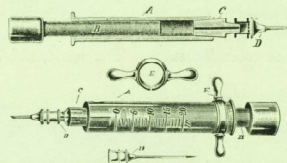


suit for drawing off blood from veins for culture purposes. It is also very suitable for use in lumbar puncture. We reproduce drawings of the syringe which Messrs. Burroughs, Wellcome and Co. have kindly supplied to us.



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, MR., 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.

BAILY, 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., Ingatestone, 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



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NOTICE.

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

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

is to keep abreast with the times we must have special buildings designed not only for the pathological requirements of the moment, but such as to allow of the inevitable expansion which must follow in the years to come.

I propose here to give a short account of the actual work of the department at the present day, and a statement of the conditions under which that work has to be carried on. I will then attempt to indicate something of what, in my opinion, and that of others, is wanted to enable the work to be performed in a manner worthy of the traditions of St. Bartholomew's Hospital.

The work of a scientific department in a great hospital falls naturally under three headings. The first is the hospital work proper—the examination of material from the wards, the operating theatres and the dead-house, with the view of diagnosis and prognosis. The second is the teaching work of the school. The third is original research on the material so richly provided in a large hospital. These three are all essential to the vitality of a scientific department; they are inextricably interwoven, and no one can be neglected without damage to the others.

1. *Hospital work.*—(a) From the wards comes a mass of clinical work in pathology. Blood examinations are required with greater and greater frequency as the help they can give becomes increasingly manifest. Formerly it was only in anæmic and leucæmic conditions that it was thought worth while to examine the blood. Now the leucocytes are counted in most cases of appendicitis, in any obscure abdominal tumour, and in many cases where the diagnosis is not apparent. A complete blood examination, with a differential leucocyte count, takes about two hours to perform. In cases where septicaemia or malignant endocarditis is suspected, blood-cultures are required in order, if possible, to furnish indications for the use of a specific anti-serum. A single drop of blood is too little for this purpose; a whole syringe-ful is taken from a vein, and the aseptic preparations for this take considerable time and trouble. Every doubtful case of continued fever is tested, often many times, for the typhoid serum reaction, for which purpose carefully tested strains of typhoid bacilli are kept ready for use in the laboratory, one or more cultures being always in readiness. A similar test is occasionally wanted in the case of other diseases such as Malta fever, and, indeed, it is probable that this method of diagnosis will be largely extended in the future.

Examinations of the throat and nose for diphtheria bacilli form a considerable part of the work required of the department. From Radcliffe come such requests, not merely for diagnostic purposes but to know when it is safe to discharge the patient. All suspicious sore throats in the wards generally are similarly tested, and large numbers of cultures are inoculated from the casualty patients in the surgery. In doubtful cases the virulence of bacilli has sometimes to be determined.

Tubercle gives a good deal of work, especially the examination of sputum and urine. The detection of the bacilli, when there, is not a very laborious matter; it is the failure to find them when they are not there which takes so much time, for it is unsafe to pronounce a negative opinion unless at least six films have been carefully searched. In important cases it is often demanded that animal experiment shall be carried out to determine the point.

Many other bacteriological examinations are in request: pus is commonly sent up, urine from cystitis cases, and many other things. Lumbar punctures in cases of meningitis have much increased in frequency in recent years.

Chemical examinations of various fluids are frequently wanted.

Mysterious fluids from obscure cysts arrive in aspirating bottles, and have to be examined not only as to their chemical constituents, but sometimes for ferments too. Vomits and stomach washings after test-meals are sent for examination as to free hydrochloric acid.

Urines requiring more detailed chemical study than is possible in the wards are sent to the pathological laboratory. Fæces come at times to be examined for excess of fat or other abnormality.

Speaking generally, it may be said that when any patient vomits, coughs up, or passes from the bowel any unfamiliar substance, it is sent up for pathological investigation.

The actual number of these various tasks in clinical pathology actually carried out in the pathological laboratory itself is now smaller than was formerly the case. Two or three years ago the number threatened to become larger than the department could cope with, and a radical change was introduced. The Hospital provided adequate microscopes, hæmocytoimeters, and other requisite apparatus for use in the wards. The Junior House Physicians were made to attend a special class in Clinical Pathology before entering upon their duties, and upon them was laid the task of instructing the clinical clerks on the subject. The simpler blood examinations, the staining of pus, sputa, etc., for micro-organisms, are now done in the wards by the clerks, and the number of examinations carried out in the pathological laboratory has thus been reduced to nearly one half of what it was, though some six or seven hundred investigations, and these the more difficult and laborious ones, are still done there every year.

(b) Histological and bacteriological work comes also from the operating theatres in large amount. All specimens from operations come up to the museum and receive critical consideration. A certain number of them are preserved as museum specimens, and are histologically examined by the museum staff. Those undeserving of this honour, or of which the museum already possesses adequate specimens, are passed on to a branch of the Pathological Department in the scientific workroom, supervised by the Surgical Pathological Demonstrator. Every specimen demanding a

microscopic diagnosis is cut and stained by the special clerks in this department; the sections are kept for reference, records are preserved, and the results entered in the ward notes. Last year 489 specimens were thus examined and reported on, and the numbers grow each year with the number of operations performed. It is now sometimes requested that a member of the staff of the Pathological Department shall bring apparatus to the theatre and cut, stain, and mount sections of a suspicious tumour, while the operation is in progress, or rather while it awaits diagnosis in this way. The whole process can be carried out in five minutes, and, although much care is needed in the interpretation of the appearances presented by such rough-and-ready sections, they may be of very real help in a doubtful case of carcinoma. A time may come when a little laboratory for the purpose will form part of the needful equipment of an operating theatre.

Modern surgery also requires assurances as to the sterility of the hands, sponges, ligatures, and other details used in an operation. Several of the surgeons make a routine practice of bacteriologically examining the skin of their own hands, and that of the house surgeon, dresser, and nurse on each operating day. The culture tubes for this purpose are prepared in the Pathological Department, and in certain special cases the department has itself undertaken the work. Sponges and ligatures are sometimes examined for bacteria on the request of the surgeons. Occasionally it happens that a surgeon asks for a report on the germicidal powers of a new or untried disinfectant, a matter which entails careful experiments extending over many days.

(c) The post-mortem room furnishes as much work to the Pathological Department as it can find time to undertake in the way of histological and bacteriological examination. Everything which appears of importance is examined in the museum, science workroom, or pathological laboratory. But the routine examination of the organs of every case is not possible with the present accommodation and staff, and this is one of the directions in which expansion is much to be desired.

2. *The teaching work of the Pathological Department.* This has grown much during recent years. I can here give only a short outline of the courses of instruction.

(a) Formal lectures on general pathology are given by the lecturer. These have hitherto been given twice a week during the summer session, but it has now been decided that they shall be given twice a week during the winter session instead, thus doubling the number of lectures, and enabling a complete course to be given in one year. These lectures are illustrated wherever possible by museum specimens, and by demonstrations following them in the laboratory.

(b) Dr. Klein gives a course of lectures during the summer session on the bacteriology of the diseases com-

municable from animals to man. The lectures are given once a week.

(c) Dr. Garrod lectures on advanced chemical pathology during a part of the winter session.

(d) Classes in Morbid Histology are held once a week during the winter session by the Lecturer and Demonstrators. Sections of all the principal morbid tissues are given out, and the labour of preparing and staining these for a class which often numbers sixty or eighty is considerable.

(e) A class in Practical and Clinical Pathology is held twice a year to meet the requirements of the higher University examinations in pathology. Each course lasts six weeks, the class meeting three times a week.

(f) A special course in Practical Bacteriology is held three times a year, and is divided into two parts—an elementary course lasting five or six weeks, and an advanced course for the Diploma in Public Health lasting a further four weeks. The course occupies three afternoons a week.

(g) Demonstrations in Medical and Surgical Morbid Anatomy are held weekly during both winter and summer sessions by the demonstrators in these subjects, one medical and one surgical demonstration being given in each week. In addition to this, systematic courses of Medical Morbid Anatomy are given twice a year in the Museum by the Medical Demonstrators of Morbid Anatomy.

(h) A special course in Advanced Clinical Pathology is given once a year to the men appointed as Junior House Physicians, in order to ensure their being able to instruct the clinical clerks in this subject.

(i) Tutorial revision classes, for men going up for their final examinations, are now being instituted in pathology, both on the medical and surgical side.

(j) Fellowship classes are held twice a year in Pathology and Bacteriology for candidates for the final F.R.C.S. examination; each course lasts six weeks and meets twice a week.

(k) In addition to formal instruction a vast amount of miscellaneous informal instruction is given to students and others coming up at odd times to the laboratory in search of information.

The instruction given in the post-mortem room must not be omitted from the teaching course in Pathology, though it is more or less informal in character.

The teaching staff of the Pathological Department is as follows. In addition to the Lecturer on Pathology the school avails itself of the services of Dr. Klein in Bacteriology and of Dr. Garrod in Chemical Pathology. There are two demonstrators and two junior demonstrators of Pathology—one of each devoted more especially to medical and one to surgical work. Medical demonstratorships of Morbid Anatomy are attached to the posts of Medical Registrar, and there is a Demonstrator of Surgical Pathology, who may or may not be the Surgical Registrar. There is a

Junior Curator of the Museum, who does a large amount of work, though he has no official teaching functions, and the Tutor in Gynaecology and Obstetrics voluntarily performs a good deal of pathological work in his own special department. It may indeed be said that from every quarter of the Hospital the Pathological Department receives all possible help and co-operation.

It may now be asked by the innocent reader, after perusing this brief statement of what is actually done, "In how many suites of class-rooms and laboratories is accommodation provided for such a mass of work and teaching?" He will learn with surprise, if he has not been a denizen of the Hospital in recent years, that there are but two laboratories, one of medium size, the other small, and both makeshifts, for neither was designed for modern pathological work. The Pathological Laboratory proper is a piece cut off from one end of the large physiological class-room. It measures some thirty-six feet by thirty; at a pinch sixteen or eighteen men can work there at once. The science workroom has been practically converted into an accessory pathological laboratory, and is used chiefly for the surgical section cutting; eight or ten men might work there at once. These two rooms actually constitute all the laboratory accommodation at the disposal of the Pathological Department, nor can more be found in the present buildings.* I have heard it said that it is not a little to the credit of the department that it manages to get through so much work with so little accommodation. Whatever has been asked of it, that it has hitherto done.

One serious defect of the present arrangements is the great difficulty under which original work is carried on. To do effective scientific work not only is time required, but a place where one can do it undisturbed. Most of the staff of the Pathological Department could find or make time for original work if they could only secure themselves from interruption. The present laboratories are naturally infested by people of every sort, coming and going, and wanting this, that, and the other. Were there special rooms where workers not actually on duty could pursue their avocations in peace a great deal more good original work could be done. Some is done as it is. Witness the various papers and publications which appear from time to time, but it is small compared with immense opportunities afforded by such a Hospital as ours.

I may conclude this article by stating what, in my opinion, we require for effectively carrying on the work of the Pathological Department in the interests both of the Hospital and the School. What I say represents my own opinion only, though I know that it is shared by many others. I will consider it under several different headings.

1. *Post-mortem room* accommodation. We need a large and airy post-mortem room, with at least six tables, so

* The Public Health Laboratory does not form part of the Pathological Department.

arranged that students can see what is going on without crowding round the operator. We need, and I cannot lay too much stress on this, a refrigerating mortuary, in which bodies can be kept without any trace of decomposition in the hottest weather. The horrors of half a dozen post-mortems on a hot Monday in August are too well known to most of us under present conditions. Further, attached to the post-mortem room, there should be a small laboratory in which rough frozen sections could be cut, simple chemical examinations carried out, and bacteriological cultivations made.

2. *Clinical pathology*.—A clinical laboratory should be attached to every hospital ward, in which all the work now done in the wards could be conveniently and decently carried out. It would not require more apparatus than is already provided in the medical wards, and it would be more becoming that these investigations should be performed away from the patients. The more important and complex investigations should be carried out in central clinical laboratories. These should be at least three in number, devoted respectively to chemistry, bacteriology, and histology, and each should be under the immediate control of a man specially devoted to the particular subject. These laboratories would naturally be used for teaching purposes in addition, and they would constitute departments which may be considered separately.

3. *Pathological chemistry*.—This department, both for clinical work and teaching, should be under the control of a chemist with some knowledge of medicine, not of a medical man with some knowledge of chemistry. It should comprise a well-equipped chemical laboratory, with a balance-room and other accessories. Here could be carried out toxicological work, and all the various problems of chemical pathology which so frequently present themselves to the physician, embracing original work of the highest order.

4. *Bacteriology*.—The peculiar requirements of this subject demand that a considerable amount of space should be allotted to it. A large class-room is wanted for teaching purposes, capable of accommodating sixty to a hundred men. This room could be used for the teaching of other pathological subjects. Two roomy laboratories are desirable in addition, one for the routine bacteriological work of the Hospital, and one for public health work, such as is now carried on by Dr. Klein. It is of advantage to the Hospital and School that public health work from outside should be carried on at St. Bartholomew's. The bacteriological work of the City and a good deal of Government work is actually done here at the present time, with much credit to Dr. Klein and all concerned, in which credit the Hospital shares. The teaching value of such work is very great. Two accessory rooms are essential for the bacteriological department, viz. a well-ventilated, well-warmed, and well-lighted animal room, in which the animals can live in

such health and comfort as their misfortunes permit, and a special room for making media and washing-up apparatus. The making and sterilizing of media in an inhabited laboratory causes much discomfort. In addition to these an incubator room kept at constant temperature would be a great convenience.

5. *Pathological histology*.—As regards the teaching of this subject the large class-room already mentioned ought to suffice. But the hospital work demands a laboratory of very considerable size. It should be capable of accommodating twenty workers, each at his own bench. Each physician and each surgeon, including the obstetric physician and ophthalmic surgeons, should have a special pathological clerk appointed for three months. The lecturer and demonstrators would supervise the work, and a complete histological examination of all material from the post-mortem room as well as from the operating theatres could thus be secured. A small accessory laboratory, though not essential, would be convenient for blood examinations and miscellaneous work from the wards.


6. *Research laboratories*.—For this purpose three or four small rooms should be provided in connection with the above departments, each capable of accommodating two or three workers. The Lecturer would like to have one for himself, and the Demonstrators would like another. There are several people known to me who would be glad to come and do original work if adequate facilities were offered them.

7. *Library*.—A room of moderate size might be fitted up as a Pathological Reference Library. A nucleus already exists in the collection of books presented to the department by the widow of the late Prof. Kanthack. This collection is being kept up to date, and is of very great utility. The aims of this Library are so different from those of the Students' Library that it should, in my opinion, be kept distinct, and form an integral part of the Department.

So rapid is likely to be the advance of Pathology that it is probable that any accommodation now provided will prove inadequate and out of date in fifty years time, or even less. It is therefore eminently advisable that any error which is made should be on the side of providing an excess rather than a deficiency of accommodation; this would probably prove an economy in the long run. Whatever is built should be so arranged as to permit of possible expansion as need arises. As I have already said, the above suggestions as to our present needs are purely my own, and do not represent the matured opinion of the Hospital staff, which, indeed, has not so far expressed any detailed views on the subject. But they are based upon seven years' of active work as head of the department, and on the sincere conviction that there is no subject the development of which is of more importance to our Hospital and School. If all old Bartholomew's men who have benefited by their pathological teaching in the past, and who know something of the

conditions under which the work has hitherto been carried on, would rally to the help of the Hospital at this critical time, I know of no object more worthy of their contributions than a new Pathological Department, nor one which would be a more grateful and appropriate testimony to their appreciation of past mercies.

Notes.

 HIS Majesty the King, Patron of the Hospital, has announced his intention of laying the foundation stone of the new buildings at the end of June or beginning of July. It is hoped that Her Majesty the Queen may be able to accompany His Majesty on the occasion of his performance of the gracious act.

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.
Bath	... D. L. Beath, Esq.	... 9, Dunsford Place.
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.
Eastbourne	... Wm. Peacey, M.D.	... Rydal Mount, Meads.
Exeter	... J. Raglan Thomas, Esq.	... 13, West Southernhay.
Folkestone	... J. E. G. Calverley, Esq., C.M.G., M.D.	... 10, Earl's Avenue.
Hull	... G. J. Briggs	... Springbank.
Kew	... H. W. Henshaw, Esq.	... 1, Priory Terr., Kew Green.
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	J. M. West, Esq.	... Clovelly House.
Lincoln	... W. H. B. Brook, Esq., M.D.	... 8, Eastgate.
Nottingham	... R. G. Hogarth, Esq.	... 60, Kopewalk.
Oxford	... C. A. Coventon, Esq.	... 111, Woodstock Road.
Plymouth	... Connell Whipple, Esq.	... St. Andrew's Lodge.
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St. Leonards	... C. Christopherson, Esq.	... 28, Eversfield Place.
Shrewsbury	... H. W. Gardner, Esq., M.D.	... 23, St. John's Hill.
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Southsea	... H. Rundle, F.R.C.S.	... 13, Clarence Parade.
Torquay	... W. Odell, Esq., M.D.	... Ferndale.
Wolverhampton	... W. F. Cholmeley, Esq.	... 3, Waterloo Road S.
York	... G. A. Auden, Esq.	... 54, Bootham.

We would ask any others in various districts unrepresented in this list to write to W. D. Harmer, Esq., M.C., Warden's House, St. Bartholomew's, in order that the

appeal may be brought before the notice of as many as possible.

We are pleased to say that the Appeal Fund is making satisfactory progress, and, as we go to press, it amounts to £53,402 3s. 2d.

Of this sum St. Bartholomew's men have subscribed or promised £4226 15s., as follows:

SUBSCRIPTIONS FROM ST. BARTHOLOMEW'S MEN TO THE GENERAL APPEAL FUND.

	£	s.	d.
Lawrence, Sir Trevor, Bart., K.C.V.O.	1000	0	0
Holden, Luther, Esq.	500	0	0
Smith, Sir Thomas, Bart., K.C.V.O.	500	0	0
Church, Sir William, Bart., K.C.B., M.D.	315	0	0
Brunton, Sir Lauder, M.D., F.R.S.	210	0	0
Gee, Samuel, Esq., M.D.	105	0	0
Jessop, W. H. H., Esq.	105	0	0
Moore, Norman, Esq., M.D., Esq.	105	0	0
Bowlby, A. A. Esq., C.M.G.	100	0	0
Butlin, Henry T., Esq.	100	0	0
Cripps, W. Harrison, Esq.	100	0	0
Lockwood, C. B., Esq.	100	0	0
Godson, C.	52	10	0
Hanbury, Cornelius, Esq.	52	10	0
Paterson, W. B., Esq.	52	10	0
Rogers, Thomas Arnold, Esq.	52	10	0
Waring, H. J., Esq.	52	10	0
Clarke, W. Bruce, Esq.	50	0	0
Griffiths, W. S. A., Esq., M.D.	50	0	0
Herringham, W. P., Esq., M.D.	50	0	0
Willett, Edgar, Esq.	50	0	0
Ackland, R. C.	25	0	0
Field, Frederick A., Esq., M.D.	21	0	0
Rundle, H.	21	0	0
Sargant, W. E.	15	15	0
Abraham, Phineas S., Esq., M.D.	10	10	0
Butcher, W. D.	10	10	0
Musson, W. E. C., Esq.	10	10	0
Power, Henry, Esq.	10	10	0
Hall, F. de Havilland, Esq., M.D.	5	5	0
Haynes, F. H.	5	5	0
Meaden, A. A., Esq.	5	5	0
Pickett, Jacob, Esq., M.D.	5	5	0
Riviere, Clive, Esq., M.D.	5	5	0
White, C. P.	5	5	0
"A Bart.'s Man"	5	0	0
Farrar, R.	5	0	0
Ferguson, G. B., Esq., M.D.	5	0	0
Ilott, Herbert J., Esq., M.D.	5	0	0
Sandilands, J. E., Esq.	5	0	0
Rogers, Kenneth, Esq., M.D.	3	3	0
Hills, W. Hyde	2	12	0
	£3889	10	0

Besides these sums to the General Fund, we are pleased to say that the appeal we made in the March issue of the JOURNAL for subscriptions especially for the new Pathological Block has met with most gratifying response. As we pointed out before, we feel that this is a matter especially for medical men, as they alone can judge of the immense importance of pathological work in the advancement of medicine and in the everyday treatment of disease. We suggested in the last issue that every St. Bartholomew's man should contribute or raise at least five guineas for this purpose. Of course this does not mean that the subscriptions should be limited to this amount, or that it should in any way interfere with or diminish the sum that past or present students of the Hospital can subscribe or raise for the General Appeal Fund. Nowadays we are urged to "think imperially," and there is a danger that in the matter of subscriptions people should think "millionaireally," and wait for the great man to come along with his hundreds of thousands. We believe that there is a tendency to underestimate the amount that may be collected in much smaller sums.

