow in the footsteps of Bruce of the R.A.M.C., and Ronald Ross of the sister service. From the above it may be gathered that there is no use for the

man who wants to come into the corps to loaf, and not look at a book again.

On the other hand, service abroad has its advantages. You see new countries and get wider ideas. Somehow out of England every one seems more hospitable and less stiff. A comparatively poor man gets much better value for his money than he does at home. There is shooting, of sorts, within reach of most stations, and you can keep three ponies in India for the same sum that you could one at home. This may not appear to have much to do with medical science. But *dulce est desipere in loco*. No man is a worse doctor because he is able to hold his gun straight, to keep up his end at the wicket, or to ride hard and hit clean on the polo ground; and I think the R.A.M.C., where they get a chance, generally manage to hold their own.

I have run on far too long already, and will not allude to other available billets and rewards and decorations which you will find noticed in the pamphlet I alluded to.

To sum up: I do not think the average man—let us say the ordinary public school boy—who is a good all-round man at his work and means to keep it up, who likes a varied life, who is fond of sport, is not in an immediate hurry to get married, and does not expect to make a fortune, will ever regret the day he entered the Royal Army Medical Corps. There are seventy-five Bart.'s men in it now, and I hope there will soon be many more.

Yours, etc.,
X. V. Z.

December 17th, 1903.

Reviews.

A MANUAL OF MEDICINE. Edited by W. II. ALLCHIN, M.D. Vol. v. (London: Macmillan and Co., 1903, pp. 687, price 10s. net.)

With this volume Dr. Allchin's Manual in five parts comes to an end. We have already spoken of the merits of other volumes of the work, and the book before us well maintains the reputation already won by the preceding sections. We are glad that Dr. Allchin has been able to keep the Manual within the limits originally proposed, even though the present volume is thereby rendered more bulky than the others. It deals with diseases of the digestive system, the kidneys, and the ductless glands. The principle of inserting general chapters dealing with ætiology, morbid anatomy, symptomatology, and physical examination is adopted here as in other parts of the Manual. We cannot agree with the objection which some reviewers have urged against this plan; it has the great advantage of avoiding recapitulation—a still greater advantage in a work where several contributors are concerned. We are aware that a work by more than one author must needs risk the criticism

of having too much space allotted to some subjects and too little to others. To the particular writer his subject necessarily appears to be of paramount importance. It is here that the editorial discretion comes in. Throughout the Manual Dr. Allchin has escaped this criticism fairly well; but as an instance in this volume we would refer to the ten pages given up to the account of sprue, compared with the three pages which manage to dispose of subphrenic abscess. The pages dealing with diseases of the stomach and intestines are by the editor, whose treatment of the difficult but important subject of indigestion is a model for all who write on this matter. Dr. Allchin repeats his old warning that the application of the term "indigestion" to errors taking place in the stomach only, as is frequently done, is a serious fallacy; besides gastric indigestion there need to be considered oral, pancreaticobiliary, and intestinal indigestion. The pages dealing with the situations of the painful areas present in gastro-intestinal diseases are very valuable. We notice with approval a short account of pyorrhœa alveolaris. Neuroses of the stomach and bowels are rather scantily treated, and nothing at all is said of their treatment. The statement on p. 152 that "a family history of tuberculosis has been met with in a considerable proportion of cases of gastric cancer, and in many post-mortem examinations of this disease retrograde tubercle has been found," scarcely seems to merit insertion when the great frequency of tuberculosis is considered; but the same statement occurs again on p. 182. We note in the account of "active congestion of the liver" that at last an author has been bold enough to assign physical signs to this commonly talked-of but dubious entity. In the section on the cirrhotoses, the type named after Hanot is considered to be so mythical as to call for its abolition; but we are left in the dark as to the nature of the cases—which certainly exist—where alcohol can be certainly excluded from the ætiology, and where there is the combination of jaundice with enlarged liver and spleen without signs of portal obstruction. In his article on diseases of the kidney Dr. Rose Bradford draws distinctions between acute nephritis and acute Bright's disease, which, we fear, will leave the student rather mystified. In the account of the morbid anatomy of granular kidney the same author has inserted a paragraph dealing with the relative implication of the blood-vessels twice on adjacent pages.