We have much pleasure in publishing the names of those who have promised subscriptions to the JOURNAL Fund for the New Pathological Block:

	£	s.	d.
Hamer, W. H.	5	5	0
Ackery, J.	5	5	0
*Herringham, W. P.	5	5	0
*Gee, Dr.	5	5	0
Garrod, Sir A.	10	10	0
Garrod, A. E.	5	5	0
Rose, F. A.	5	5	0
*Sargant, W. E.	5	5	0
*Paterson, W. B.	5	5	0
Hanson, Mrs. Theodosia	5	0	0
Talbot, E.	5	5	0
Skelding, J.	25	0	0
Williamson, H.	5	5	0
Eccles, W. McAdam	5	5	0
Gask, G. E.	5	5	0
*Jessop, W. H.	5	5	0
Thursfield, H.	5	5	0
*Ackland, R. C.	5	5	0
*Brunton, Sir L.	5	5	0
Power, D'Arcy	5	5	0
*Bowlby, A.	5	5	0
*Church, Sir W.	5	5	0
Smith, Dr. Horton	5	5	0
Langton, J.	5	5	0
*Waring, H. J.	20	5	0
Champneys, F. H.	5	5	0
*Griffith, W. S. A.	5	5	0

	£	s.	d.
Brought forward	187	10	0
Andrewes, F. W.	5	5	0
Eccles, H. A.	5	5	0
Duckworth, Sir Dyce	5	5	0
Cumberbatch, A. E.	5	5	0
Eccles, W. Soltau	5	5	0
*Clarke, W. Bruce	50	0	0
*Lockwood, C. B.	5	5	0
Forbes, J. Graham	5	5	0
Walsham, H.	5	5	0
West, C. E.	5	5	0
Ormerod, J. A.	5	5	0
Murphy, J. K.	5	5	0
Rawling, L. B.	5	5	0
Watson, C. G.	5	5	0
Scott, S. R.	5	5	0
Klein, Dr. (£5 5s. for three years)	15	15	0
Bailey, R. C.	5	5	0
Harmer, W. D.	5	5	0
	£337	5	0

* Subscriptions to General Fund also.

ST. BARTHOLOMEW'S HOSPITAL STUDENTS' UNION.

The election of the Council was held on March 1st, 2nd, and 3rd. The result of the election was as follows:

1. To represent the Medical School—

President.—Dr. Herringham.

Treasurers.—Mr. Harmer, Dr. Morley Fletcher.

2. To represent students—

Constituency A.—Students engaged in clinical or pathological work who may or may not be qualified, but who shall not be members of the junior staff.

Mr. A. R. Neligan represents London University students.

Mr. H. J. Gauvain represents Cambridge and other University students.

Mr. J. R. Rigden Trist represents Conjoint Board students.

Mr. J. Burfield.

Mr. W. G. Loughborough.

Constituency B.—Students not yet engaged in clinical work.

Mr. C. K. Hoskyn represents University students.

Mr. L. L. Phillips represents Conjoint Board students.

Constituency C.—The several committees of the various clubs and societies.

Mr. A. H. Hogarth.

Mr. B. N. Ash.

Mr. W. B. Griffin.

Constituency D.—The Junior Staff.

Mr. H. N. Burroughs.

In accordance with the laws of the Union the first Annual

General Meeting was held on Thursday, March 10th, at 1 p.m. in the Anatomical Theatre. The meeting was purely formal. The result of the election was announced.

The first meeting of the Council was held on Friday, March 11th. Mr. A. H. Hogarth was elected Vice-President, and Messrs. H. J. Gauvain and W. G. Loughborough were elected Honorary Secretaries. A prolonged discussion ensued as to the means the Council should adopt to best promote the interests of students.

The second meeting of the Council was held on Thursday, March 17th, Dr. Herringham, the President, in the Chair.

Notice was received that the editorship of the JOURNAL was vacant owing to the retirement of Dr. Eustace Talbot, and the Secretaries were ordered to invite applications for the post.

It was decided that, in future, the Council should elect one of its members to the Publication Committee to take the place of the Junior Secretary of the late Amalgamated Clubs.

The following gentlemen were proposed, seconded, and elected members of the Finance Committee:—Messrs. Ash, Hogarth, Loughborough, Neligan, and Trist.

The Secretaries were ordered to call the attention of the Warden to the urgent need for hair and clothes brushes, combs, etc., in the Cloakroom, and to request him to have coconut matting laid in the Library owing to the noise.

A list of present students of the Hospital and their addresses was ordered to be prepared, and, it was suggested, should be placed in charge of the Librarian.

It was decided that a list of Freshmen joining the Hospital each session should be obtained from the Warden, and that it should be the duty of the various members of the Council to make themselves known to such Freshmen as they respectively represent and introduce them to club secretaries and the social life of the Hospital generally.

The Secretaries were instructed to request the Warden to obtain accommodation for students engaged at, or desiring to, work in the Hospital after 5 p.m. The possibility of utilising the Abernethian rooms or adopting C 1 for the purpose was suggested. It was also decided that the Warden be approached and asked to bring to the notice of the Medical School Committee the necessity of properly furnishing and putting in order the Abernethian and Smoking rooms until such time as proper and adequate accommodation is granted to students. Dr. Andrewes was requested to kindly inspect the Abernethian rooms, and advise as to the best practical method of improving their ventilation.

It was decided that reports of the Council meetings should be sent to the JOURNAL for publication.

The Warden, Mr. Trist, and Mr. Phillips were requested to approach the Secretary of the School Committee on the subject of tennis on Sundays during the summer at Winchmore Hill, and to ascertain if it would be possible to cater for students on Sundays on the ground.

Mr. Gauvain suggested that the Secretaries of each club should be supplied with similar paper on which to record club business, and that the records of all the clubs should be collected and bound annually.

* * *

A COLOUR-VISION COMMITTEE of the Ophthalmological Society has confirmed Dr. Edridge-Green's opinion as to the inadequacy of Holmgren's test for colour-blindness. They agreed with Dr. Edridge-Green that some cases of colour-blindness could not be detected by Holmgren's test, however skilfully and fully used. The new cases of colour-blindness which Dr. Edridge-Green has discovered were a necessary consequence of his new theory of colour vision which supersedes the previous theories. Indeed, the latest authorities are now deducing from their own work the theories which Dr. Edridge-Green deduced and promulgated some fifteen years ago. We have asked Dr. Edridge-Green to give us a paper on the subject, which we hope to publish in a short time. It is interesting to note that Dr. Edridge-Green is an old Bart.'s man.

Notes on the Medical Examination for Life Insurance.

By W. E. RISDON, M.D., B.S.Lond.,
Medical Officer to Sun Life Assurance Office.

II. THE EXAMINATION (continued).



FEW years ago to report the existence of a murmur was to seal the doom of the applicant as regards insurance, but in recent times a more enlightened policy has been pursued with advantage to all concerned, and the acceptance of cases of heart lesion with an extra rating, subject, of course, to evidence of careful examination and selection, is now a matter of every day occurrence.

Candidates suffering from organic heart disease are, as a rule, well aware that time is not likely to effect any material improvement in their condition, and therefore the selection against the offices noted as a feature of lung cases does not obtain. As a matter of fact, provided due attention is given to the nature and cause of the lesion and the habits and disposition of the applicant, favourable cases may now be recommended with confidence, and are likely to be accepted at reasonable rates by the more progressive offices. The position and character of the impulse, and the extent of the cardiac dulness, should be first carefully defined. The impulse must be judged as normal or abnormal only after making due allowance for the size and shape of the chest, the condition of the surrounding lung, and for the emotional disturbance induced in most people

by the fact of medical examination. The extent and character of the impulse, and the purity of the sounds, and, above all, the frequency of the cardiac action, are so much affected by nervousness that every effort should be made to allay the excitement which unfortunately seems inseparable from the insurance examination.

Varying degrees of hypertrophy due to over exertion are found of which the applicant is quite unaware. At one time it was customary to surcharge such lives heavily, but on endowment tables they are now often accepted with little if any loading provided the hypertrophy is of moderate extent and the valves competent. The less promising cases are those who manifest this condition but are the reverse of athletic in their habits, and in such it is interesting to note that the vessels are often found prematurely thickened, and the aspect and muscular development poor. Where the signs point to dilatation rather than hypertrophy the life must be deferred for a considerable period or declined altogether, and the latter is probably the wiser course. Displacements of the impulse from abnormal conditions outside the cardio-vascular system are, as a rule, too obscure and uncertain in origin to be favourably regarded.

In auscultation it is often difficult in a few minutes to distinguish with certainty between what is organic and what is functional. Where, however, there is reason for doubt there should be no hesitation in asking for an opportunity of further examination, a request always readily granted. Reduplication, accentuation, and weakness of heart sounds are frequently found apart from any valvular defect, increased tension, or degenerative change, but where these conditions are marked some satisfactory explanation should be sought and recorded in the report. The so-called hæmic murmurs at the base, sometimes audible over a suspiciously wide area, and sometimes certainly not associated with any indication of anæmia, the subclavian bruit audible under the clavicles, and especially the cardio-pulmonic murmur audible towards the end of inspiration in the mitral area, appear to present frequent difficulties, but may be dismissed as of no consequence. There is another murmur systolic in time audible between the nipple-line and the left border of the sternum, but as a rule very short and localised, which disappears as excitement passes away. Fagge attributes this to a temporary tricuspid regurgitation, but whatever the explanation its temporary character is sufficiently obvious.

For the present at all events cases of aortic regurgitation and double mitral lesions are not considered desirable risks, and aortic stenosis is so rare as to be negligible. It recently fell to my lot to decline a case of well-marked aortic regurgitation whose original application had been declined on similar grounds eighteen years previously. Compensation was still perfect, and as the original proposal was for a twenty years' term the office had obviously lost a

good client, but until the future of such cases can be predicted with greater certainty refusal seems inevitable. Aneurysms and degenerative lesions of valves or muscle must also be rigorously excluded, and great care is required here as symptoms of angina pectoris when present are not likely to be disclosed.

On the other hand, cases of well-compensated mitral regurgitation of rheumatic origin in young lives, where the habits and mode of life are accommodated to the defect, may be confidently recommended with an extra rating, especially on endowment tables. To make a satisfactory case the action should be quiet and regular, the murmur distinct, and accompanying, but not replacing, the first sound, the force, rhythm, and vascular condition good, and the other organs healthy. These conditions are often fulfilled, and the mortality under such circumstances is surprisingly favourable. Feeble and irregular action, whether accompanied by murmur or not, and cases of pericardial adhesion, are probably always better declined.

If the pulse remain persistently quick without the occasional slackenings so characteristic of simple excitement the possibility of excess in tobacco or alcohol should be borne in mind. Alcohol is the bane of insurance offices, and a report of rapid pulse with no note of explanation as to other probable cause will naturally raise a suspicion of free living, which may, however, be quite unwarranted.

Disturbances of rhythm often present themselves. Mere intermission in young lives is of no consequence, but a combination of intermittence and irregularity, especially irregularity in the force of successive beats, is nearly always held sufficient to disqualify. Slowness of pulse, in the absence of cardiac disease, needs careful investigation, but many of these are excellent lives, and the mortality investigation of the Actuarial Society of America showed favourable results at all ages of those with a pulse-rate of sixty or under. In contrast to the usual emotional quickening there is occasionally a notable slowing of pulse under examination terminating in faintness, and I must confess personally to a feeling that such cases of cardiac inadequacy are best treated as under average.

It is well to remember that too long delay at one spot with the stethoscope often overwhelms the nervous subject with fear, and that to interrupt respiration for the purpose of diagnosis, although at times essential, often results in considerable temporary disturbance of rhythm in perfectly normal hearts of the nervous type.

The abdomen should be examined for any abnormal condition of liver and spleen, and always with special regard to past history of hepatic or renal colic, hæmatemesis, gastralgia or vomiting, or appendicitis. Hernia cases, however, are now accepted at ordinary rates provided an efficient truss is worn, on which point the examiner should satisfy himself.

The urine should be passed in the presence of the

examiner, and where this has not been done the fact should be stated for the guidance of the office. The frequent occurrence of albuminuria in young lives who give no other indication of renal disease is becoming a serious and perplexing problem to insurance offices. In many cases there is nothing to suggest any abnormal condition of urine until the test-tube reveals the defect, and therefore a routine examination is highly desirable however healthy the candidate may appear. In my own experience in a large number of examinations albumen was found in rather more than 8 per cent. of all cases, and in quite half of these there was no satisfactory explanation. Those which are obviously organic may be at once excluded, and amongst the very doubtful we must include the albuminuria which occurs after temporary excess in alcohol, and that often found in persons of poor physique who are extremely temperate, but whose vessels show signs of premature degeneration. Both classes must be considered undesirable for insurance, as they are probably simply early stages of chronic nephritis. Having excluded also the albumen due to inflammatory or irritative conditions of the urinary passages we are still left with a large number of obscure and doubtful cases.

Probably as our knowledge increases more and more of these so-called functional cases will be regarded as organic, but it is difficult to see how any real progress can be made without the assistance of post-mortem examination in a few typical examples. More than one examination will be required before acceptance, and it is always a good plan to defer the proposal for a few weeks to see the effect of treatment. A rapid clearance sometimes happens, and acceptance may then be recommended forthwith, but in my experience this is unusual, and the large majority will remain uninfluenced. The examiner will then have to take into consideration the advisability of recommending insurance with an extra, and if the report gives evidence of careful investigation there is every likelihood of acceptance on these terms.

Cases of slight transient glycosuria when clearly traceable to some unusual dietetic error may be recommended for acceptance without addition, but persistent glycosuria is, it need scarcely be said, a complete barrier to insurance. Several examinations of the urine will, in any event, be necessary before it is possible to speak with confidence as to the significance of the sugar reaction, and to avoid any special change of diet with a view to preparation for the test it is advisable to give no hint as to the nature of the defect which renders a further interview advisable. If the second examination proves equally unsatisfactory postponement for six months is desirable, and will give an opportunity of treatment and supervision by the medical attendant, to whom the office must then look for a report if the case is to be entertained.

Year by year general paralysis of the insane becomes

more frequent as a cause of death amongst the classes to whom insurance appeals. Within the past few years I have seen several early claims from this disease. The duration of the policy has never been more than three or four years, and in two recent instances was less than six months. With the view of excluding this as well as other diseases of the central nervous system it is a good plan before dismissing the applicant to stand him in the best available light and carefully look for any inequality or inactivity of pupil, tremor of lips or tongue, or local paralysis. Mental changes and affections of speech are not likely to reach the stage of medical examination. In any given case the diagnosis between syphilis, alcohol, and general paralysis may be very difficult, but for insurance purposes this is immaterial as a suspicion of either is sufficient to warrant rejection.

An examination as thorough as that indicated will probably leave little doubt as to the proposer's habits. Perhaps the best way to conduct inquiries on this somewhat delicate subject is to ask the amount and nature of stimulant taken with meals, then at night, and, finally, between meals. By gently leading the proposer in this way, and making due allowance for the natural modesty which tends rather to understate the amount, we can often arrive at an approximately accurate result. Where a doubt still remains it will be sufficient to direct the attention of the Company to this, leaving it to make its own private investigation.

Within the limits of these brief notes it is impossible to touch upon many other important and interesting points, but if we remember to clear up the obscurities in family and personal history, to carefully examine with these in mind, and to report no abnormality without explaining its probable significance, we shall deserve and obtain the confidence of the office.

The Mistakes of a House Surgeon.

A Paper read to the Abernethian Society.

By E. L. FARNCOMBE, M.R.C.S., L.R.C.P.



R. PRESIDENT AND GENTLEMEN, When, in the summer, our secretary asked me to read a paper during the next session, my sole sensation was one of gratification at the honour conferred upon me.

During my summer holiday a letter sought and found my retreat, requesting me to fix a date and a title for the paper. The former I answered vaguely, and the latter not at all.

One day, however, in the "new quarters" our energetic secretary, accompanied by our chairman, pressed for a title in terms that necessitated an immediate decision.

After running over several titles, and being told each time, "That's all in a text-book," or "That was done last

session," our honorary secretary suggested, "Mistakes of an H. S.;" the proposal was received with warm approval by our chairman, and I accepted the theme, for it appeared to me that in dealing with so large a subject the only difficulty would be to make the paper short enough.

Mistakes by a house surgeon are definite, and can usually be proved by the result; but time is a great consoler, and the mind conscious of a mistake soon forgets the first sting. It may be that memory has failed me, and that had it served me better I might have strung my mistakes round a central stem and wound my way coherently through the paper. But I have been left in possession only of details of certain cases, the diversity in the mistakes of which preclude all possibility of classification.

It has seemed to me that without entering more or less fully into the "present condition" and "subsequent history" of patients who have lived through a mistake in operating technique, but little advantage would be gained from its mention, save to unduly prolong this meeting.

You will think that I have allowed the waters of Lethe, or have been living in a spot where memory sleeps, when I tell you that, as a junior house surgeon, I can pick out very few mistakes. The surgery is an Elysian field for errors of diagnosis and treatment, therapeutic or operative; but the speed with which the patients are seen and got rid of, together with the difficulty in following up their cases individually, makes it practically impossible to remember all one's mistakes.

A certain number of anomalous tumours in men and women with a marked specific history are pitfalls into which quantities of potassium iodide are occasionally dropped without any beneficial result, except to eventually make clear the correct diagnosis. With this drug for fourteen days I endeavoured to cure an ulcerated growth of the mucous membrane of the interior alveolus, but eventually the patient was admitted, and underwent the operation for local removal of the tumour, which was shown microscopically to be squamous-celled carcinoma.

Another somewhat frequent cause of mistake in the surgery is in the system of attaching initials to casualty papers. I well remember the horror with which I read one of my own prescriptions. It read—

Hst. Calumbæ Alkalinus ℥ijj.
Liq. Arsenicalis . . . ad ʒj.

The patient for whom I prescribed was only suffering from a facial eczema, and as it would have been both irksome and difficult to explain his death to an intelligent coroner's jury I somewhat hastily altered the respective doses.

An amusing mistake in operating, though hardly in the technique, was inherited by me on first entering the surgery as a junior. The patient was a boy of some three years of age, who was attending daily to have a suppurating circum-

cision wound dressed. One week previously the boy had come up carefully prepared for an anæsthetic to have tonsils and adenoids removed. When a *locum* house surgeon first saw him he was on the operating table, and not knowing quite what the matter was acted up to the golden rule of surgery, which says, "Diagnose the commonest disease." The boy was therefore circumcised, doubtless much to his benefit in the hereafter, but considerably to the mother's distress in the present. However, the mother was eventually pacified when she was promised that the boy would no longer wet his bed at night.

It is possible in the surgery occasionally to catch a Tartar in an undesirable patient. On half female duty one morning there had been a run of ladies of uncertain age with ulcerated legs. About 10 o'clock a lady of elderly mien came in, bringing with her a pathognomonic odour. I watched her take down her stocking, and noticing that the bandage was adjusted with a skill that presumably she could not possess, asked her what hospital she had been attending. She mentioned a small, unheard-of hospital down by the "Elephant and Castle," and then I was very stern. "Don't you think, madam, that you show very little sense of gratitude in leaving a hospital where they have treated your leg so well, and been so kind to you? Do you consider it is kind to your old benefactors or fair to us to come here? Why don't you go back again to your old hospital?" Her reply was terse, but convincing: "I can't; they shut up a week ago."

Some few days before Christmas a man came in who gave an account of having accidentally picked up a wrong bottle, and swallowed one ounce of *Lotio Hydragryri Nigra*. The house physician and I had a consultation, and being very uncertain sent over to the dispensary. A mighty tome came back, and in our haste we mistook the symbol C, standing for gallon, for the O standing for pint. To us the book seemed to say, "Calomel, oz. j ad O;" so we lost no time in passing a stomach-tube, and giving the patient a considerable gastric lavage. He did not seem to derive any actual enjoyment from this performance, but perhaps because it was all over, perhaps on account of the relief of mental anxiety, he evinced considerable gratitude, and departed showering blessings on our heads. Next morning we discovered that we had washed out a man who had swallowed only three grains of an insoluble mercurous oxide.

A type of error in diagnosis and consequently in treatment is illustrated by the case of J. A. L—, a labourer æt. 58, who walked into the surgery on October 19th with marked torticollis. The history of his condition was that on October 18th he fell going upstairs, and his head came in contact with a brick wall. He lay unconscious for one hour, and was then picked up and put to bed. When seen on October 19th his head turned to the left with lowered chin. There was swelling of the muscles on right side of

back of neck. He complained of pain on movement, and pain referred along great occipital to back of vertex. No displacement could be felt. Patient gave a rheumatic history of twenty years' chronicity.

Diagnosis.—Rheumatic myositis set up by accident. The patient was treated locally with Lin. Saponis, dieted slightly, and given Hst. Sodii Salicylatis. He was seen each week, and seemed quite fit in himself, but the local condition did not improve. A skiagram revealed a doubtful injury to the cervical vertebrae. Mr. Langton decided in favour of the injury, and admitted him to be measured for poroplastic jacket and neck support. His notes on November 25th, five weeks after the accident, read—

General health good.

Head turned to left and flexed on thorax, so that chin is on level with supra-sternal notch.

Some tension in muscles of back of neck.

There is pain on movement and a constant pain referred to back of vertex, where there is a slight puffy swelling.

Palpation on level of atlas gives impression of some deformity. There is no longer any muscular swelling.

Reflexes and sensation everywhere normal.

In due course the old gentleman returned from Swanley, and my rheumatic myositis is doubtless still leading a useful life as a chronic invalid.

During a week-end duty in November one Saturday afternoon I was asked to take in a psoas abscess for immediate operation. The usual guarded reply was given, and A. V. C—, aged ten, was brought up for examination by a drunken publican father. The history was that twelve months ago a pain had started in the left groin, which ere long caused him to limp. He had sweated profusely at night for six months, and had suffered from night starts for four months. A swelling had appeared in the groin twenty-eight days before.

On examination his temperature was 100°, with a pulse-rate of 128.

Boy lying on back had his left thigh flexed and adducted with secondary contraction around left knee-joint, preventing complete extension of leg.

Much lordosis was present, but there was no shortening, real or apparent, and no muscular wasting.

One inch internal to and on same level as left anterior superior iliac spine was a fluctuating swelling the size of a pigeon's egg. There was also a second fluctuating swelling situated over the great trochanter.

On the history and examination, despite the lack of shortening and muscular wasting, I admitted the boy for tuberculous abscess of left hip-joint.

On the following Monday in the new theatre, under an anæsthetic, pus was withdrawn with an exploring needle from the swelling. An incision was then made into the swelling, and an apparently breaking-down sarcoma, showing traces of many old hæmorrhages, discharged itself.

Exploration with the finger revealed a large mass of growth over the left ilium; the wound was therefore plugged and dressed.

Microscopic examination proved the disease to be a rounded sarcoma.

While in the hospital for some days longer this tumour increased in size, and secondary nodules appeared scattered over the abdomen.

On December 24th, 1902, before we both left to spend Christmas Day in the country, my colleague and I investigated the case of S. W., æt. 56, and I must confess we arrived at a wrong conclusion. He gave an account of himself as follows:

Excellent health on December 23rd, with a large supper of stewed eels at 10 p.m. On December 24th (that is the same day) he awoke with violent abdominal pains, referred to the umbilicus. He was unable to get his bowels open. On coming to the hospital at 10 a.m. he was treated for colic, and took Oleum Ricini ʒj ÷ Tinctura Opii ℥xv. This failed to relieve either his pain or his constipation, so he returned to the hospital at 2 p.m., complaining of the same symptoms.

On examination he was found to have an average temperature, with a pulse rate of 72. No marked abdominal tenderness, and no dullness to percussion over the abdomen. He was admitted to the surgery ward and given an enema saponis. The result was copious, but no relief to the pain followed. During the evening his pulse rate increased from 72 to 112, and on the morning of Christmas Day he was transferred to Henry. His condition then was noted as temp. 100.4°; pulse 112; resp. 28.

Lower part of abdomen distended.

Abdomen resonant all over.

Nothing felt *per rectum*.

Treatment.—D. I. expectant, with turpentine stupes to abdomen.

At 6 p.m. flocculent vomiting commenced.

At 9 p.m. Mr. Langton opened in the middle line and found purulent peritonitis, with much matting of intestines. The appendix was found to be the seat of recent inflammation, and was removed. Drainage was provided for and wound dressed, but the vomiting continued, and patient died three hours later, about thirty-six hours after he first came to the hospital.

The next case is one that interested me at the time more than most cases did, and it is illustrative of the danger of continuing expectant treatment too long before operating. In health, J. M.— was a strong Scotch warehouseman, aged twenty-five, but he was obviously ill when admitted on January 12th, 1903, for abdominal pain (appendicitis?).

History of present illness. Pain in abdomen first noted on December 25th; this condition became steadily worse, till on December 31st diarrhoea commenced. He remained one week in bed till January 6th, and then, being free from

pain, returned to work. After dinner on January 11th he vomited; pain returned, and diarrhoea and hiccough began. Dr. Mitchell diagnosed appendicitis, and advised him to come to this hospital. He was admitted on January 12th.

Condition on admission.—Temp. 98.8°; pulse 120; resp. 20. Tongue furred. Breath foul. Percussion of chest gave tympanic note over fifth left interspace in front, extending downwards. Liver dullness slightly decreased. Abdomen moves well; not much distended; is resonant. No free fluid detected. Pain on palpation in epigastric and both hypochondriac regions. Urine showed trace of albumen.

Treatment adopted, expectant.

Course.—January 13th.—Condition unchanged. 14th.—Temperature and pulse unchanged. Patient complained of no pain, and was placed on D. L. at 2 p.m. Vomited Oss, 6 p.m. ʒij, at 6.20 p.m. Oij. The vomit was intensely acid, frothing and fermenting, but free from any feculent odour. Bowels had not been opened since admission, and result of turpentine enema was a mucous intestinal cast. Nutrient enemata and stimulant ordered. 15th.—Unchanged. 16th.—Temperature and pulse as before. Patient retains nutrient enemata well. Abdomen moves fairly well.

A small quantity of free fluid in peritoneum discovered by percussion. 17.—No pain. Condition unaltered. 18th.—As before; free fluid gives a thrill. 19th. Under CHCl₃ in the new theatre Mr. Langton, considering that it might be a leaking gastric ulcer, opened in the middle line above the umbilicus, but only found a few flakes of adherent lymph. He therefore made an incision below the umbilicus, and a widely distended coil of small intestine presented in the wound and ruptured its serous coat in so doing. A trocar and cannula were inserted into the gut, and a large quantity of fluid faeces escaped. In attempting to pass a glass rod through the mesentery, in order to perform a median colotomy, the gut again ruptured; the rupture was packed round with iodoform gauze, and the median colotomy performed. The knuckle of intestine was opened at once, and a Paul's tube with rubber attachment inserted, and quantities of fluid faeces continued to escape. In the final stages of the operation the patient was markedly collapsed, and on his removal to the ward, despite repeated injections of strychnine, passed away unconscious six hours afterwards.

The post-mortem showed the cæcum and appendix stump to be much inflamed; the appendix was torn across, and was found eighteen inches from ileo-cæcal valve, where a volvulus of the small intestine, involving twelve inches of gut, was situated.

The case of H. P.—, æt. 8, who was admitted to Luke for pains in the belly and shortness of breath on April 27th, deserves notice, as it illustrates how far a primary mistake in diagnosis may lead one to allow subsequent developments to fall in with the original cause rather than to insist on a fresh origin.

His history was that he was struck across the stomach with a bar of iron on April 21st and retched, but did not vomit.

The present condition.—Child lies on right side in great pain. Rapid respiration, face flushed and rather blue. Marked labial herpes. Heart natural. Lungs: left natural. Right apex consolidated. Signs: bronchial breathing, bronchophony, crepitations, impaired resonance. Abdomen: some distension. Bowels not opened since April 23rd.

Diagnosis.—Apical pneumonia.

Course.—28th.—Left side of chest became injected, and showed signs of double apical pneumonia.

29th.—Takes food badly; passes flatus freely. Vomits freely. On this day I saw the child, fell in with diagnosis of double apical pneumonia, and considered that the vomiting was due to that cause, more especially as four other cases of pneumonia in the ward were exhibiting this symptom in a marked manner. Subsequently the abdominal distension, which had been relieved by purgation, returned, and though pain was present there was no evidence of free fluid till the boy had gone steadily downhill with incessant vomiting, till on May 5th, when there was some dullness in the left flank. He died at 1.40 a.m. on May 6th.

The post-mortem revealed pus in right middle ear. A right apical empyema with no signs of consolidation at either apex, though both were slightly congested. There was a tuberculous focus at the base of the right lower lobe. The peritoneum was filled with thick creamy pus; the liver was covered with a thick layer of purulent pus. The injection was pneumococcal.

In the case of this boy an exploring needle had not been used at the right apex, and at the post-mortem it was evident that even had it been used the pus was too thick to have been sucked out.

As pneumonia was the cause of mistake in the last case, so it manifested itself again in the case of J. D.—, æt. 68, no occupation, who was admitted at 5 a.m. on May 30th for self-inflicted bullet wounds in neck. The revolver contained five empty cartridges. On admission he was found to have one bullet wound at the tip of the tongue, and four on right side of front of neck. He was spitting blood. His temperature was 98.2° and pulse-rate 72. Skiagram showed three bullets close to cervical vertebrae, if not embedded in them.

Treatment.—Mouth frequently washed out with Sanitas. D. L. and wounds in neck drained and dressed.

Course.—Considerable swelling of tongue at first, with sanious mucous discharge. Thirty hours after admission patient coughed frequently, and examination of chest revealed an acute general bronchitis. Temp. 100.2°, and pulse 116. Patient took food well, but œdema of tongue was still marked. Fifty hours after admission patient's temperature had reached its highest point of 101.2°, with a pulse of 128, and he died rather suddenly.

Post-mortem.—The bullets were found more or less as

described, but the right apex was found to be in a condition of grey hepatisation. From all accounts the man had been about quite as usual for the fortnight preceding his attempt at suicide, but his housekeeper said he seemed to have a bad cold; it is, therefore, probable that the suicidal determination arose from the mania caused by pneumonia, and especially apical pneumonia.

It is pleasant, or at least not so unpleasant, to trace the history of one's mistakes through other channels than the post-mortem register, and to this day I regard with an indefinable feeling of pleasure the case of J. S.—, æt. 52, who came up and was admitted on June 2nd. On that morning about 7.45 he fell off a roof twelve feet high on to some cobblestones, alighting on his buttocks, right elbow, and left wrist. At 8.30 he was examined and found to have a compound fracture of the right olecranon and a severe teno-synovitis of the left wrist. No fracture of the pelvis could be found. He was taken to Henry about 9.30 with a pulse-rate of 80, but at 11 o'clock he was profoundly collapsed, pulse uncountable, sweating freely, cold and clammy. An injection of Liq. Strychninæ ℥v, and the usual postural changes for the condition of collapse being adopted, caused a temporary improvement in the pulse. A catheter was passed, and ʒiss of urine together with some blood came away. The amount seemed very small, as it was five hours since he had passed his urine.

Mr. Langton saw the patient after a further injection of Liq. Strychninæ ℥ij had been given, and though he did not consider the case for a diagnosis of ruptured bladder proven, yet he considered it safer to explore than to leave. The patient was therefore taken to the new theatre and the usual supra-pubic incision made. Some extravasated blood was found in the recto pubic gut, but no rupture of bladder or ureter could be found. The wound was therefore closed, and healed by first intention.

Our Chairman, who, he will permit me to say so, gave even for him an exceptionally good anaesthetic, and did, I am convinced, by his skilful use of ether a lot to remove the patient's condition of collapse,—for he was certainly better when he left the table than when he was placed on it, and subsequently never had a bad sign.

It was shortly after this that the one "mistake," accident, or whatever it may be termed, occurred, which still rankles. About 9 o'clock one night G. E.—, æt. 72, was brought up in a four wheeler. His history was violent diarrhoea till four days ago, which had suddenly stopped and been followed by obstinate constipation. With an average temperature and a markedly irregular intermittent pulse of 100 he had an enormously distended abdomen, with evidence of the application of too hot a poultice. *Per rectum* no growth could be felt, but obviously he had intestinal obstruction. I explained his condition to him, and told him he would have to be operated on. I went outside the box and explained matters to his wife and sons, and then he was

conveyed to Charity. Mr. Langton arranged to come down at 11. Unfortunately before he came it appeared necessary to pass a catheter—a performance which irritated the patient exceedingly. Mr. Langton came at 11; the theatre was all ready—the anaesthetist present. Mr. Langton said that operation was necessary, and we all proceeded to wash up, but while in the middle of our ablutions the hitch came. The old gentleman refused to be "cut." All remonstrances were as in vain as our preparations; for him death, certain and painful, had not such terrors as the surgeon's knife. He spent the night like Old King Cole—for he called for his jug, he called for his pipe, and he called for his trousers old. I spent the night in a very peevish manner; but next day I gave him two minutes in which to make up his mind between certain death and operation. At 1.57½ sec. he decided for operation, and proved to be an exceedingly good case of strangulation by a band. His convalescence was attended by the presence of at least one male attendant, and after four days he was removed to Casualty, where he raved incoherently and unmolested till he finally took his departure to a lunatic asylum at Stone.

Of a different type from the last was the case of S. W., a spinster of 55, who was admitted to Lucas in the middle of June. She had been sent up from a country hospital for operation on an empyema of six weeks' history. The temperature chart which accompanied showed that for the past five weeks she had an evening temperature at least four degrees above her average daily temperature. On admission she was a well-covered woman, looking sallow, with a temperature of 101.2° and pulse of 108. On examination I found a large area of dullness behind, over the right base, extending round to the anterior axillary line, and upwards as far as the lower border of the fourth rib. Vocal vibrations were markedly diminished; breath-sounds were very faint, and yet the respiration was very easy. Exploration in three places failed to withdraw any fluid, so operation was delayed till she had been seen by a physician. She was seen by Dr. Gee six days after admission, and her temperature then had never been higher than 100.2° except when she was admitted, and her pulse-rate had fallen to 80. Dr. Gee considered it to be an empyema till he used the exploring needle, but this, though working, failed to reveal the presence of pus, and Dr. Gee then stated the condition to be one of fibroid lung. After this the patient was allowed to get up for gradually increasing periods each day, and as no bad symptoms arose arrangements were made for her to return to the country. On the day prior to the one arranged for the departure she had tea, eating a hearty meal. About a quarter of an hour afterwards she retired to the lavatory, and was found there twenty minutes later; she had slipped off the seat and was lying dead in a heap on the floor. The autopsy revealed a densely thickened pleura over a large abscess in the lower lobe of the right lung.

(To be continued.)

Consultations.

IN this column we propose to publish each month a short note on the more important cases that are seen at the Thursday consultations, and, wherever possible, an account of the further progress of the case.

CONSULTATIONS.

March 3rd, 1904.—Mr. Eccles showed a man of sixty-seven with a swelling of the left tonsil. The patient suffered from sore throat, which began in November, 1903, being felt chiefly on the left side. In January the left tonsil was cauterised on five different occasions, but no improvement resulted. The man looked healthy, and except for the sore throat felt well. There was no history of syphilis. The left tonsil was enlarged by a hard mass of growth, which was spreading into the surrounding tissues, and there was an inflammatory area around the growth. Mr. Eccles was of opinion that the growth was an epithelioma, and if on microscopic examination this diagnosis was verified, he proposed removing it. The operation best suited for the purpose he considered was one which consisted in slitting the cheek back from the angle of the mouth to the masseter. He thought a preliminary laryngotomy an advantage, and if any glands were present in the neck they had better be removed through a cervical incision on a subsequent occasion.

Mr. Cripps thought the growth might be of syphilitic origin, but suggested that it should be examined microscopically. He also agreed with Mr. Eccles's plan of the operation, except that he preferred to do without a preliminary laryngotomy.

Mr. Bowly thought the growth a malignant one, and that the prognosis was bad. He agreed that slitting the cheek for the removal of the growth was the best plan, and this, with subsequent removal of glands through the neck, he practised as a routine operation. His results quite justified this procedure. Laryngotomy, he thought, was a good practice, although he did not always perform it.

Mr. Waring quite agreed with Mr. Eccles. He could feel a gland in the submaxillary triangle, and thought it was adherent to the periosteum of the jaw.

Mr. Harmer also thought that the growth was malignant, and advised microscopic examination of a small portion of the tumour. He agreed that by slitting the cheek a good exposure of the growth was obtained. He preferred to do a preliminary laryngotomy.

On March 9th Mr. Eccles performed laryngotomy, plugged the pharynx with a sponge, split the cheek, and excised the growth, which had been proved by microscopic examination to be epithelioma. The laryngotomy enabled the anaesthetic to be easily administered, and the operation to be comfortably performed. The wound in the larynx was closed by two sutures before the patient recovered from the chloroform. Very satisfactory progress was made, the patient being up seven days after the operation.

March 17th.—Mr. Langton exhibited a case of abdominal tumour in a woman of thirty-six, which had been noticed five years, and had slowly increased in size, without any pain.

The swelling was intensely hard, but movable, and reached nearly to the costal margin. Mr. Langton thought the diagnosis lay between a uterine fibroid, an enlargement in connection with the left kidney or spleen, or some form of malignant tumour in the abdomen. There was no evidence in the blood pointing to it being a splenic enlargement, no symptoms pointing to the kidney, and malignant disease was not probable on account of the long duration of the tumour and absence of wasting in the patient. *Per vaginam* the cervix was high up, and no continuity could be detected bimanually on pressure from above. He, however, was of opinion that the tumour was a fibroid of the uterus of somewhat unusual kind, and advised an operation for its removal.