T. J. H.

INFECTION AND IMMUNITY, WITH SPECIAL REFERENCE TO THE PREVENTION OF INFECTIOUS DISEASES. By GEORGE M. STERNBERG, M.D., LL.D., Surgeon-General, U.S. Army (retired). Progressive Science Series. (London: John Murray, 1903. Pp. ix—293. Price 6s.)

The excellence of the Progressive Science Series is well known, and this volume is fully up to the standard of its

predecessors. Although it is professedly written for the lay public, there is a very large amount of information contained in it which will be of use to the medical man, and which, indeed, cannot, so far as we are aware, be found in so handy a form in any other volume. Dr. Sternberg's name is a sufficient guarantee that the book is accurate and scientific in its treatment of the subject, which is one with which his name is peculiarly connected. He deals with it in two parts: a general part, in which the nature of infectious diseases and of pathogenic microbes is described, together with channels of infection, susceptibility, immunity, and the various means of disinfection; and a longer and more important special part, in which the chief infectious diseases are separately considered.

Although the whole book is distinguished by a high standard of excellence, we have no hesitation in stating our opinion that the second part is superior to the first,—certainly from the point of view of the medical student. The first part, excellent enough in its way, strikes us as a little above the heads of the public, for whom it is ostensibly written, while it is hardly adequate for those already partly conversant with the subject. It is hardly possible to be too elementary when dealing with the nature of bacteria and other pathogenic organisms, and this book seems to us not elementary enough. The second part, on the other hand, is altogether admirable, and we can strongly commend it to every medical student and practitioner. The omission of venereal diseases is perhaps an error of judgment, but, with this exception, all the chief human infections receive thorough consideration, and from a point of view which ordinary text-books pass over too lightly. There is a good historical account of most of them, and their epidemiology is excellently detailed; while the nature and characters of the infecting agents, so far as they are known, are fully described, together with the principal points of prophylaxis. It is doubtless possible here and there to pick out isolated statements with which we are not in complete agreement, but we refrain from this invidious task, for we are persuaded that no one could have produced a more accurate and readable account of his subject than Dr. Sternberg has done. The book is well printed and indexed, and contains a few figures of no very remarkable excellence. The Progressive Science Series has done well to include a volume of this character, which must do much to enlighten public opinion as to the prevention of infectious disease.

THE STERILISATION OF URETHRAL INSTRUMENTS. By H. T. HERRING, M.D., M.R.C.S. Pp. 176. Price 5s. (London: H. K. Lewis, 1903.)

That the sterilisation of urethral instruments is a matter of the greatest importance there can be no doubt. That up to the present it has been a question of some difficulty very few would gainsay. Therefore it is a lamentable fact

that many practitioners and students, while recognising the desirability of asepsis, have been apt to look upon this condition as unobtainable in the region of urinary surgery, both so far as their own and their patients' manipulations are concerned. The object of the work here noticed is to combat this idea, and to show how with care and fairly simple means the desired end may be obtained. The education of the patient in the aseptic use of the catheter, the bougie, and the urethral syringe is a great aim of Mr. Herring. After briefly describing the anatomy of the parts, and the varieties of instruments in use, the author proceeds to give details of the method he advocates for sterilisation by boiling, then to discuss the preparation of the parts previous to instrumentation, and afterwards the other ways in which cleanliness is thought to be obtained. There are many hints which are most valuable in this part of the book. The rest of the work, and that the larger part, is taken up with a description of the local and general treatment of retention of urine, and the microbic infections of the urethra and bladder. The pages well repay perusal.

Correspondence.

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

SIR,—I am sure all Old Bart.'s men must have been much interested in reading the article on the plans suggested for the new buildings in the last number of the JOURNAL. The very large number of Old Bart.'s men who were present at the special meeting at the Mansion House, having come in many instances from a considerable distance, and often accompanied by their wives, was a striking proof how great an interest we all take in the future success of the great rebuilding scheme. I sincerely hope that the subscription lists will show later on that the help given by Old Bart.'s men is bearing fruit at "compound interest." The chief object of this letter is a suggestion which I venture to offer to the Special Building Committee of the Governors. At the present time in order to become a Governor of the Hospital I believe it is necessary to obtain a nomination, and then to pay £50 10s., and that till now only "mere men" are eligible. I have been told on very good authority that, as a result of the generous gift of Her Gracious Majesty the Queen, in future ladies will also be eligible for election to the list of Governors. By a wise proviso subscribers to the Special Building Fund are allowed to distribute their subscription over a period of five years. My suggestion is that the Governors should make a slight alteration in the existing rules, so as to enable Old Bart.'s men and their wives also to become eligible for election on to the list of Governors on completing

a subscription of fifty guineas, paid by instalments. I feel sure that this slight concession on the part of existing Governors will be readily responded to by a large number of Old Bart.'s men, and that the Building Fund will benefit accordingly.

I remain, yours faithfully,
EDGAR WILLETT.

QUEEN ANNE STREET, W.;
February 9th, 1904.

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

DEAR SIR,—The Old Students' number was full of interest to me (I have often been on the point of writing you a chatty letter, but something intervened). First as regards the list: might I suggest a list of colonial and foreign appointments in the next list? Also in the index give the address of the army men. I know that a letter would find them—"I.M.S."—but it gives no indication of where they are. I often regret that I have failed to keep in touch with my old Hospital JOURNAL, but in this workaday world there is so much to do. I am practising in Melbourne as a specialist in orthopaedics, and in eye, ear, and throat work. Every oculist is an aurist in these parts except in Sydney, where they have kept to eye or ear and throat. Out of twenty odd eye and ear specialists in Melbourne only five keep to "one line," and only two of those are recent men.

As regards Bart.'s men, Balls-Headley was till lately lecturer on gynaecology and senior surgeon to the Women's Hospital. He went first to Darling Downs to conquer the tubercle bacilli several years ago, and then came to Melbourne, and is still in the best of health. He has been married twice, but has no children. Fulham is in general practice in Melbourne. J. E. Nihil is physician to the Melbourne Hospital, and is about to be married. H. Howard, South Melbourne, is one of the health officers for the port of Melbourne. Gamble, Elsternwick, seems wrong; his last directory address is Walhalla. Tremearne has moved from Creswick to Melbourne. G. A. Webster has given up practice, and is living with his people in Hobart. He had a bad accident, and fractured a transverse process of one of his lumbar vertebrae. Chas. Crosbie Walsh is at Coonawa, N.S.W.; and C. H. Clubbe, Senior Surgeon, Children's Hospital; ditto Prince Alfred, and Lecturer on Surgery at Sydney University, quite our best known Bart.'s man over here. So much as far as I know. It may interest pals of long ago to know that I have five children—four girls (eldest ten) and one boy, aged eight, and am doing very well. I am Aural Surgeon at the Melbourne Hospital, and Surgeon at the Children's Hospital.

I am too old to run nowadays, but I have taken up the rôle of trainer to boys of my old school, and went out for a

ten-mile walk yesterday with two budding half-milers and milers. I was greatly grieved to read that the old church was to be demolished, and there was no hope of saving it or re-erecting it.

Yours,
W. KENT HUGHES.

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

SIR,—In your issue of January Mr. Boyle, in his interesting paper on somniform anaesthesia, read before the Abernethian Society, speaks of this society as being the "oldest medical society in London." On referring to the *Medical Directory* of this year I find that the Abernethian Society is stated to have been founded in 1795, whereas in the same book I find that the Medical Society was instituted in 1773. As a past President of the Abernethian Society and present President of the Medical Society my sympathies are naturally divided between the two societies, so that my object in writing is simply to ascertain, if possible, which of them is really the older.