Mr. Cripps, Mr. Bowly, Mr. Bailey, and Mr. Harmer were all of opinion that the diagnosis lay between a uterine fibroid of the pedunculated variety and a solid ovarian tumour. They all advised operation.

Mr. Waring was rather in favour of it being a solid ovarian, and would operate. The general opinion was in favour of the growth being innocent in nature.

At the subsequent operation a fibroid of the uterus was found, and hysterectomy performed.

Mr. Bailey brought in a case of wasting of the left arm in a boy of fifteen. The patient had typhoid fever during March to July, 1903. In November he first noticed weakness in the arm, and wasting began. There was no history of injury, but the condition of the shoulder led to a diagnosis of dislocation, and for this he was sent to the hospital. The shoulder was swollen, movements limited, with very little pain, temperature normal. A skiagram showed some affection of the upper end of the humerus, and involving the scapula. The arm was a little wasted, but the boy was generally thin.

Mr. Bailey thought the diagnosis lay between inflammation and malignant disease, and that the question of dislocation did not come in; he was of opinion that it was a case of sarcoma of the periosteal variety, arising in the upper part of the humerus, and spreading to the muscles about the scapula, and if a microscopic examination should confirm this, proposed to remove the whole forequarter.

Mr. Langton thought it an inflammatory swelling as he detected some tenderness.

Mr. Cripps said it was a difficult case to diagnose; he was struck with the marked hypertrophy of the infra- and supra-spinatus muscles, and thought the bulk of the swelling was due to such hypertrophy. He advised that the electrical reactions should be taken. On the whole he was rather in favour of the swelling being inflammatory and not malignant.

Mr. Bowly detected a considerable mass of hard glands in the axilla and a lump in the substance of the posterior axillary fold; he thought it a case of a large sarcomatous growth of the scapula or its muscles, and that it would not be possible to get the whole of the disease away by any operation.

Mr. Waring also found the enlarged glands and the swelling in axillary fold, but thought the disease was inflammatory in nature and was clearing up.

Mr. Bailey subsequently cut into the tumour and suppuration was found.

Amalgamated Clubs.

UNITED HOSPITALS ASSAULT-AT-ARMS.

On Friday, February 26th, the United Hospitals held their first annual assault-at-arms. The events comprised boxing, fencing, and gymnastics. The entertainment turned out a great success, and great credit is due to R. Burgess (London Hospital) and E. Minott (Guy's Hospital) for the admirable way in which the show was managed. Bart's, although failing to secure the Cup, which went to the London Hospital, did well in boxing, and was by no means disgraced. The boxing was of a far higher standard than was expected, and excellent bouts were witnessed.

BOXING.

The championships for the year went as follows:
Feather weight.—W. S. Edmond (St. Bart's Hospital).
Light weight.—E. L. Atkinson (St. Thomas's Hospital).
Middle weight.—R. Burgess (London Hospital).
Heavy weight.—A. W. Wakefield (London Hospital).
Feather weights (9 stone and under).—W. S. Edmond (St. Bart's Hospital) beat H. Russell (Guy's Hospital).

Russell put up a splendid contest against an opponent who had the advantage in height and reach. The first two rounds were in favour of Edmond, who scored repeatedly with straight lefts in the face. Russell, who was somewhat shaken, could do little in reply. The third round caused great excitement, as Russell, who was admirably seconded, came up strong, and fought in a most determined fashion. Edmond joined in, and the boxing was of a give and take character. There was a good deal of clinching, but both broke away clearly when ordered by the referee to do so. Edmond had his opponent on the ropes, and was punishing him about the face when time was called. The verdict went to the Bart's man, amid great enthusiasm, the loser being loudly cheered for his plucky showing.

W. S. Edmond (Bart's Hospital) beat A. H. Burnett (London Hospital).

This bout was of a very mild description. The Bart's man puzzled his opponent with his left, with which he time after time

reached the face. Burnett seemed to be unable to do anything in reply until the third round, when he made a half-hearted attempt to score. On meeting a hard right on the jaw he desisted, and Edmond, continuing to do well, won easily.

Great praise is due to Edmond for the splendid way in which he won his event for the Hospital.

Light weights (10 stone and under).—We were unable to send up a representative for this, Langford being over-weight. The event was won by E. L. Atkinson (St. Thomas's Hospital), who gave a splendid display. Atkinson is going in for the championships. We wish him all success.

Middle weights (11 stone and under).—P. Gosse (St. Bart's) beat T. E. A. Carr (Guy's Hospital).

This was an amusing bout. Carr, who was the taller, allowed Gosse to do the most work in the opening round. The Bart's man boxed rather wildly knocking his opponent down and falling over him. He boxed in a much steadier fashion in the second meeting, which was of a give and take character. The third round saw Carr boxing strongly, and Gosse had to adopt defensive tactics. His slipping and foot work proved a revelation to his friends, and he evidently caught the judges' eyes, as he secured the verdict.

R. Burgess (London Hospital) beat H. C. Squire (St. Thomas's Hospital).

This proved to be one of the most scientific bouts of the evening, with plenty of hard hitting.

Gosse, having won two points for his hospital, was advised not to go in for the final against Burgess (London Hospital), who therefore took the event.

Heavy weights.—A. W. Wakefield (London Hospital) drew a bye, which he spared with George Roberts.

C. E. M. Jones (Guy's Hospital) beat E. P. Young (St. Bart's Hospital).

Jones, who was the heavier and much the taller man, did best in the first round with his left. In the second round Young drew level, countering his opponent severely. The third round saw both doing all they knew, first one and then the other having the advantage. Both fired towards the finish, when Young, who had stuck to his man gamely, seemed the stronger of the two. However, the verdict went to Jones, who had succeeded in scoring two points at the outset for Young to pick up.

A. W. Wakefield (London Hospital) beat C. E. M. Jones (Guy's Hospital).

This was the most severe bout of the evening. Wakefield was the lighter man by nearly three stone, but Jones was evidently suffering from the effects of his previous efforts, though he fought gamely, and almost beat his opponent in the first round. Aply seconded by J. Brock, Wakefield came up strong, and by sheer pluck secured the verdict.

FOILS.

The foils were won by P. A. Adams (London Hospital).

SINGLE STICKS.

Won by C. Mills (Guy's Hospital). A. Downes represented us in this event. We hope to see him again next year.

GYMNASTICS.

First: C. Bennett, F. Fyffe (St. Thomas's Hospital, 16½ points).
 Second: S. Readler, H. Dyonon (Guy's Hospital, 14½ points).
 W. R. Square and R. L. Haines represented Bart's.
 C. Bennett made the greatest individual score, with R. L. Haines a close second.

JUDGES.

Gymnastics.—Sergeant-Major Palmer.
Fencing.—Messrs. W. H. C. Staveley, J. Norbury, and J. Jenkinson.
Boxing.—Messrs. V. Barker, J. Hoare, J. H. Douglas, H. T. Blackstaffe, W. Dart, W. Giles, F. G. Edmunds, F. M. Dickson, I. Cohen, and T. Goodwin.

RUGBY FOOTBALL.

St. Bart's "A" vs. St. John's College.

This match was played at Earlsfield, on Wednesday, January 27th, in most unfavorable weather. The rain poured down unceasingly during the whole time, rendering scientific play an impossibility. The accommodation provided was of a very meagre description, so much so indeed that many of us returned to our homes with thick

masks of mud on our faces because we had no adequate means of getting rid of it.

Ryland kicked off for us, and we started pressing almost at once. Soon Brewer succeeded in dribbling over the line. The referee, however, brought him back, and a scrum ensued on our opponents' ine. This led to a good deal of give-and-take play. Our three-quarters, however, played up splendidly, and Wilson appeared to have scored. The try, however, was not allowed, much to our discomfort. At half-time there was no score on either side, and in the second half our forwards slacked to such an extent that it took our outside all their time to keep the forwards moving, not to speak of the ball. Harrison played a very good game, and would undoubtedly have scored had he not had the misfortune to slip just as he was on the point of crossing the line. Thus the game was closed with no score to either side, a disappointment to us, as Bart.'s had very much the stronger team on the field. Bart.'s played one man short throughout the game. Of our men Benjafield, Wilson, and Harrison played best. Team:

P. A. With (back); F. Harrison, C. H. Cross, F. H. W. Brewer (three-quarters); A. M. Wilson (captain); A. Pinder, N. B. Benjafield (halves); F. Trewby, A. Ryland, A. J. Fuller, A. R. Snowden, F. J. Craddock, S. T. Davies, R. von Braun (forwards).

HOCKEY CLUB.

ST. BART.'S v. MOLESEY.

Played at Molesey on Saturday, December 10th, in pouring rain. In the first half matters were very even, the score at half-time being 1 goal all, Raikes scoring for the Hospital. In the second half Bart.'s had much the better of the game, and Griffin scored 2 more goals, leaving the Hospital winners by 3 goals to 1. Team:

E. W. D. Hardy, L. L. Phillips, and H. J. D. Birkett (backs); H. B. Hill, B. H. Barton, and R. C. P. Berryman (half-backs); R. L. Haines, W. B. Griffin, C. T. Raikes, J. Gaskell, and H. Gray (forwards).

ST. BART.'S v. WEST HERTS.

Played at Watford on Saturday, January 9th. The Hospital had a very weak team out, and lost by 4 goals to 2. The goals for the Hospital were scored by Viner and Wroughton. Team:

L. Gray, L. L. Phillips, and E. W. D. Hardy (backs); H. B. Hill, R. H. Barton, and G. F. Page (half-backs); P. Gosse, R. L. Haines, A. C. Wroughton, G. Viner, and H. Gray (forwards).

ST. BART.'S v. ST. ALBANS.

This game took place at St. Albans on Saturday, January 16th the home team winning by 5 goals to 3. For the Hospital Wroughton scored 2 goals and Griffin 1. Team:

A. L. Gatis (goal); C. E. Adam and H. J. D. Birkett (backs); H. B. Hill, B. H. Barton, and G. F. Page (half-backs); R. L. Haines, W. B. Griffin, A. C. Wroughton, G. H. Adam, and H. Gray (forwards).

ST. BART.'S v. BOWES PARK.

Played at Palmer's Green on Saturday, February 6th. The ground was in a very sticky condition, which made running very difficult. The game was very even, Bowes Park eventually winning by 4 goals to 3. Barton, Raikes, and Glenn scored for the Hospital. Team:

F. Whiby (goal); L. L. Phillips and L. G. H. Furber (backs); G. F. Page, B. H. Barton, and C. F. Adam (half-backs); R. L. Haines, C. T. Raikes, E. T. Glenn, G. H. Adam, and W. B. Griffin (forwards).

ST. BART.'S v. CROYDON.

Played at Croydon on Saturday, February 13th. The ground was in very good condition, and the game was one of the very best we have played. In the first half Croydon, playing with the wind, scored 2 goals. On changing ends the scoring was more even, Bart.'s getting 4 goals and Croydon 3 more, thus leaving the latter winners by 5 goals to 4. Goals for the Hospital were scored by Rimington (1), Wroughton (1), and Adam (2). Team:

F. Whiby (goal); L. L. Phillips and L. G. H. Furber (backs); G. F. Page, B. H. Barton, H. B. Hill (half-backs); R. L. Haines, H. Rimington, A. C. Wroughton, G. H. Adam, and W. B. Griffin (forwards).

ST. BART.'S v. EPSOM COLLEGE.

Played at Epsom on Saturday, February 27th. After a very fast and even game the result was a win for Bart.'s by 4 goals to 3. Goals for the Hospital were scored by Wroughton (2), G. Adam (1), and Haines (1). Team:

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

ST. BART.'S v. CROYDON.

This return match with Croydon was played on their ground on Saturday, March 5th, when the Hospital gave a very disappointing display. It is true they had the bad luck to lose Berryman at half-time, who retired with an injury to his thumb, but that was not sufficient to account for their poor form. Bart.'s were the first to score through Adam, but Croydon had it all their own way in the second half, and won easily by 7 goals to 1.

INTER-HOSPITAL COMPETITION.

FIRST ROUND.

ST. BART.'S v. ST. MARY'S.

This tie was played off at Richmond on Friday, February 12th, the ground being in a terrible condition. Bart.'s had considerably the best of the game, and managed to score 9 goals before half time to Mary's 0. In the second half Bart.'s continued to press, and added 6 more goals to their score. Just before time Mary's played up, and managed to score a goal, thus leaving Bart.'s easy winners by 15 goals to 1. The goals for the Hospital were scored by Raikes (6), Glenn (3), Adam (4), Griffin (2). Team:

F. Whiby (goal); L. L. Phillips, M. R. Coalbank (backs); G. F. Page, B. H. Barton, and H. B. Hill (half-backs); R. L. Haines, C. T. Raikes, E. T. Glenn, G. H. Adam, W. B. Griffin (forwards).

SECOND ROUND.

ST. BART.'S v. GUY'S.

This round was played on the Willesden ground at Richmond on Monday, February 15th. The ground was partly covered with snow and the light was extremely bad. In the first half Raikes scored a goal for Bart.'s, but play was very even. Soon after half-time Wells scored a goal for Guy's. During the latter part of the game Bart.'s had much the best of it, nearly all the playing being in the Guy's half, but we could not manage to score, the game thus ending in a draw of 1 goal all. It was a pity the game could not be played ten minutes longer, but the light was considered too bad. Coalbank and Raikes were the pick of the Bart.'s team. Team:

F. Whiby (goal); L. L. Phillips, M. R. Coalbank (backs); G. F. Page, B. H. Barton, and H. B. Hill (half-backs); R. L. Haines, C. T. Raikes, E. T. Glenn, G. H. Adam, and W. B. Griffin (forwards).

REPLAYED TIE.

ST. BART.'S v. GUY'S.

It was decided to replay this tie on Thursday, February 18th, on the Hampstead ground at Richmond, which was in perfect condition. Quite a large number of spectators gathered to witness the game, practically all of whom were Bart.'s men. Bart.'s started well and looked like scoring almost immediately, but Nicholson-Smith saved well. Play was very even until Hughes opened the scoring for Guy's with a good shot from a difficult angle; this seemed to demoralise Bart.'s, and L. G. Davies scored two goals for Guy's in quick succession, making the score at half-time 3-0. On restarting Bart.'s pressed and Raikes put in a good shot which Nicholson-Smith saved. Shortly after this Davies scored another goal for Guy's, and though Bart.'s had the better of the last part of the game they were unable to score, thus leaving Guy's winners by 4 goals to 0.

There is no doubt whatever that on the day's play the best team won, but they were hardly 4 goals better. Bart.'s had a certain amount of bad luck, but at the same time they were not playing up to form, and failed to make use of their opportunities. Guy's success was due to their sound defence and their good shooting. Bart.'s showed the better combination perhaps, but lacked shooting powers.

For Guy's Nicholson-Smith, Archer, Leckie, and Morris played best, while for Bart.'s Coalbank, Phillips, Raikes, and Page, were the only ones anything like up to form, Coalbank playing a particularly fine game in the second half. It could be mentioned that Bart.'s were without the services of H. B. Hill, R. C. P. Berryman, who was chosen to play instead, was unable to do so owing to an injury to his thumb. Teams:

St. Bart.'s.—F. Whiby (goal); L. L. Phillips and M. R. Coalbank (backs); G. F. Page, B. H. Barton, and C. E. Adam (half-backs); R. L. Haines, C. T. Raikes, E. T. Glenn, G. H. Adam, and W. B. Griffin (forwards).

Guy's.—G. Nicholson-Smith (goal); H. Archer and H. Knight (backs); E. L. Morton, M. Leckie, and H. M. Langdale (half-backs); F. Morris, L. G. Davies, S. M. Wells, B. H. Wedd, and J. C. Hughes (forwards).

We were much pleased to see such a large number of Bart.'s men present keenly watching this game, the result of which unfortunately was disappointing.

UNITED HOSPITALS HARE AND HOUNDS.

TEN-MILE CHALLENGE CUP.

THE HOLDERS BEATEN.

(From Sportsman, February 22nd, 1904.)

The annual contest for the Inter-Hospital Challenge Cup was held from the headquarters of the Blackheath Harriers at Blackheath Hill on Saturday. None of the London or St. Thomas's Hospital representatives put in an appearance, and the issue was left to two teams, Guy's (the holders) and St. Bartholomew's. A. L. Candler (Bart.'s) easily secured the gold medal for first man home, and after a dingdong struggle his club were returned victorious by one point only, the aggregates (counting three aside) being: Bart.'s 11 points, 1; Guy's (holders) 10 points, 2. Pacings and times:

	M.	S.
1. A. L. Candler (Bart.'s)	67	10½
2. T. E. Ashdown Carr (Guy's)	69	14½
3. W. B. Grandage (Bart.'s)	71	15½
4. H. Stott (Guy's)	71	52½
5. V. Townrow (Guy's)	73	30½
6. G. W. Lloyd (Bart.'s)	73	38½
7. E. L. Pitbeam (Guy's)	76	1½
8. M. M. Adams (Guy's)	77	22½
9. H. Gray (Bart.'s)	79	28½

Candler and Ashdown Carr led at two miles. The former got away soon afterwards, but, losing a shoe, Carr took up the running. Candler caught him again, and at six miles began to leave his rival behind for the second time, eventually winning comfortably by over 500 yards. Mr. O. S. Norton (captain United Hospitals Hare and Hounds) acted as starter and timekeeper.

Aberneathian Society.

1904.

THE Society has held ten meetings since the new year.

On January 14th the mid-session address was delivered by Prof. Howard Marsh, on "Some Former Acquaintances," a full report of which appeared in the February JOURNAL.

January 21st.—An ordinary meeting was held, Mr. Boyle in the chair, at which Mr. Farncombe read his paper on "Some Mistakes of a House Surgeon," which appears in the current issue.

January 28th.—Mr. Etherington Smith read a paper on "High Myopia," dealing with the causation and treatment of the condition,

and giving observations obtained from forty-one collected cases. The paper will appear in a future number of the JOURNAL.

February 4th.—A clinical evening was held. Mr. Jewdine showed a man, æt. 36, a worker in an india rubber factory, presenting nervous symptoms suggestive of incipient S.P. 1.

Carbon disulphide poisoning was suggested in the discussion upon the case, in which Messrs. Elmslie, Garratt, and Hamilton took part.

Mr. Elmslie showed a case of aneurysm at the level of the bifurcation of the right carotid.

A discussion on the line of treatment followed, in which Messrs. Hamilton, Wakefield, Garratt, Shaw, Jewdine, Wenham, and Christie took part.

Mr. Shaw showed some pathological specimens of gynecological interest, including one of hydatidiform showing masses of syncytia suggestive of deciduoma malignum.

February 11th.—Mr. Ernest Shaw read a paper on "The General Pathology of Breast Tumours," which will be published in full in the JOURNAL.

February 18th.—Dr. Rhodes read a paper on "Some Points in the Diagnosis and Treatment of Gastric Disease." The paper will appear in a future number of the JOURNAL.

February 25th.—Mr. Stanley B. Atkinson read a paper on "Medical Evidence and Medical Witnesses," which will be published in the JOURNAL.

March 3rd.—A clinical evening was held. Mr. Noon showed a case of congenital malformation of the hip-joint, in which it appeared the head and neck of the femur were absent.