I am, Sir,
Yours faithfully,
F. DE HAVILLAND HALL.

47, WIMPOLE STREET, W.;
January 5th, 1904.

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

DEAR SIR,—Mr. Shaw's case of congenital phimosi, *post*, if not *propter* a deep maternal impression, is useful as an item towards the study of heredity. I recorded in the JOURNAL (1901, p. 169) a case of syndactylism, where the mother had sustained a fright in picking up a tortoise. Many of the instances alleged are old wives' tales, useful only as a relief to the monotony of a lingering labour; some may be classed with the twins of Bret Harte's *Mrs. Judge Jenkins*.

In 1900 the *New York Medical Record* reported a law case where a mother's left leg had been crushed in a lift accident; the child she was "carrying" was born with a deformed left leg. It failed in its action for damages, for it was not a being independent of its mother when she was injured.

Of present interest is the comment made by the learned bishop, John Jewell, in a letter to a friend in 1562:

"The weather and temperature during the whole of this year have been past belief inclement. It rains unweariedly, and almost without intermission, as if the sky could no longer do anything else. As a result of this plague infant prodigies are born, some without heads, others with the heads of monsters, others without limbs, others mere living skeletons."

Yours truly,
S. B. A.

10, ADELPHI TERRACE, W.C.;
January 8th, 1904.

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

SIR,—A quarter of a century has elapsed since the firm of Burroughs Wellcome and Co. was founded. In commemoration of this event I have decided to hold in London shortly an exhibition in connection with medicine, chemistry, pharmacy, and the allied sciences.

The exhibition will be strictly professional and scientific in character. It will be my aim to bring together a collection of historical objects illustrating the development of the art and science of healing throughout the ages.

The success of this undertaking will largely depend upon the co-operation of those who, like myself, are interested in these subjects. The enclosed circular indicates the range of the proposed exhibition. Should you possess any of the articles mentioned therein, I trust I may count upon your kind assistance by lending them to me, so that the exhibition may be thoroughly representative. Similarly, I should highly esteem your kindness if you would inform me of such objects in the possession of others.

I need hardly say that great care will be taken of all objects sent on loan, and they will be insured. If desired, I will also insure specially valuable articles while in transit. Packing and carriage, both ways, will be paid by me.

I shall esteem such support as you feel disposed to give this personal undertaking in the columns of your valuable JOURNAL. I trust the exhibition may prove of general interest to the profession. Enclosed is a syllabus of the proposed exhibits, also a small booklet on "Antient Cymric Medicine." Thanking you in anticipation,

I am,
Yours faithfully,
HENRY S. WELLCOME.
Per E. L.

SNOW HILL BUILDINGS,
LONDON, E.C. 1;
January 8th, 1904.

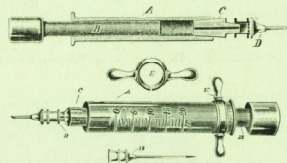
[We cannot print the list of subjects, which is very extensive. At the same time we must say that it is extremely interesting and well worth attention, including, as it does, historic things of every description connected with medical life during the past few thousand years.—ED.]

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

SIR,—At this time of money-raising for the building fund, when, too, our sentiments have very properly given way to utilitarian principles, may I be allowed to make a suggestion. I think that if a good and suitable artist were employed to execute some engravings of our old buildings, that, the copyright having been purchased, the sale of them would, I think, be large enough to produce a substantial addition to the building fund, besides providing present and past Bart.'s men with an interesting memento of the buildings which, though we hope to see swept away at an early date, will surely retain a corner in our affections.

Yours truly, JANUS.

suit for drawing off blood from veins for culture purposes. It is also very suitable for use in lumbar puncture. We reproduce drawings of the syringe which Messrs. Burroughs, Wellcome and Co. have kindly supplied to us.