Mr. A. L. Wilson showed a child presenting the following remarkable malformations—Eyes: R. Dermoid of the conjunctiva. L. Notching of the upper lid. A coloboma of the iris below extending back to the retina. Ears: accessory auricles on both sides. Megalostoma, the mouth extending further to the right side. The child was unable to walk, and showed thickening of the epiphyses in both upper and lower extremities. The child was the tenth of eleven, the others presenting no abnormalities. There was no history of syphilis.

Mr. Denham White showed a boy, æt. 16, exhibiting muscular wasting of the shoulder girdle, the deltoids almost completely absent.

March 10th.—Mr. Rawling read a paper on "Some Complications of Fractured Skull," which will be published later in the JOURNAL.

ANNUAL GENERAL MEETING.

The annual general meeting was held on Thursday, March 17th, Mr. Boyle in the chair.

The minutes of the previous meeting having been read and confirmed, the ballot was declared closed.

Messrs. Gould and Wenham were appointed scrutineers, and retired to count the votes.

The report of the General Committee and the Financial Report were then read by Messrs. Trist and Shaw respectively.

The report and balance-sheet were put to the meeting and passed *nem. com.*

The election resulted as follows:

For Presidents.—Mr. R. B. Etherington Smith, Mr. T. J. Faulder.

For Vice-Presidents.—Mr. J. R. Rigden Trist, Mr. Ernest H. Shaw.

For Hon. Secs.—Mr. W. B. Grandage, Mr. W. G. Ball.

For Additional Committeemen.—Mr. L. B. Cane, Mr. J. R. H. Turton.

Votes of thanks were passed to the outgoing officers.

Mr. Boyle and Mr. Trist replied.

The meeting was then adjourned.

REPORT OF FINANCIAL SECRETARY FOR THE SESSION 1903-4.

MR. PRESIDENT AND GENTLEMEN.—The final result of the past year's work is a balance on the right side of £7 11s. 11d., a decrease of 5s. 1d. as compared with the previous year.

The total income of the Society during the year was £83 1s. 5d., made up as follows:

	£	s.	d.
71 Subscriptions of £1 1s.	71	11	0
Interest on Invested Capital	3	10	10
Sale of Papers	4	13	7

£83 1 5

Against this we have an expenditure of £83 6s. 6d., which is accounted for as follows:

	£	s.	d.
Papers, Magazines, etc.	43	8	1
Printing	4	19	3
Refreshments	16	6	8
Petty Cash Account	16	12	6
	£83	6	6

Subscriptions have brought in two guineas more, and interest on stock £1 6s. 1d. less than last year. The latter is accounted for by there having been five quarterly dividends received in 1903-4.

Papers have realised 17s. 8d. more this year than last year. As to the expenditure there was an extra item of £2 5s. incurred by having the cardboard covers for the magazines repaired. Wages show a slight increase owing to the increase in Bridle's salary voted by the Committee.

ERNEST H. SHAW.

March 17th, 1904.

ANNUAL REPORT FOR SESSION 1903-4.

Your Committee has great pleasure in presenting the annual report, dealing with the membership, transactions, conduct, special business, and financial state of the Society.

During the past year 71 students newly entered to the Hospital have by virtue of their membership of the Amalgamated Clubs become members of the Society. 32 members have been admitted.

The ordinary transactions of the Society include the midsummer sessional address by Dr. Gee, the sessional address by Dr. Claye Shaw, the mid-seasonal address by Prof. Howard Marsh.

At the ordinary meetings of the Society 13 papers have been read—

- 1 by a member of the staff.
- 3 by members of the teaching staff.
- 1 by the editor of the JOURNAL.
- 4 by members of the Society not at present working in the Hospital.
- 4 by members of the resident staff.
- 1 by an unqualified member.

Of these 12 either have been or will be published in the Hospital JOURNAL.

Four clinical evenings have been held, at which cases and pathological specimens were shown by the following members:—Messrs. Flmslie, Farcombe, Judwing, Martin, Norn, Pringle, Shaw, White, and Wilson.

The average attendance at the meetings works out to 409, as compared with 455 last year, and 34 in the preceding year.

No alterations have been made in the laws of the Society. Of special business.—The original chair used by Abernethy has been restored for use at the sessional meetings.

The collection of autograph letters has been framed and hung. Bridle has been given instructions that the Abernethian Room be kept open between 5 and 8 p.m. on the evenings of the Society's meetings, for which his wages as attendant to the Society have been increased by 1s. 6d. for each evening of meeting.

Your Committee desire to express regret that the rules of the Abernethian Room are not adhered to, smoking being practised in spite of numerous notices and the authorised warnings of Bridle.

J. R. RIDGEN TRIST,
Hon. Sec.

Correspondence.

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

MEDICAL PRACTICE IN CENTRAL AFRICA?

SIR,—Perhaps the following may be of interest to some of the readers of the JOURNAL:

While stationed at Chiro, in British Central Africa, I received "a call" to go down to Port Herald, a distance of about forty miles down the river, to attend some smallpox cases. The Collector of the district, Mr. Ronald Macdonald, had to go down that way, so

we elected to go together. We also decided to travel at night as it was too hot for the boys during the day. Our conveyance was what is known as a house-boat, that is, a boat some fifteen to twenty feet long, with a little house built at the stern, the aforesaid house having a sliding door, and being just big enough for two men to lie down in. The boat is propelled by a team of niggers up forward. We embarked at about 9 p.m., and after chatting for a bit proceeded to don pyjamas. My servant had, I found, only put me in a pyjama jacket, and a very shrunken one at that, of which more anon. We were soon rolled up in our blankets and fast asleep, and I was dreaming that I was sitting on the fountain, and that some sportsman had stopped up the exit for the water. It could not have been "View Day," as I remember having on only a pyjama jacket, and, moreover, there was a tremendous crash. I was turned upside down, and thoroughly woken up by my head coming in violent contact with the other man's head, and we could not swear at each other as we were under water. There we were, one minute fast asleep, the next very much awake, in the middle of the Zambesi (or more correctly the Shiré river) under water, with our ears, noses, and mouths full, and upside down. As you may suppose it did not take us long to get our bearings, and we made for that sliding door, but the confounded thing was wet, and it stuck fast. Then followed about the worst half minute I have ever had or want to have. After what seemed about an hour we got the door down, and came up to the top gasping and bubbling, and then proceeded to yell with laughter. I do not know why, as it does not seem at all funny now. The boys were all swimming in different directions, so we made for the bank, about 100 yards off. On our way there we saw the cause of our disaster—a hippopotamus. We did not stop to talk to him, but got to the bank in what I am sure must have been record time. We then had to climb up a sort of precipice, covered with the most fearfully prickly shrubs and long cutting grass. Having only a pyjama jacket on, and the night being pitch dark, I fared rather badly. I do not think there was a sound square inch of skin on the anterior surface of my body. On arrival at the top we proceeded to laugh again, and continued to do so at intervals all night. By this time the boys had all got ashore, and we found that we had not lost one, which was rather marvellous, as the place abounds in crocodiles. One boy had saved a box of matches somehow, so we proceeded to make a fire. As there were no sticks or wood this was not altogether a success, but we got a fire, which gave out nine parts of smoke and one of fire, and we tried to keep warm and could not. The smoke kept off the mosquitoes a bit, which I personally was thankful for. Our rifles, etc., were all at the bottom of the river, and two kind lions came and sang to us all night. It was most fearfully cold, the coldest night I have ever spent, and we were quite pleased to see the sun get up. The boys got up all our things in the morning, and eventually the boat, which had one side stove in where the hippo had charged. We had sent off a runner to get us machilas (hammocks slung on poles), and these arrived about 10 o'clock in the morning, and they were not too soon either as the sun began to sting my shins and tummy. The hippo was slain on the next day by good men and true, and I have this "chikotis" (sjamboks) from his skin as a memento. Needless to say the smallpox people had to wait another day.

I am, etc.,
E. B. A.

EAST AFRICA PROTECTORATE,
FORT HALL, EAST AFRICA;
January 10th, 1904.

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

DEAR SIR,—Seeing you are about to make some changes in the form of the JOURNAL, I think you might like to have an advertising agent to conduct the advertisements. Already I have several firms who wish me to get their goods advertised through the medium of your paper.

I enclose a few of them.

Yours faithfully,
U. N. WILLING,
Advertising Agent.

SMOKE CLARKE'S BLOOD MIXTURE.

The most economical tobacco for the poor man!
One pipe lasts the whole day. It does to offer to your friends, 2d. (pence) per oz. 4-lb. tins for 1s. 7½d.
Order it straight from the makers, Messrs. B. and S. Clarke and Son, Harley Mews.

DO YOU WANT A BICYCLE? IF SO GET A *Cardiac Cycle*.
Warranted to last for 60 years if used properly.
Not guaranteed to stand much "scorching" in London traffic.
You can't do without it.

WHY WEAR HEAVY BOOTS WHEN YOU CAN GO BAREFOOT?
Write for particulars free (enclose 1s. 6d. in stamps) from the "Stroleround" Boot and Shoe Co., Birdcage Walk, E.C.

[We give our best thanks for the offer, but regret to say that we do not at present see our way to accepting our correspondent's offer to act as advertising agent for us.—Ed.]

WIRE-WOVE ROOFING CO.—Samples of the material used by the above Company in the making of walls and roofs of bungalows of all kinds enables us to form a favourable opinion of its merits. It is made in sheets of two thicknesses, and consists of waterproofed paper made on a foundation of fine japanned steel-wire gauze. The advantages claimed for this material over other forms of roofing are—it is a good non-conductor of heat, cold, and wet, wind-stripping is unknown; salt spray, steam, and vapours do not affect it; it is non-inflammable; its weight is very much less than that of corrugated ironwork, an important item as regards carriage. This seems to us a very satisfactory combination of strength and lightness, and just the thing required for the construction of such structures as summer houses, club houses, and pavilions of all kinds.

VINSIP (LIQUOR HÆMOGLOBIN CO.)—Messrs. Vitalla, Ltd., have sent us samples of this solution of hæmoglobin, which is a very useful article of food and hæmatinic. It is made from fresh defibrinated ox blood, and is tasteless, all disagreeable substances having been removed by a special process. Vinsip is preserved by the addition of a small amount of alcohol (15 per cent.) combined with a trace of boric acid. It contains nearly 25 per cent. of proteid material, and with this iron and phosphorus; it is easily digested, and taken in solution with water sweetened or flavoured with fruit syrup, milk, lemonade, etc., it forms a very palatable drink. As Messrs. Vitalla point out Vinsip is especially useful in cases of anemia, and in persons suffering from prolonged illness it is a valuable aid to the recovery of their health and strength. We recommend Vinsip to the notice of our readers.

SEARCY'S ORIENTAL SALT.—A trial of this condiment enables us to speak with satisfaction as to its worth. The Oriental salt is a combination of ordinary table salt and the red chili, and its place on the dining table becomes a necessity after one has had an opportunity of testing it.

Reviews.

LESSONS IN DISINFECTATION AND STERILISATION: AN ELEMENTARY COURSE IN BACTERIOLOGY, TOGETHER WITH A SCHEME OF PRACTICAL EXPERIMENTS ILLUSTRATING THE SUBJECT-MATTER. By F. W. ANDREWES, M.D., D.P.H. (London: J. & A. Churchill, 1903. Price 3s. net.)

"I have read these pages with the greatest interest. They appear to me to offer in a small compass and in simple and concise description all that is known and worth knowing of the why and wherefore of disinfection." Such

is Dr. Klein's comment upon this little book of some 200 pages, and it is also the sum of all we have to say concerning it. Originally written for nurses, it should be of great service to practitioners and students also. The author hopes that to those of the general public who take an interest in such matters it may also prove useful, a hope which we thoroughly endorse.

The scheme of the book is simple but complete. The first four lessons deal with the essential points concerning the nature, conditions of growth, chemical activities, and artificial cultivation of bacteria. There is here nothing which an intelligent person, layman though he be in matters medical, may not understand; yet there is nothing which he ought not to know if he is directly or indirectly interested in the question of disinfection. Lessons 5, 6, and 7 deal with disinfection by heat, liquid and gaseous chemicals, and filtration. Lesson 8 is concerned with disinfection in surgery and midwifery, and lesson 9 with disinfection in medical cases. In each case a short account is given of the bacteria concerned, different methods of disinfection have their values compared, and reasons are given for the choice made on each occasion.

The second part of the book, consisting of about thirty pages, contains practical exercises and demonstrations intended to illustrate the preceding chapters. It contains most valuable hints for teachers of this subject who may need to reduce to a practical minimum the experiments which alone can fix in the mind of the pupil the principles of disinfection.

Of the author's style we need say little in this JOURNAL. How lucid, direct, and convincing it is, all who have had the benefit of his personal tuition already know. The thirty-one illustrations are well chosen and well produced; the printing of the book is excellent.

It is difficult to assign any limit to the sphere within which this book might wield an influence for good. The author begins by pointing out that a learned professor's epigram, "The infinitely little are the masters of the world," is more brilliant than accurate. We can think of no method offering a better chance of a rapid refutation of the epigram than the wide circulation of Dr. Andrewes' book.

A TEXT-BOOK OF OPERATIVE SURGERY. By W. S. BICKHAM, M.D. New York. Pp. 984. Illustrations 559. (London: W. B. Saunders & Co.) 1903.

This work is planned to be a presentation to the student and practitioner of the best technic of modern surgeons in the operations dealt with. We have looked into its pages with interest. Coming as it does from America, the get-up of the book is good, the only fault perhaps being its heaviness on account of the paper used, but the smartness of the illustrations thus obtained more than compensates for this drawback.

The work is written in an essentially methodical manner, and this makes it peculiarly useful to the student preparing for one of the higher examinations in surgery.

The author has introduced, and we think rightly, a considerable amount of surgical anatomy, and has, we consider, dealt with just that which is needed for the proper elucidation of the steps of the operation under review.

We have been especially struck with the lucid and graphic descriptions which he gives of nerve suturing, tendon joining, and tendon grafting.

Almost all the drawings are original, and do great credit to the artist.

The work is one which any senior student would find of great service, and we believe that it will take its place in many a library.

AN ATLAS OF HUMAN ANATOMY. By CARL TOLDT. Second section: Arthology. (Publishers: Rebman, Limited.) 6s. net.

This is the second part of an *Atlas of Anatomy*, which is being published in six sections. This volume deals with the subject of Arthology. It is complete in itself, with index, and deals as fully as an atlas can do with all the articulations of the body.

Suffice it to say that in point of accuracy and printing it fully comes up to the high standard attained by the first section on Osteology, which was reviewed in these pages a few weeks back.

THE ANTRUM. By LLOYD LEWAN, L.D.S., R.C.S. (Publishers: Adams Bros.)

A small book dealing with diseases of the antrum, and methods of diagnosis and treatment.

We have been unable to discover any thing particularly new in it, and as the subject is already very adequately treated in the ordinary text-books, we do not feel able to recommend it to the average student.

MANUAL OF MASSAGE. Second edition. By MARY A. ELLISON. (Publishers: Baillière, Tindall and Cox.) Demy 8vo. 3s. 6d. net.

This little volume is intended for those who wish to acquire a proficiency in the art of massage. The book comprises a description of the various manipulations and methods used, and as well a treatise on Elementary Anatomy and Physiology; indeed the greater part of the book is taken up by these matters. To any intending to take up massage as an occupation the book should be of considerable value, both to ascertain the proper treatment as well as what not to do in many circumstances.

From a page devoted to "don'ts" a few examples are quoted, as they may recommend themselves even to members of the medical profession.

"Don't take a case without medical permission at least, if not supervision."

"Don't talk scandal to your patients."

"Don't give the servants more trouble than you can help whilst maintaining your position with dignity."

"Don't allow your patients to experience the discomfort of feeling your breath."

"Don't wear rings or bracelets."

AN ATLAS OF HUMAN ANATOMY. Part III: Myology. By CARL TOLDT, M.D., Professor of Anatomy in the University of Vienna. (Rebman, Ltd., 1904.) Price 8s. 6d.

The above is the third part translated into English by M. Eden Paul from the third German edition, which consists of six parts, the first two of which on Osteology and Arthology have been previously noticed.

The volume (demy quarto) is printed on excellent paper, and contains 250 figures illustrating all the muscles with their crejins and insertias.

The muscular bellies are coloured brown, but the tendons are uncoloured, and not always clearly distinguishable in the shading from the bones and fascia. Coloured tendons (e.g. yellow) would be a valuable improvement. The names are clearly printed in English and Latin terminology in each case. With many of the illustrations we are familiar in the larger text-books, but there are some excellent ones not usually portrayed, e.g. Fig. 533, showing the deep cervical fascia and its layers from the dissecting point of view; Fig. 541, showing a side view of the muscles of the upper

part of the pharynx; Fig. 544, the deep lateral and prevertebral muscles of the neck; Fig. 596, showing the pelvic wall from within; and Fig. 621, illustrating the synovial sheaths on the dorsum of the foot, besides many others.

The drawing is for the most part extremely good, though occasionally the perspective is a little misleading. The various bursae are very well shown.

Here and there the terminology is at variance with that generally in vogue in this country, and is apt to confuse, e.g. the levator labia superioris is styled the incisivus superior. Fascia parotideomesenterica seems unnecessarily long. The adductor magnus is divided up into *adductus minimus* (upper transverse portion) and adductor magnus (*abliquis and vertical fibres*). The middle constructor is subdivided into *cerato-* and *chondro-pharyngeus*. There are occasional slight discrepancies, e.g. the semilunar fold of Douglas; 516 is shown close to the level of the umbilicus, in 517 about midway between umbilicus and pubes, and in 626 nearer the pubes. The basilic vein is not deep to the deep fascia in the distal end of the arm as depicted in Fig. 506 (transverse section).

Taken as a whole there is a surprising amount of value in this atlas for the money, and to those who find use for illustrations without descriptive detail extremely good value; but for the student who has access to the dissecting-room and a manual of anatomy it must serve as a fireside luxury of doubtful value.

As a supplement to the volume there are ten illustrations of the anatomy of the inguinal and femoral canals, which are distinctly good.

Appointments.

SERPPELL, H. H., M.R.C.S., L.R.C.P., appointed Surgeon to the Royal Mail Steam Packet Company.

WHITE, E. H., B.A.(Oxon.), M.R.C.S., L.R.C.P., appointed House Surgeon to the General Infirmary, Hertford.

New Addresses.

DANKS, W. S., Evering House, Worcester Road, Sutton.

ORMEROD, C. E., Burgess Hill, Sussex.

SIMMONDS, E. G., 137, London Road, St. Leonards-on-Sea.

WELCH, W. B., Burgess Hill, Sussex.

WOOD, P., Pine Lodge, Crawley, Sussex.

Births.

BATHURST-BROWN.—On February 29th, at Rowberry, Donhead, Salisbury, the wife (née Farr) of Allen Bathurst-Brown, M.R.C.S., L.R.C.P., of a son.

HYDE.—On 12th February, at Riversdale, Shelley Road, Worthing, the wife of Harry F. Hyde, B.A.(Cantab.), M.R.C.S., L.R.C.P. (Lond.), of a daughter.

SIMMONDS.—On March 19th, 1904, at London Road, St. Leonards-on-Sea, the wife of Ernest G. Simmonds, M.R.C.S., L.R.C.P., L.D.S., of a son.

Deaths.

ECCLES.—On March 11th, at 3, Holyrood Terrace, Plymouth, Alfred Eccles, F.R.C.S., aged 80.