The Rahere Lodge, No. 2546.

A MEETING of the Rahere Lodge, No. 2546, was held at the Imperial Restaurant, Regent Street, W., on Tuesday, January 19th, W. Bro. Ernest Clarke, F.R.C.S., being in the chair.

Mr. Alexander R. Tweedie was initiated into Freemasonry, while Bros. Judwine and Greenyer were advanced a step.

Grants of twenty guineas to the Royal Medical Benevolent Institution and ten guineas to the Royal Masonic Benevolent Institution were confirmed.

A special meeting of the Lodge was afterwards held, at which it was decided that the meetings of the Lodge should be held at the Imperial Restaurant in future, subject to permission being granted.

A meeting of the Lodge was held at Oddeminio's Imperial Restaurant, Regent Street, W., on Tuesday, February 16th, 1904, W. Bro. Ernest Clarke, F.R.C.S., being in the chair.

The sanction of Grand Lodge to the change in the place of meeting was announced.

Bro. T. Outterson Wood, M.D., was unanimously elected a joining member; while Bros. Greenyer and Tweedie were advanced a step.

At the request of Bro. Nunnely the Master and Wardens signed a petition to Grand Lodge for the formation of a St. George's Hospital Lodge, the seventh Hospital Lodge to be established in London, and the sixth at which the Rahere, the oldest, has had the privilege of assisting to promote.

A considerable number of the brethren subsequently dined together.

Appointments.

CURL, S. W., appointed Pathologist and Bacteriologist to the North-Eastern Hospital for Children.

GODWIN, H. J., M.B., B.S. (Durham), F.R.C.S. (Ed.), M.R.C.S., L.R.C.P., appointed Surgeon in Ordinary to the Royal Hants County Hospital.

HEASMAN, FRANK, M.R.C.S., L.R.C.P., appointed Assistant Physician to the Royal Boscombe and West Hants Hospital.

HEY, S., M.R.C.S., L.R.C.P., appointed Surgeon to the Ripon Cottage Hospital and Deputy-Coroner for the Liberty of Ripon.

TALBOT, ERNSTACE, M.B., M.R.C.P., appointed Casualty Physician.

WETHERED, E., M.B. (Lond.), M.R.C.S., L.R.C.P., appointed Surgeon to the R.M.S. "Atrato."

New Addresses.

BAILEY, W. H., Featherstone Hall, Southall.
BOYTON, A. J. H., Watlington, Oxon.
BURD, C. P., Victoria Road, Tamworth, Staffs.
CURL, S. W., II, Devonshire Street, W.
DODSON, G. E., C.M.S. Hospital, Kerimun, Persia.
EVERINGTON, H. D., Cumnor, Sanderstead, nr. Croydon.
EWBANK, A. G., Ingatstone, Essex.
GREEN, S. B., Springfield, Filton, Bristol.
HANBURY, R. J., Stainforth House, Upper Clapton, N.E.
HANDSON, C. P., 199, New Cross Road, New Cross Gate, S.E.
HARDING, W. J., Kudat, British North Borneo.
JAMESON, R. W., Tontel Doos, near Belfast, Transvaal.
PAGET, W. G., Waddon Bridge House, Croydon.
PELLIER, C. DE C., East Malling, Kent.
POWER, HENRY, Bagdale Hall, Whitby, Yorks.
SCHOLEFIELD, E. H., County Asylum, Manchester.
SCRASE, J. J. S., 54, Wolborough Street, Newton Abbot.
SPEAR, G. A., Tripp Hill, Fittleworth, Sussex.
THORNE THORNE, B. A., Grasmere, Mount Hermon, Woking.
TWEEDIE, A. R., 42, High Street, Market Harborough.
VAUGHAN, PRYCE H., Kirkby House, Second Avenue, Hove.
WEST, C. ERNEST, 139, Harley Street, W.

Births.

Box.—On the 27th of January, at "St. Malo," Gordon Road, Ealing, the wife of Stanley Box, M.D. (Lond.), D.P.H., of a son.
COOKE.—On the 6th February, at 17, Lansdown, Stroud, the wife of Martin A. Cooke, M.R.C.S., L.R.C.P., I.S.A., of a daughter.
DRINKWATER.—On February 4th, 1904, at 13, Aigburth Mansions, Chapel Street, Brixton Road, S.W., the wife of E. Harold Drinkwater, L.S.A., of a son.
HEY.—On February 3rd, at 1, Princess Terrace, Ripon, the wife of Samuel Hey, M.R.C.S., L.R.C.P., of a son.

Marriage.

WEIR—SKEY.—On February 13th, at St. George's Church, Penang, Straits Settlements, by the Rev. F. Haines, Colonial Chaplain, Hugh Heywood Weir, M.A., M.B. Camb., fourth son of the late Archibald Weir, of St. Mungho's, Malvern, to Margaret Mary Denison, youngest daughter of the Rev. Frederick C. Skey, M.A., Vicar of Wear, Somerset, and granddaughter of the late Frederick Carpenter Skey, C.B., I.M.S., of St. Bartholomew's Hospital.

St. Bartholomew's Hospital



JOURNAL.

VOL. XI.—No. 7.]

APRIL, 1904.

[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.

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 communications, financial or otherwise, relative to Advertisements ONLY, should be addressed to ADVERTISEMENT MANAGER, The Warden's House, St. Bartholomew's Hospital, E.C. Telephone: 4953, Holborn.

A Cover for binding (black cloth boards with lettering and King Henry VIII Gateway in gilt) can be obtained (price 1s. post free) from MESSRS. ADLARD AND SON, Bartholomew Close. MESSRS. ADLARD have arranged to do the binding, with cut and sprinkled edges, at a cost of 1s. 6d., or carriage paid 2s. 3d.—cover included.

St. Bartholomew's Hospital Journal,

APRIL 1st, 1904.

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

The Work and Needs of the Pathological Department.

By F. W. ANDREWES, M.D., F.R.C.P.

The various advances which have characterised medicine and surgery during the last five and twenty years not one has been more striking than the development of pathology and its application to clinical work. Methods of investigation which were undreamed of a few years back are to-day employed in the wards as a

matter of routine, and taught to clerks and dressers as soon as they begin their duties. Every branch of pathology has been pressed into the service, and chemistry, histology, and bacteriology alike have by improved methods been made to shed a flood of light on clinical problems; nor is this the chief service of pathology to medical science. Pains-taking researches in the laboratory have proved the starting-points of new and successful methods of treatment and practice, which in many cases have resulted in a vast saving of life and suffering.

It is to the credit of St. Bartholomew's Hospital that it was amongst the first to recognise the importance of these developments, and actually the first of metropolitan Hospitals to found a special pathological department. Morbid anatomy, and, later, pathological histology, had long been taught, and well taught, in the School; it is enough for Bart's men of the last two decades to mention the names of Dr. Norman Moore and Mr. Bowly in this connection. Bacteriology had been taught since 1887 by Dr. Vincent Harris and Mr. Lockwood. But the beginning of the modern pathological department was in the year 1893, when Dr. Kanthack was appointed lecturer on pathology on the understanding that he should devote himself solely to the subject. Two years later he was appointed Pathologist to the Hospital by the Governors.

The Hospital owes a great deal to Professor Kanthack for the energy and ability with which he threw himself into his work, and in particular for the development of clinical pathology, to which he devoted himself with the utmost zeal. In the few years which elapsed before he left us for the Chair of Pathology at Cambridge the work had outgrown the capacity of any one man, and had become an indispensable part of the Hospital routine. Since that time it has continued to grow, and will doubtless develop to an extent which cannot yet be foreseen. But, as is natural, the new subject has for some time outgrown the possible limits of its accommodation in the present buildings, which were provided with no thought for development along these novel lines. It has long been recognised that if St. Bartholomew's