STOWELL.—On January 25th, Thomas Stowell, M.R.C.S., of 29, Cleveland Road, Brighton, aged 86.

St. Bartholomew's Hospital



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NOTICE.

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

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. 0d., or carriage paid 2s. 3d.—cover included.

St. Bartholomew's Hospital Journal,

MAY 1st, 1904.

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

Barere.

By NORMAN MOORE, M.D.,
Physician to St. Bartholomew's Hospital.

ST. BARTHOLOMEW'S HOSPITAL, though it was rebuilt in the eighteenth century, still occupies its original site, and contains one object which was here seven hundred and sixty-seven years ago, in the time of Barere, our founder. It is a legal docu-

ment which his eyes beheld, and which was sealed in his presence. This charter is written on vellum in the handwriting of the first half of the twelfth century. The autotype now published is of the exact size of the original. Two large seals of dark wax are attached to the document. On one is represented an edifice with three turrets, and on the other a tall figure with a slender rod in the right hand and something in the left hand, which is perhaps an alms-box. The building on the seal is probably the Priory of St. Bartholomew's as it looked in the first twenty years of its existence, for the surrounding inscription is sufficiently legible to show the words "sigillum conventus ecclesie dei et sancti bartholomei de smethefeld." This seal of the convent of the Church of God and of St. Bartholomew of Smithfield is nearly circular. The other seal is oval, and its inscription is less distinct, but "Bartholomei de Smethefeld" may be read on the right of the figure, while on the left an "o" is discernible about the middle of the curve suggesting that the whole inscription is "sigillum hospitalis sancti bartholomei de smethefeld."

The words of the charter are here printed in their lines the expanded contractions being indicated by italics. The grammatical errors which may be noticed do not take from the authenticity of the document.

Notum sit universis fidelibus quod ego RAHERUS sancti bartholomei qui est in smethefeld prior.

totusque ecclesie nostre conventus ecclesiam: sancti sepulchri hagnoni clerico si regulam alterius professionis non inierit usque ad finem dierum suorum in elemosina concessimus. Illud autem scitote quod

idem predictus hagno singulis annis ad usum canonicorum simul et pauperum in hospitali degentium quinquaginta solidos nobis reddet. In festivitate Sancti Michaelis. xxv. solidos xxv.

in pascha. Anno incarnationis domini millesimo. c. xxxvii. Anno vero secundo imperii Stephani regis in anglia. His existentibus testibus Haco decanus hugo. Sancti Martini canonicus. Gwalterus frater Gwillelmi Archidiaconi. Tioldus canonicus. Radulfus

magister. Gilebertus presbiter. Osbertus presbiter. Rodbertus de Sancta

MARIA. Algarus presbiter. Godefridus filius baldewini sacerdos. Rogerus niger. Alexander. Odo. Gaudfridus canestable. Ricardus presbiter. Burdo clericus. Gaudfridus de heli.

Be it known to all Christians that I, Rahere, Prior of St. Bartholomew's which is in Smithfield, and the whole assembly of our church have granted as a benefice the Church of St. Sepulchre to Hagno the Clerk, provided that to the end of his days he shall not enter the rule of another order. Moreover know ye that the aforesaid Hagno shall every year render to the canons and to the poor abiding in the hospital fifty shillings—at Michaelmas twenty-five shillings, twenty-five at Easter. In the year of the Lord's incarnation eleven hundred and thirty-seven, the second year moreover of the rule of King Stephen in England. These present were the witnesses:—Haco the Dean; Hugh, Canon of St. Martin's; Walter, brother of William the Archdeacon; Tiold the Canon; Ralph the Master; Gilbert the Priest; Osbert the Priest; Robert of St. Mary's; Algar the Priest; Godfrey the Priest, son of Baldwin; Roger the Swarthy; Alexander, Odo, Geoffrey Constable; Richard the Priest; Burdo the Clerk; Geoffrey of Heli.

Rahere, according to a list of the Masters of the Hospital drawn up in the reign of Henry VI, was succeeded as Master by Hagno in 1137, the year of this charter. The assertion that Hagno was Rahere's successor is confirmed by the presence of this charter in St. Bartholomew's. A copy of it, as the earliest document in the possession of the Hospital, was made by John Cok, the Redituarius of St. Bartholomew's in the reign of Henry VI, and there is no reason to doubt that it has actually been in the Hospital since the second year of the reign of King Stephen. Cok's fidelity as a scribe is shown by the fact that he has reproduced the errors of the original. To maintain the precision of history it is right to mention that the charter may once have passed outside the hospital walls for a short time, though not out of the possession of the governing body. The possible occasion is recorded in a manuscript minute-book of the Hospital.

"Curia tenta Lune, 3^o die Septembris, 1666. In presence of the Rt. Worshipful Sir Richard Chinerton, Knight, Richard Mills, Treasurer, William Fidges, Adoniah Fox, Edward Arris, Esquires.

Whereas this day, upon the sad disaster of the terrible and unmerciful fire all over this citye, it was taken into consideration how Mr. Thesaurer's cash and the writings concerning the affairs of this hospite should be preserved and disposed of. It was thereupon resolved and ordered that the said cash should remain in Mr. Thesaurer's compting-house where it now is, and that only such writings and bookes might be removed and put upp in a trunk that were most useful, and that the same should be sent to

Squire Ridge's house att Hornesey to bee so kept there for most safety untill the tymes shal bee convenient to returne them back."

The name of Rahere, and Smithfield in which he dwelt, are as well known to us as they were to the Londoners of the year 1137. St. Bartholomew's is here and will, we trust, flourish in Smithfield to the end of time. St. Sepulchre's Church occupies in our day the local relation to Smithfield which it did in the twelfth century. It was given to the Priory by Roger, Chancellor to King Henry I and Bishop of Salisbury, a prelate who took a great part in public affairs throughout the reign of Henry I and in the first years of Stephen.

St. Martin's is our neighbour still, and is called St. Martin's-le-Grand, in contrast to St. Martin the Little within Ludgate. It was a college of canons, with a dean for president. Aldersgate does not continue to the corner of Cheapside, as you may see by looking at the street names, and the reason is that the enclosure of the dean and canons of St. Martin intervened. The foundation was earlier than the Norman Conquest, and obtained a charter from the Conqueror, and exercised its privileges "Ac Deo et S. Martino die noctuque secundum regulam suam digne et laudabiliter servant," till King Henry VII granted its possessions to the Abbey of Westminster towards the endowment of his famous chapel there. The modern label "St. Martin's-le-Grand," just beyond the end of Aldersgate Street, is the only relic of the ancient seclusion of St. Martin's. The ground of the dean and canons is now occupied by the General Post Office.

The witnesses next deserve consideration. The first of them, Haco, is designated "dean," and there are reasons for believing that he was Dean of St. Martin's, of which Hugh, the next witness, is described as a canon. Haco was clearly a resident in London, for his name appears in a deed now at St. Paul's Cathedral of the same period as our charter. It is a convention between the Canons of St. Paul's and Orgar, the deacon, about a Church of St. Martin (probably that known later as St. Martin Orgar) and the Church of St. Botolph, and provides that after the decease of certain relatives of Orgar these are to be in the possession of the Canons of St. Paul's, "Hujus conventionis hii sunt testes Haco decanus. Radulphus presbiter. Alexander clericus.

The Dean of St. Paul's, about the year 1127, was William, as shown by a grant of indulgence made by Richard, Bishop of London, and now at St. Paul's; and Radulfus de Diceto, the historian, who was himself dean in 1180, records the death of this William under the year 1138. A register of St. Martin's, written in the reign of Henry VI, is at Westminster Abbey, and the late Dean Bradley was so kind as to allow me to examine it a few years ago. The register is in a soft leather cover with overhanging edges, and professes to contain copies of all the charters, bulls, briefs, royal letters, and other documents belonging to St. Martin's. The notary

shows the caution of a true historian in describing precisely what he could see and not trying to guess at what was indistinct on the great seal of William the Conqueror affixed to the charter of St. Martin's. He describes its circular form and red wax, and that on one side it bears the figure of the King sitting on a throne holding in his right hand a sword, and in his left "quoddam rotundum cum cruce infixam;" and on the other side the King on horseback with his lance and pennon in his right hand, the reins in his left hand, and his shield on that arm, but adds "Circumferencias autem literas ejusdem sigilli non transcripsi ego notarius subscriptus," because, owing to the antiquity of the said seal, they were indistinct. This laudable caution seems to have prevented him from giving a list of the deans, and only an imperfect series can be constructed from the charters in the register. Roger, Bishop of Salisbury, is mentioned as dean in a charter of Stephen not earlier than 1135, and in another undated charter of the same king Roger had ceased to be dean. He died in 1139. In 1158 Henry, Bishop of Winchester, King Stephen's brother, is mentioned as also Dean of St. Martin's, and he seems to have continued to hold the office till his death in 1171. Thus the dean of the period of Rahere's charter is not known by any other evidence than this charter, and that before mentioned referring to Orgar, the deacon, and both suggest that Haco was Dean of St. Martin's after Roger, Bishop of Salisbury, and before Henry, Bishop of Winchester, and in the year 1137.

Two Canons of St. Martin's are witnesses; Hugh, who is so designated, and Tiold the fourth in order. That Tiold was one of the nine Canons of St. Martin's is shown by a confirmation of prebends drawn up on the feast of St. Callixtus (October 14th) in 1158, and copied into the St. Martin's register, which states that his prebend was in the Church of Christehale and ten shillings in Tolleshunt and ten shillings in Hoddesdon. Walter and his brother William, the first recorded Archdeacon of London, occur in other charters of the time at St. Paul's. Osbert and Geoffrey Constabularius were canons of St. Paul's, and Geoffrey held the Prebend of Chamberlaynes Wood, which had before been held by our founder.

A grant by the Dean and Chapter of St. Paul's of about the year 1170 makes it probable that Algar, the Priest, lived on the slope at the foot of which is Thames Street. Thus the sixteen witnesses are a group of the neighbours of St. Bartholomew's Hospital in the second decade of its existence, and the charter itself is a historical picture of this part of London in the time of Rahere.

Editorial Notes.

SIR LAUDER BRUNTON, M.D., F.R.S., has resigned his appointment as Physician to the Hospital since the last number of the JOURNAL. The Hospital thus loses the services of a most distinguished physician, but the loss to the Medical School will be even more keenly felt, for Sir Lauder is an eminent scientist. His lectures on pharmacology will long be remembered by those who were fortunate enough to hear them. We are glad to notice, however, that the Hospital still retains his services as a Consulting Physician.

We are pleased to have seen the handsome presentation which Sir Lauder's House Physicians, past and present, have made to him in the shape of a silver loving cup. This testifies to the great esteem in which he was held by all who knew him, thanks to his amiable disposition and courteous manner. An account of the dinner and presentation will be found in another column.

In consequence of Sir Lauder's retirement we have to announce two changes on the staff. Dr. Ormerod has been appointed Physician to the Hospital and Dr. H. Morley Fletcher Assistant Physician. We congratulate them both most heartily.

Dr. J. E. PANTON has been appointed a Justice of the Peace for the Borough of Bolton.

An interesting article on the casualty department appeared in the *St. James's Gazette* of April 8th, describing "the misery of too much to do in too little space." There are several humorous touches, and much that is pathetic. How the head of the casualty physician must swell with pride to hear that "He is the diagnoser," and the sixty men in white jackets—may be just fresh from the rooms—must feel flattered at being described as weeding orthopedic cases from dental, and ophthalmic from aural. The description of a minor operation in a surgery box is very graphic. The article describes misery upon misery. Its keynote, however, is—"And half of this could be done away with, and half of this softened, if only the richest city in the world would give to its oldest Hospital the support which it requires and so sorely needs. There must be more room, and for more room there must be more money. Because Bart's has been honest in the past, and is frankly honest now, is it to suffer in the future?"

We hear that Messrs. John Tann and Co., safe manufacturers, of Newgate Street, have presented three iron chests to the Hospital to be placed at the various entrance gates as collecting boxes. This is an excellent idea. We feel certain that every patient and visitor, realising the needs of the Hospital, will gladly give some trifle towards the Appeal Fund; and it is by trifles that large sums are collected.

It is our pleasing duty to congratulate the Association Football Club 2nd XI most heartily upon beating Guy's 2nd XI in the Final of the Inter-Hospital Junior Cup. The trophy now adorns the library table. Long may it remain! This is the first time we have won the Cup since the year of its institution, 1898, when we secured it by beating St. Thomas's in the Final by 9 goals to 0.

* * *

We are glad to note that the summer session has begun earlier than usual. Though all of us require a short holiday at Easter, six weeks is far too long, and generally in the summer so much work has to be crowded into so short a time, with the necessary result, that much is neglected. The additional fortnight should provide for the same amount of work being done more leisurely, and therefore more effectively. It is much more pleasant in the heat of summer to take a little fresh air in the square between lectures and grinds than to rush directly from the stuffy anatomical into the crowded medical theatre.

* * *

VIEW Day happens on Wednesday, May 11th. With this in prospect, spring cleaning is making rapid strides. First the surgery, then the out patients, and finally the wards. From time to time all is chaos. But the daily work proceeds with sublime disregard for the discomfort of it all. Even our rooms are robbed of their tablecloths and curtains for a few days. Every effort is made to remove the accumulated dust of the year. The square, too, has put on its vernal aspect, the shelters are cleaned and varnished. The four new lamps make the darkness of night as it were day. How easy now to avoid those darkling pools of water which have been the curse of many a generation of residents when called out at night, to say nothing of the trials of the more lightly-booted nursing staff.

* * *

We have heard it rumoured that frock-coats will not be worn on View Day in the highest circles this year, except by those escorting cousins. We think the highest circles are right, and hope to see this fantastic custom dropped. If we are to be viewed, let us be viewed as we are, not as we become by force of custom. We are not, like the ex-War Secretary's skeleton army corps, undergoing a ceremonial parade.

* * *

We were pleased to notice the satisfactory termination to the case of Messrs. Burroughs Wellcome and Co. v. Messrs. Thomson and Capper in the Higher Court of Appeal. It would have been an obvious miscarriage of justice if the plaintiffs had been deprived of the right of using their patent by some technical point of law, about which there seemed to be so much difference of opinion among the members of the learned profession of the bar. The names "Tabloid" and "Soloid" have always been looked upon by the medical profession as the peculiar right

of Messrs. Burroughs and Wellcome, and we can testify to the infinite value of these preparations in the South African campaign. The only difficulty was that the tabloids were not sufficiently accommodating or interchangeable. For instance, No. 9 was a very famous War Office pill for a malingering, but when this was out of stock No. 4 + No. 5 would serve the purpose equally well. Not so with the tabloids, so they had their shortcomings. However, it would have been a sad thing for the profession if other firms had been allowed to make and sell inferior articles under the well-known guise of Tabloid and Soloid.

* * *

We offer our most hearty congratulations to Surgeon W. P. Yetts, R.N., on passing out first from Haslar, and on obtaining the Gold Medal in Naval Hygiene. Unfortunately he had to resign the Silver Medal and Book for General Hygiene owing to a recent admiralty order that no officer should keep more than one prize. We noticed the name of another Bart.'s man, Surgeon L. Murphy, at the other end of the same list. A case of Alpha and Omega, or "All's well that ends well."

* * *

A new departure is to be made this Session as regards the instruction in pharmacy. Arrangements have been made with Mr. Moore to hold classes in practical pharmacy in the dispensary. This will serve two great purposes: it will give men an opportunity of learning more about drugs and the art of prescribing. Particular attention will be paid to the subject of incompatible drugs. Patients will, as a rule, drink any medicine from valerian to caramel water, but it is not surprising that they refuse point blank to take ink, which is so often prescribed by the newly-qualified practitioner. And further, it will serve to make the excellence of our dispensary more widely known. So few men ever take the trouble to go and see the beauties of "The Shop," which, thanks to Mr. Moore's untiring labours, has been brought to a pitch of excellence.

* * *

We are glad to hear that the Oxford men at the Hospital have formed a St. Bartholomew's Oxford Club. The purpose is two-fold; firstly, to keep the Oxford men in touch with one another; and secondly, to further the interests of the Hospital in Oxford.

* * *

Dr. W. P. HERRINGHAM has been appointed Lecturer on Forensic Medicine. We hear that his lectures are well attended from beginning to end. No crisis or lysis is observed during their progress.

* * *

THE following is the additional list of Bartholomew's men who have subscribed to the General Appeal Fund and to the Special Fund for the new Pathological Block:

GENERAL FUND.

	£	s.	d.
Amount already published	388	10	0
W. H. Patmore Sheehy, Esq.	100	0	0
Mrs. Griffith	50	0	0
Mrs. H. J. Waring	52	10	0
P. Tatchell, Esq.	50	0	0
C. W. Emlyn, Esq.	10	10	0
C. B. Gabb, Esq.	10	10	0
W. L. Heath, Esq., M.D.	5	5	0
W. Hyde Hills, Esq.	2	12	0
P. Hicks, Esq., M.D.	50	0	0
W. E. Hoyle, Esq., D.Sc.	1	1	0
Welby P'Anson, Esq., M.B.	21	0	0
H. J. Johnson, Esq., M.B.	5	5	0
J. Langton, Esq.	100	0	0
W. Vawdrey Lush, Esq., M.D.	25	0	0
J. Newstead, Esq.	1	1	0
J. L. Parke, Esq., M.D.	1	1	0
D'Arcy Power, Esq.	47	5	0
W. Robinson, Esq.	1	1	0
H. H. Tooth, Esq., M.D.	50	0	0
T. Jenner Verral, Esq. and Mrs. Verral	26	5	0
A. Scarilyn Wilson, Esq., M.B.	5	5	0
C. Hamer Willis, Esq.	5	5	0
J. Ackery, Esq.	52	10	0
J. Barton, Esq.	5	0	0
H. J. Bamsted, Esq., M.B.	5	5	0
M. M. Bowlan, Esq., M.B.	2	2	0
E. J. Burgess, Esq.	1	1	0
G. H. Cressy, Esq.	5	0	0
W. M. Crowfoot, Esq., M.B.	5	0	0
Sir Dyce Duckworth, M.D.	100	0	0
Nicholl Evans, Esq., M.D.	10	0	0
A. E. Garrod, Esq., M.D.	50	0	0
H. W. Geill, Esq., M.B.	5	5	0
W. B. Gourlay, Esq.	1	1	0
W. Sheppard, Esq.	26	5	0
O. F. Wyer, Esq., M.D.	5	0	0
Collected by C. K. Phillips, Esq.	20	10	0
Collected by W. H. Vakeel, Esq.	9	10	6
" R. Puttock, Esq.	15	0	0
" H. J. D. Birkett, Esq.	3	10	0
" W. H. Barnett, Esq.	1	0	0
" C. A. W. Pope, Esq.	8	4	0
" R. Whiting, Esq.	10	7	0
J. Cropper, Esq., M.D.	2	2	0
F. Coleman, Esq.	5	5	0
Total	£485	3	6

PATHOLOGICAL FUND.

	£	s.	d.
Amount already published	337	5	0
B. D. Taplin, Esq.	5	5	0
L. Noon, Esq.	5	5	0
Per Cecil Christopherson, Esq. (Bart.'s men at Hastings and St. Leonards)	33	7	0
Dr. Elizabeth Blackwell (per Cecil Christopherson, Esq.)	5	0	0
R. Liddon Meade King, Esq., M.D.	10	10	0
A. Boske, Esq.	1	1	0
Lady Margaret Cecil (per Dr. W. B. Warde)	10	0	0
R. A. Yeld, Esq., M.D.	25	0	0
*D'Arcy Power, Esq.	5	5	0
In Memory, G. E. B.	1	10	0
E. J. P. Olive, Esq., M.D.	5	5	0
J. F. Jennings, Esq., M.B.	5	5	0
S. West, Esq., M.D.	5	0	0
W. T. Holmes Spicer, Esq.	5	5	0
*H. H. Tooth, Esq., M.D.	5	5	0
F. Parkes Weber, Esq., M.D.	5	5	0
J. Raglan Thomas, M.D.	2	2	0
Collected by ditto	7	13	6
E. C. Cripps, Esq.	5	5	0
Mrs. Eliz. Brown	5	5	0
Total	£490	18	6

* Has also subscribed to General Fund.

WE have been asked to call the attention of subscribers to the fact that there are two different appeals on foot, but that they are in no way antagonistic. The JOURNAL started a special appeal to Bartholomew's men for the new Pathological Block. As there has been some misunderstanding on this head subscribers and those who have collecting cards are asked to state definitely whether their subscriptions are intended for the General or the Special Fund.

* * *

As we go to press we learn that there are only two Mackenzie Clerks for May and two for June. Although the work on the district may not be a task of pleasure during the summer, yet, for the sake of those that come after, we ought not to let this department of the Medical School fall into disrepute. Therefore, we urge any senior students, not holding appointments at present, to take this excellent opportunity of learning practical midwifery. The application of short service men will be considered.

* * *

We have been asked to state that the International Congress of Ophthalmology will be held in Lucerne this year on September 13th to 17th, and all arrangements for the convenience of those intending to be present have already been taken in hand. Mr. Jessop will gladly furnish any further information.

The Clubs.

DURING the last decade the internal social arrangements of the School have been greatly changed and developed. There still however, remains much to be done before the whole strength of the students can be concentrated upon one common object—that of unity and enthusiasm.

One of the chief factors in this change has been, and must to a still greater extent be, good management, especially on the part of those who are captains and secretaries of the individual clubs. It is with the object of somewhat enlightening students, and especially freshmen, on the present state of affairs and the history thereof that the present article is written.

Until 1892 the clubs were, for all practical purposes, isolated institutions. The first suggestion concerning amalgamation of those clubs was made in that year. One of the main reasons for amalgamation was the question of finance.

No athletic club could, by itself, lease a club ground for matches and practice games, and the suggestion was put forward that the clubs should join together and attempt to obtain such a ground common to all. At the same time it was felt that the separate life of each club should not be destroyed, and that each should continue to elect its own committee and officers.

The scheme finally adopted to meet the various requirements consisted in the formation of a finance committee in which the clubs were severally represented.

After this amalgamation of the clubs students no longer paid a subscription to any separate club, but paid instead a composition fee which entitled them to become life members of the clubs, and to obtain the JOURNAL free during their studentship. The Abernethian Society was not so much under the control of the Finance Committee as were the other clubs. It received a fixed sum for every student joining and managed its own financial affairs.

Since the first formation of the Amalgamated Clubs various internal alterations of no great moment have been made from time to time.

Soon after the amalgamation Dr. T. W. Shore, on one of his botanical rambles, discovered our present ground at Winchmore Hill. He was at that time President of the Amalgamated Clubs. He called the attention of Mr. Bowlby (then Treasurer of the Clubs) to it. After it had been agreed that the ground was suitable, Mr. Willett, the Treasurer of the Medical School, was approached on the matter, and with his sympathy and active support in consenting to the investment of certain scholarship funds in the ground, the purchase was carried through. After preliminaries had been settled a Ground Committee was elected, consisting of Mr. Willett, Dr. Church, Dr. West, Mr. Bruce Clarke, Mr. Bowlby, and Dr. T. W. Shore. This committee left most of the details of negotiating the purchase, of levelling and draining, and of building the pavilion to Dr. Shore and Mr. Bowlby, to whom we are primarily indebted for our present ground. The ground is ten acres in extent. It was purchased early in 1894 by the Medical School for the use of the clubs. It is held in trust by Dr. West, Mr. Bowlby, and Dr. Shore, in whose names the purchase was made. The formalities of purchase, and the work of fencing, levelling, draining, and erecting the pavilion, etc., were completed early in 1895. The ground was ready for use for the cricket season of that year, the first match played there being against the M.C.C.

The total cost of purchase, levelling, building the pavilion, etc., was nearly £8000. (The land cost about £4300; the pavilion about £2200; the fencing £260, and the draining and levelling about £700.) The funds to meet this cost were provided in the main by the Medical School, who invested the endowments of some of the School scholarships in the purchase, and partly by an arrangement with the Hospital, as trustees for the Brackenbury scholarships,

whereby the Brackenbury fund was invested in the land on the security of a mortgage. The Amalgamated Clubs pay £300 a year as a fixed charge, from which the Medical School provides several of the scholarships, and the Medical School subscribes £100 a year towards the expenses of the clubs.

The formal opening of the ground by Sir Trevor Lawrence on June 8th, 1895, was a very successful function. On that day the first *Past v. Present* cricket and tennis matches were played. On the evening of the same day the first Amalgamated Clubs dinner was held at the Holborn Restaurant, Dr. Shore (the President) being in the Chair.

Of late there has been a lack of enthusiasm and unity in the Amalgamated Clubs. The various teams have become, on the whole, weaker, and the inter-hospital cups have been lost one by one. This is largely owing to the fact that freshmen do not make any effort to play in the various trial games by giving in their names to the various secretaries; and, on the other hand, the secretaries and captains very rarely make any serious effort to get at the freshmen. The whole may be summed up as lack of *esprit de corps*. In order to remedy this as far as possible, and to provide better accommodation for students than is at present afforded by the smoking room and Abernethian room, a new *régime* has come into being this year.

The "Amalgamated Clubs" has ceased to exist, or rather has blossomed forth into something better. We recall the words of Dr. Eustace Talbot when he, on behalf of the commission appointed to draw up the laws and constitution of the Students' Union, introduced the new Students' Union at a general meeting of students. "We have come here in a two-fold capacity—as undertakers, to bury with decency the Amalgamated Clubs, and as midwives, to bring to birth the Students' Union." It is to be hoped that the Students' Union will do something to restore the *esprit de corps* which is so necessary for the welfare of the Hospital. The Executive Council has its work cut out for it; but if only it will recognise its great responsibilities and lay down certain sound principles for the management of the clubs and improvement of the accommodation for students, a great step will have been achieved. It will thus open the road to further progress, and we may look for improvement in the arrangements for social intercourse by the announcement of smoking concerts or dramatic entertainments from time to time.

The reports of the various clubs, which we publish below, show that the teams are generally weak; the only inter-hospital events which we have recently won are the Athletic Shield, the 2nd XI Association Football Cup, and the light-weight boxing. This is a very poor show for Bart.'s.

It is true that the secretaries of the various clubs seem hopeful for the next season, but unless some radical change takes place in the methods and management of the clubs

and in the *esprit de corps* of individuals, it is difficult for others to feel the same hopefulness.

It might be well for the Council of the Students' Union to call a meeting of freshmen at the beginning of every term, and to send to each individual a letter requesting his attendance in order that all may learn how the Hospital is dependent on freshmen to fill from year to year the places of those who have gone down, and to discover the athletic capabilities of each individual.

One important point to impress upon all is that a good team and combination can only be obtained by the same men playing in the same positions match after match.

"Whatever thy hand findeth to do, do it with all thy might" is the motto of welcome to freshmen over the School door.

There is something for everyone to do for the Hospital. If a man be not an athlete there are other fields to play in. "Those also serve who only stand" and shout. A good "backing" does more for a team than many suppose.

Every full or university student is required to join *all* the clubs and to pay a composition fee. And each student, from the mere business point of view, should get as much for the money as he can.

All students obtain a copy of the JOURNAL free on application at the cloak room.

The following is a list of the clubs:

- Abernethian Society.
- Athletic Club.
- Boxing Club.
- Cricket Club.
- Dramatic Club.
- Hockey Club.
- Lawn Tennis Club.
- Association Football Club.
- Rugby Football Club.
- Shooting Club.
- Swimming Club.

Everyone should at least pay one or two visits to the club ground, if only to see the beauties of the surrounding neighbourhood. Return tickets are issued at elevenpence to those showing the card of club-membership.

Finally, we repeat that which can never be too often repeated: "There are but few things in this world which cannot be attained by enthusiasm and hard work. There are some things attainable by hard work alone. There is nothing worth having that can be obtained without enthusiasm."

RUGBY FOOTBALL CLUB.

Looking back on the Rugby season of 1903-4, it would appear to be one of absolute and complete failure, a failure so complete that its very hopelessness cannot but give one hope for the future, seeing matters could not very well be worse.

Apart from this, however, there is one point which is a matter for

congratulation, though probably few outside the team itself are aware of it, and that is the very marked improvement made towards the end of the season, both in the actual play and, still more, in the general keenness displayed.

Criticism at any time, and especially of such a team as has represented the Hospital last season, is always difficult; so that if, to some, these remarks appear too harsh and censorious, let them always remember the difficulty of the task of critic, and also that they are made with the sincere hope of awakening more enthusiasm, plainly stating facts, with no attempt to gloss over what is really a very lamentable state of affairs. First of all, with regard to the management of the Club. It was a regrettable fact that the captain should find himself out of his year in the winter term, and further, that the secretary was also unfortunately called away before the end of the season. There is no doubt that any man undertaking the duties of captain or secretary of the Club at the present time will find it no sinecure. Therefore no man ought take office unless he means to fulfil his duties to the very best of his ability.

Undoubtedly there is plenty of material for turning out something better than the third-rate team which represented the Hospital last season.

A keen captain can do more with a poorer side than a slack one with good material. The officers might at least take the trouble to find out in good time what men intend to play, and to see such men personally. Most men are anxious to play if only things are made convenient for them.

To turn to a criticism of the team collectively, the bare results read, one win, fourteen defeats. It is not in the least desirable to palliate this mournful result by any words. It will be for the captain and secretary of next year, by personal keenness and example, to get men down to Winchmore at least once a week for exercise, to encourage them to box, to swim, or anything, in fact, but loaf about the square for two thirds of the afternoon. Several of the matches have been very good; usually against stronger opponents the team played better, notably v. Cooper's Hill, Lennox, Marlborough Nomads, and Old Leysians. There has been in every match a fatal ten minutes, when the forwards fail entirely, and the backs are left to cope with the whole of the opposing fifteen. Most obvious was this in the last quarter of the Cup tie, when Guy's from being eight points to the good, suddenly piled on twenty more points.

Marshall, at full back, has only played a few times, as he found he was out of his year.

Jones played a plucky saving game, but was an unreliable tackler. With played a very steady game; in fact, he was the best back tried during the season. He must remember that a full back cannot learn to kick by playing a match once a week.

The three-quarters were individually good, but their combination was singularly ineffective.

Lee was by far the best, as he times his passes well, and is rarely selfish. He played an excellent game v. Guy's.

Owen is at times brilliant individually, but far too selfish, forgetting his wing entirely. Both he and Lee save and tackle very well.

Pinder is very experienced, but is keen and a real good "trier."

Keats has come on wonderfully. His defence is poor, but he kicks well with either foot.

The halves are the weak spot in the team. Loughborough and Collingridge both save pluckily and can tackle quite well, but both have but a rudimentary knowledge of opening out the game. They must remember that it is the first duty of halves to pass out to the three-quarters, and to pass at once. They worked, certainly, under disadvantageous circumstances, as up to Christmas the forwards had little or no idea of feeling.

The forwards, from a leisurely and lethargic collection of individuals, have arrived at quite a respectable semblance of unity. For the first eight weeks of the season they rarely, if ever, followed up at more than a trot; in this respect they are most noticeably improved. They pack quite well, and are very good at getting the ball. Their ideas of combined wheeling are still in their infancy; they have no notion of re-forming to break an opposing wheel, and their handling is extremely erratic.

In spite of all these faults, weak tackling included, they have the makings of a really smart, though light, scrum. Want of condition is their worst enemy, as evidenced in the cup-tie, where for fifty minutes they more than held their own, getting the ball time after time, then, being unable to "stay," Guy's weight told, and the game went all in their favour.

It is not too much to say that this marked improvement in the forwards was entirely due to Grandage. His untiring energy and capacity for being always on the ball worked wonders, directly he

began to lead the scrum. Unfortunately this was not till comparatively late in the season.

Harris and Trewby were both consistently good, clever, and fast in the open; they use their weight in the scrum.

Trevor-Davies played very well indeed the few times he played for the 1st XV, and it is inconceivable how he can have been overlooked earlier in the season.

Symes, Jamieson, and Almond all work hard, but are usually unable to last sixty minutes. They all ought to learn to control the ball better when dribbling.

Gibson should be useful next year.

Hoskyn and Ilott, especially the latter, played well in the cup ties. It is to be sincerely hoped that they will see their way to playing regularly next season for the Hospital.

Arnould was useful on the few occasions on which he played. Courtenay is a clever dribbler. Lack of weight is his disadvantage at present.

In conclusion it is to be sincerely hoped that men will try and make more use of Winchmore, and that the executive for next season will use their personal influence and tact to get men to play. In such a case there is every prospect of having quite a fair team, and the critic's task for next year will not be such a painful and difficult one as it has been in reviewing last season's results.

ASSOCIATION FOOTBALL CLUB.

An account of the first half of the past season appeared in the January number of the JOURNAL. The second half began with a series of disappointments culminating in a defeat by Guy's in the 1st round of the inter-Hospital Cup. The team began well by beating Brentwood Rovers (2-1), but then match after match had to be scratched, and satisfactory practice at Winchmore Hill was out of the question owing to the state of the ground, so that the team met Guy's at Winchmore Hill on February 2nd in a totally unprepared state. After this the XI seemed to play up better and won 2 matches, lost 2, and drew 1. The matches were all against good sides, so this speaks fairly well for the prospects for next season. There must be much more individual keenness about the game, if we are ever to win the Cup back. The secretary is arranging a sound fixture card for next season, and this will ensure only good matches against amateur clubs. There will be on this account no excuse for men playing for other clubs. There is much promising material in the 2nd XI and Bart's ought to turn out two useful Association teams next season.

The 1st XI was finally made up as follows:—C. E. Armitage (goal); H. Rimington, H. Hardwicke-Smith (backs); C. H. Fielding, A. Miles, J. R. Lloyd (halves); E. R. Evans, F. J. Gordon (right), A. H. Hogarth (captain, centre), J. C. Mead, C. B. Butcher (left), forwards.

Armitage is a really good goal keeper and knows the game well, but does not get enough practice to be always safe. The backs on the whole were very good, and did a lot of hard work.

Rimington gets much too far up the field and, though he is an excellent kick, does not use enough judgment in giving the ball to his forwards.

Hardwicke-Smith makes up in energy what he lacks in speed, and was generally a safe tackler, though rather uncertain in his kicking.

The halves, with the exception of Miles, were the weakest spot in the team; they played a useful defensive game, but seldom played with the forwards.

Miles, when he played, was undoubtedly the backbone of the side. Hardworking, a clever tackler, and he passed well to his forwards.

Fielding was very energetic, but lacked judgment. He did not know when to take the man or when to take the ball.

Lloyd worked hard, but seldom passed on the ground, and was not quick enough in getting to the ball. The forwards one and all were disappointing.

Evans, with his pace, should make an excellent outside; he was useless inside, as he never made any ground and did not do much work. Towards the end of the season he combined well with Gordon.

Gordon played several very good games, but is rather selfish and does not shoot enough at goal.

Hogarth is not a good centre, as he does not keep his wings together, and does not make opportunities for shooting.

Mead improved greatly, but never gets on to the ball soon enough and does not know how to shoot.

Butcher was very fast, and occasionally got right through by him-

self, but more often lost the ball after passing the half, when he might have passed to his inside.

The 2nd XI are to be most heartily congratulated on winning the Junior Inter-Hospital Cup, beating the holders, Guy's, in the final by 3-2. The match was played on the London Hospital ground on March 28th. Neither team was at full strength. Guy's had beaten both London and St. Thomas's by 6-0 each, whilst Westminster, Charing Cross, and St. George's had succumbed to Bart's. The game was not great, but Bart's fully deserved their victory on the play. Of the backs Datta and Trewby were easily best, whilst Holthuisen and Tucker were the pick of the forwards. Upton (2) and Hodge (1) scored the goals. The following was the team—A. Downes (goal); A. Barber and L. T. Burra (backs); W. H. Hodge, F. Trewby, R. C. Berryman (halves); A. T. Forrester, S. Upton (right), A. W. Holthuisen (centre), S. A. Tucker (captain), E. Paine (left) forwards.

CRICKET CLUB.

President.—Sir William Selby Church, Bart.

Captain 1st XI.—W. S. Nealar.

Secretaries 1st XI.—W. B. Griffin, G. F. Page.

Captain 2nd XI.—H. Rimington.

Secretary 2nd XI.—J. F. Craddock.

Committee.—L. V. Thurston, P. R. Parkinson, A. J. Symes, L. L. Phillips.

As yet it is not easy to prophesy with regard to the success of the coming season. It is hoped that some new talent will be found amongst the Freshmen, especially in the bowling line, which, as in former years, is still weak.

W. S. Nealar will be captain for the second year in succession, and it is hoped that his true form will again reassert itself.

In C. A. Anderson, a captain of previous years, and L. V. Thurston, a patient bat, we lose two cricketers who have done good service for the Hospital.

Otherwise the team will be the same as last year, and with a full side we hope to do well in the Cup ties.

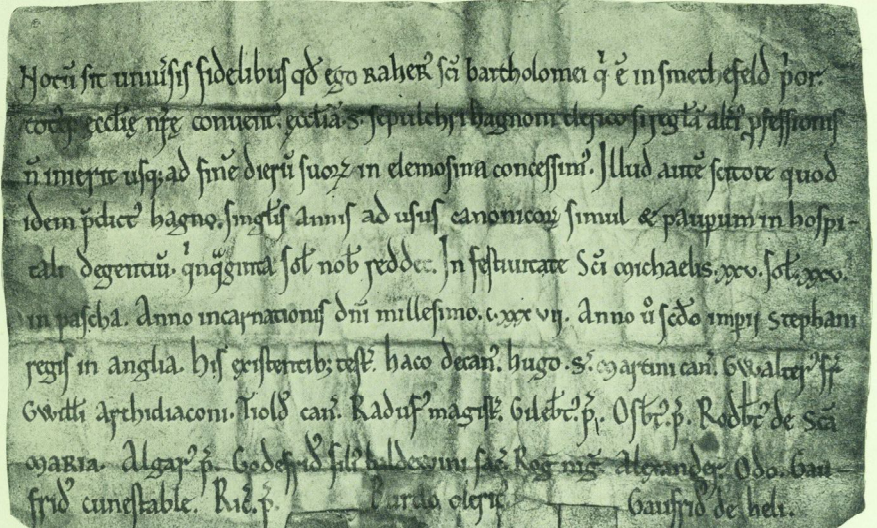
CRICKET FIXTURES, 1904.

Date.	Opponents.	Time.	Ground.
Wed., May 4...	Trial Game	2.30...	Winchmore Hill.
Sat., " 7...	Wanderers	11.30...	Winchmore Hill.
Sat., " 14...	Virginia Water	11.30...	Virginia Water.
Sat., " 21...	Henley-on-Thames	11.30...	Henley.
Mon., " 23...	*Southgate	11.30...	Southgate.
Sat., " 28...	Southgate	11.30...	Southgate.
Sat., June 4...	M.C.C.	11.30...	Winchmore Hill.
Wed., " 8...	Past v. Present	11.30...	Winchmore Hill.
Sat., " 11...	Addlestone	11.30...	Addlestone.
Wed., " 15...	Enfield	11.30...	Winchmore Hill.
Sat., " 18...	Hampstead	11.30...	Hampstead.
Sat., " 25...	Dunstable Gram. Sch.	11.30...	Dunstable.
Sat., July 2...	Wellingboro' Masters	11.30...	Wellingborough.
Sat., " 9...	London County C.C.	11.30...	Crystal Palace.
Wed., " 13...	Occasionala	11.30...	Winchmore Hill.
Sat., " 16...	East Molesey	11.30...	East Molesey.
Sat., " 23...	Waldegrave Park	11.30...	Winchmore Hill.

* Bart's and London combined.

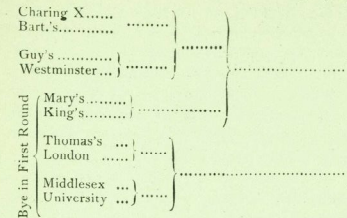
2ND ELEVEN.

Date.	Opponents.	Time.	Ground.
Wed., May 4...	Trial Game	2.30...	Winchmore Hill.
Sat., " 7...	Southgate 2nd XI	2.30...	Southgate.
Sat., " 14...	Merchant Taylors' Sch.	2.30...	Bellingham.
Wed., " 18...	Virginia Water 2nd XI	11.30...	Virginia Water.
Sat., " 21...	Colney Hatch	2.30...	New Southgate.
Wed., " 25...	St. Thomas's Hos. 2nd XI	2.30...	Chiswick.
Sat., " 28...	Southgate 2nd XI	2.30...	Winchmore Hill.
Wed., June 1...	Winchmore Hill	2.30...	Winchmore Hill.
Sat., " 4...	.....	.....	.....
Sat., " 11...	R.I.C.C. 2nd XI	2.30...	Winchmore Hill.
Wed., " 15...	Winchmore Hill	2.30...	Winchmore Hill.
Sat., " 18...	St. Thomas's Hos. 2nd XI	2.30...	Winchmore Hill.
Sat., " 25...	.....	.....	.....
Sat., July 2...	London Devonians	2.30...	Winchmore Hill.
Sat., " 9...	Norwood 2nd XI	2.30...	Winchmore Hill.
Sat., " 16...	.....	.....	.....
Sat., " 23...	.....	.....	.....
Sat., " 30...	Hospital Employes	2.30...	Winchmore Hill.



Bartoli's Charter of II37

DRAW FOR CRICKET CUP TIES, 1904.



LAWN TENNIS CLUB.

The courts at Winchmore Hill will be open for play on April 30th. The last year's captain, C. W. A. Pope, will be unable to play this season, and his absence will make a considerable difference to the team.

Unfortunately, up to the present, there are apparently no freshmen who intend to play this season. This is a great pity, as the club will be as extinct as the Dodo next season, unless it gains a new lease of life by the importation of some new blood.

At present the playing members will all, with one exception, be either "out of their year," or else qualified by next season. Some people seem to hold the view that some University degree is as necessary a qualification to play in the Bart's VI as an F.R.C.S. is for a place on the surgical staff. They are entirely mistaken.

A journey to Winchmore Hill may, perhaps, be found worth while if only to buy balls which have been used once in matches at half price.

ATHLETIC CLUB.

The present generation of Bart's men must look upon the Athletic Shield as being hospital property, and we see no reason why this idea should not still be maintained during the ensuing year. Our prospects really look quite as rosy as usual, in spite of the absence of H. E. Graham, who, owing to Hospital regulations, will not be able to run this year. Graham for the last five years has won the half and mile, but we hope not to lose sight of him altogether at our athletic meetings; for judging by his ability to hold cups he ought certainly to be a good hand at holding the tape for others. But do not let this dishearten us, for surely our hopes may rest safely on the shoulders of such an athlete as W. H. Orton, who may with confidence be expected to win the hundred and two hundred and twenty, and if he has better luck than last year, the quarter also. Another silver medalist should be E. P. Young, whom we hope to see carry off the weight with the same ease and skill which he displayed last year. If J. G. Gibb can be persuaded to turn out in the three miles that event will most certainly fall to Bart's, but if on the other hand he is unable to run we have great confidence in A. L. Candler who ran second to Pilbean last year. B. N. Ash unfortunately will not again be able to fascinate the spectators with his wonderful leaping powers. A rumour reaches us that the veteran runner P. Gosse may again be able to put in an appearance on the track; such a rumour, if it be true, should add to our confidence, as Gosse's marvellous staying powers are well known in athletic circles; he once gained second place in the mile and three miles.

Cannot something be done this year as regards the Tug-of-War? Surely the Rugby team which lately has not been over successful in its own line of sport might launch out into other spheres and raise a team for this event in which brute force and not skill is required. Of the young blood we can say nothing, as so far we know nothing; but we hope that among the many athletic-looking figures which have lately joined the Hospital there may be one or two who will prove athletes of real merit, and many who will retain sufficient enthusiasm for athletics to enter and train for the Hospital sports.

No dates at present can be fixed, and the date of the Inter-Hospital Sports is not yet decided. But the Stamford Bridge Ground is open for training; or, better still, arrangements can be made for men wishing to run or jump at Winchmore Hill, where the green sward and pleasing country air are more delightful than the dust and heat of the London athletic ground.

SWIMMING CLUB.

President.—H. J. Waring, Esq., F.R.C.S.
 Vice-Presidents.—P. J. Furnival, Esq.; J. Calvert, Esq., M.D.; Gordon Watson, Esq., F.R.C.S.; D. M. Stone, Esq.
 Captain.—R. C. F. McDonagh.
 Secretary.—C. F. O. White.

Committee.—J. G. Watkins, H. M. Hanschell, H. N. Wright, E. G. Milsom, G. T. Verry, F. Trewby, P. Gosse, W. S. Edmonds.

The prospects for the coming season are hopeful. Our most serious loss is that of D. M. Stone, since not only was he an experienced polo player, but his rapid pace made him invaluable in the team races, and unless he had been ill last year we should probably have won the Inter-Hospital Team Race Cup.

Out of last year's team five remain. This year two forwards are wanted, and it is hoped some freshmen may be found to fill the place.

Water polo is a game easily picked up, and any freshmen who can swim at all we hope to see at the practices, which are held at the Holborn Baths (Endell Street) at 1.30 on Wednesdays.

Cheap tickets for the above can be obtained either from R. C. P. McDonagh or C. F. O. White.

If we can only get the team to turn up to practice together as often as possible there is no reason why we should not have a good try to regain the Water Polo Inter-Hospital Cup.

The weak point at present is our slowness in team racing, and it is hoped that this may be improved with practice.

We are very pleased to see our captain playing again this year, after being *hors de combat* all last season.

FIXTURES, 1904.

Sat.	May 14	Cambridge S.C.	Holborn Baths
Wed.	" 18	Artist's R.S.C.	Fitzroy Baths
Fri.	" 27	Ealing S.C.	Ealing Baths
Thurs.	June 9	Richmond S.C.	Holborn Baths
Sat.	" 11	Cambridge University	Bathing Sheds, Cambridge
Wed.	" 15	Queen's Westminster S.C.	Westminster Baths
Fri.	July 1	Ealing S.C.	Ealing Baths
Mon.	" 4	Otter S.C.	Holborn Baths
Mon.	" 18	Queen's Westminster S.C.	Holborn Baths
Fri.	" 22	Richmond S.C.	Richmond Baths

The Mistakes of a House Surgeon.

A Paper read to the Abernethian Society.

By E. L. FARNCOMBE, M.R.C.S., L.R.C.P.

(Concluded from p. 118.)



FROM the notes on the next case you will perceive, I trust, the sources of error, which led to a series of mistakes in treatment almost from the moment of admission to her death forty-eight hours later.

H. M., æt. 46, was admitted to Lucas on July 3rd for headache and drowsiness. She had been treated in the surgical out-patient department from April 26th to June 26th for a gumma of the temporal region. On Thursday, July 2nd, she complained of great frontal headache, and commenced vomiting at 2 a.m. Both symptoms continued, and drowsiness began on July 3rd. She was brought up in a car to the out-patient room and at once admitted. She was too drowsy to answer any question about her past or family history, but she was sufficiently conscious to complain of great frontal headache, pain on left side of neck, and lumbar pain; the last was supposed to be caused by menstruation.

On examination she was found to have a temperature of 101.8°, pulse 108, high tension, and respiration 36. No retraction of the head; no localised tenderness over scalp; no tenderness over mastoids; both membrana tympani natural; both eyes kept closed, when opened pupils were equal and reacted; under homatropine she had slight lateral nystagmus, but no trace of optic neuritis could be seen.

Thorax.—There was dulness behind over both bases.

Heart.—Area of cardiac dulness not increased; apex-beat natural; systolic murmur at apex conducted into axilla; faint systolic murmur at pulmonary base; leucocyte count 16,000.

Abdomen.—Moves well; nothing abnormal felt.

Kidneys.—Catheter specimen of urine showed sp. gr. 1.025, acid; no albumen, but intense glycosuria.

Reflexes.—Both knee-jerks and flexor reflexes sluggish.

She lay in the typhoid state, and seemed to fall into the group that includes enteric fever, meningitis, infective endocarditis, and some cases of pneumonia. Enteric fever was put out of court by a negative Widal; infective endocarditis was favoured as a diagnosis by the presence of murmurs and a slight leucocytosis, but the size of the heart was against it; while pneumonia, in an early stage, seemed probable from the physical examination. The evidence for meningitis was slight, though glycosuria could be fitted in with this condition better than any of the others unless she was a diabetic. The treatment adopted was expectant, with purgation by Pulv. Jalapæ Co.

The next day she still took food when pressed, but the drowsiness was obviously increasing. Heart and lungs were the same as before. Pulse, still of markedly high tension, had increasing frequency up to 136, and temperature rose continuously to 103.6°. Urine (catheter specimen owing to menses and retention) 3xv. Glycosuria very slight; albumen present. Treatment symptomatic, with additional stimulant.

On July 5th the patient was completely unconscious, and nasal feeding was resorted to. Respirations 44, of the Cheyne-Stokes type. Condition of lungs unaltered. Pulse 136, high tension but irregular. Temp. 103.8°. Has passed no urine for twenty-four hours; catheter specimen sp. gr. 1.025, acid; no glycosuria, but very much albumen, with hyaline and granular casts; urea estimation 2.5 per cent.

Dry cupping was performed, but during the operation patient's pulse and respiration became markedly worse, and she became cyanosed; so the cups were removed early, and patient again placed on her back. It now appeared as if there was uremia present, even though there had been no twitchings. Two hours after the dry cupping patient was sweating freely, but breathing extremely badly and in a dyspnoic manner. Consequently I performed phlebotomy Oj in the right arm, while my corresponding house physician infused on the left saline Oj. This had no effect on the

patient, and she died an hour afterwards. The post-mortem explained all the symptoms, for she was found to have had a front basal suppurative meningitis. The heart showed an old rheumatic lesion; and the kidneys, which had attracted so much attention, were found macroscopically to show no pathological lesion. Should it ever be my fate to meet a similar case I might not pay so much attention to certain symptoms, but I am convinced that, despite my treatment, the result to the patient would be the same.

While in my first week as a "fresher" at Oxford I was introduced to another "fresher," with whom I had a fairly close acquaintance for three years. When I first went round Henry in October for my senior, who was money-making, I met a man of the same name, and asked him where he came from. He came from the same village as my old acquaintance and senior. My conclusion that he was a brother was correct. The patient had had an appendix abscess opened at the end of September, and a faecal fistula resulted. He convalesced rapidly, but the fistula would not close, so a further operation for its closure was performed in February, 1903, and he left apparently quite well in March. He was a man who had five attacks of catarrhal appendicitis previous to this one between 1899 and 1902. He reported himself monthly after leaving the hospital in March, and on July 28th had tea with me in the quarters and seemed to be a sound man. It was therefore with considerable surprise that I awoke at 8.15 a.m. on July 31st to read a telegram from his doctor to say he was bringing A. B.—up again, as he was suffering from severe and obscure abdominal pain. He came up middle-day, and his condition was markedly changed within the three days that had elapsed since I saw him last. With a weak irregular pulse of 108 and temperature of 100.8° he looked sallow and emaciated, and was in intense pain. His abdomen was distended and moved badly, but was not very tender, but slightly more so in the right iliac fossa. In the evening he was seen by three house surgeons in consultation with me, and the unanimous opinion was expressed that general peritonitis was the cause of his condition.

Mr. D'Arcy Power came down and operated. Briefly recount the operation was as follows:—Incision through old scar of appendix abscess disclosing the ascending colon adherent to the anterior abdominal wall. By enlarging the incision downwards a gangrenous appendix was found and removed, a drainage-tube inserted, and the wound partially closed. In many such cases the interest ceases at this point as convalescence begins and ends uneventfully. Not so with A. B.—, for after the appendix was removed his temperature remained average for six days, and his pulse-rate varied from 100 to 120, mostly above 110. But his bowels could not be opened, though every form of purgation was attempted, and injections of Liq. Strychninæ given a quarter of an hour before the many simple and complicated enemata; no result could be obtained. The abdomen be-

came more and more distended, even though from the first the feeding had been rectal, with the exception of small quantities of champagne and brandy, which were taken by mouth. Intractable hiccoughing was constantly present and vomiting was occasional. The patient at times was delirious, and on one night-round attempted his own salvation by telling me that he was perfectly sure the only cure for his hiccough would be to put him into an exhaustion chamber, and by producing a surrounding vacuum exhaust all his intestinal flatus.

Seven days after the operation his condition was desperate, and I made the first of a series of three mistakes.

I invited, during the afternoon, his mother and a younger brother to my rooms and informed them of his condition. My prognosis was death within forty-eight hours. During the same evening the patient was much worse and vomited three times. The vomit was distinctly feculent. The temperature, which had remained average for six days, rose to 102.4°, and his pulse-rate increased to 136, at which rate it was markedly weak and irregular. On my night-round the patient was in such awful pain that I administered hypodermically Inj. Morphinæ ℥iv, Liq. Strychninæ ℥iv, and ordered a second injection of strychnine to be given when necessary. On my return to the quarters I wrote to his doctor saying that his case was hopeless, and posted the letter before going to bed. Next morning I was surprised that I had not been called in the night, but on entering Rahere my first question was for A. B.—. The reply astounded me: "After your injection he slept for three hours, and woke up to have his bowels well opened, and since then he has had his bowels open twice more." From that time onward he convalesced slowly but surely. A faecal fistula appeared in the wound, but closed in five weeks, and when he came to tea with me at Mackenzie's about a month ago he told me he weighed over two stone more than he had done since 1902. My mistakes in his treatment were twofold; firstly in prognosis, and secondly in giving the morphia at all. I admit I wish I had not given the wrong prognosis to his relatives and his doctor, though they were all prepared to receive it; but as regards the administration of morphia I only wish that I had been strong enough to throw off the classical teaching a day or two earlier, and I can only devoutly hope that all my mistakes in fatal prognosis for the future will be equally unsuccessful.

A good many of my mistakes have been caused by the appendix, and surely with those that I have already recited in my mind I ought to have made no more.

However, one day in August F. R.—, æt. 17, came up for examination, with a note from an outside practitioner to say he was suffering from an intussusception.

In the surgery he was found to have a temperature of 99.2°, with a pulse-rate of 84. He gave a history of having ten days previously been suddenly seized with severe pain

in the lower part of the abdomen accompanied by vomiting. Eight days previously he had returned to work, but seven days before a frequent running away from the rectum of blood and mucous slime had commenced and continued up to the present. He lay on his back with his legs fully extended, with full abdomen and rigid walls. An elastic, painless swelling could be felt, five inches by four inches, in the hypogastrium, extending more to the right side than the left. The swelling was dull on percussion, and did not disappear entirely on catheterisation. *Per rectum* an elastic swelling could be felt in middle line and to left of rectum. A diagnosis of mucous colitis due to impacted feces was made, as the youth acknowledged constipation of long duration, and he was admitted to Luke Ward.

On admission he had administered a soap and water enema, which resulted in a slight return of sanious mucus. In the evening he was examined again. His temperature had increased to 102.4°, with a pulse rate of 128. He was in considerable pain, and a leucocyte count was 17,000, and therefore indicative of suppuration. Mr. Lockwood came down to operate. He opened in the middle line, and discovered an appendix abscess confined to the pelvis but lying both to right, left, behind, and in front of the rectum. The largest quantity of pus was on the right side. The appendix was found with extreme difficulty and removed.

For two days after the operation the patient made good progress, but suddenly the drainage ceased to work satisfactorily, and the patient at the same time became wildly delirious. He was removed to Casualty, and died shortly afterwards.

The last mistake was one that involved a nice medico-legal point. It was the case of M. E.—, æt. 9, who was brought up to the hospital at 10 p.m. on September 12th by the father, who gave as her history that she had been in perfect health until supper time on September 11th, when she had eaten the products of a fried fish shop. It appeared that other people in the neighbourhood had been complaining recently of this fish shop, and the father was extremely anxious for us to give him a paper to say that the girl had been poisoned by fish, and then he said he would make it hot for the proprietor.

It really looked as if the father's theory was a true solution, for pain, with incessant diarrhoea and vomiting, had commenced one hour after eating the fish and twenty-five hours previously. The girl was pulseless, and had a temperature of 95° F. She was evidently moribund. Examination of her chest revealed some pleural friction over the base of the right lung behind. Her abdomen moved easily, was flaccid and soft, and, as far as could be judged, not tender. There was no sign of loss of resonance to percussion, and nothing could be felt *per rectum*. A warm bed, tilted up at lower end, and an injection of strychnine brought back a slight flickering

pulse, too rapid to count. The temperature rose to 96.4°, and patient commenced a low muttering delirium and incessant picking at the bedclothes with her hands. Brandy had been given by mouth, but was vomited in two minutes. Brandy was given *per rectum*, but returned with bile-stained fluid in a few minutes. Altogether she received four injections of strychnine in the twelve hours she remained alive.

After her death her father again requested a certificate, but though her condition had appeared to be toxæmic, on account of the pleural friction, and for general interest, a post mortem was demanded, and at first steadily refused. However, as the man saw that no post mortem meant no certificate, he eventually yielded, and the post mortem notes condensed read as follows:

In the thorax a patch of recent pleurisy over the right base. In the peritoneum: an amount of thin, turbid, blood-stained fluid in peritoneal cavity, becoming more purulent in character towards the pelvis. Everywhere intense recent peritonitis with infection. No lymph exudation. A large number of small extravasations of blood in the great omentum, and nowhere else. Subsequently the peritoneal fluid and heart's blood gave pneumococci in pure culture.

Once more, therefore, the ubiquitous pneumococcus appeared on the scene to belittle us in our own estimation, but its arrival in this particular case was at least more serviceable than in most pneumococcal infection, for it protected from legal proceedings the alien immigrant who was a purveyor of fried fish to our East-end population.

Our Chairman, gentlemen, at our last meeting was under a misapprehension when he stated that the subject for to-day's paper would be "A few mistakes of a house surgeon, and tea and coffee in the Library." The latter part of his statement is, I confess, entirely outside my province, and yet I desire to express my thanks to him for adding the word "few" to the title.

It is a sufficiently difficult task, gentlemen, to stand in the pillory, for I take it that the whole object of seeking a house surgeoncy is to learn, to learn by experience, to be gained alike in the hurly burly of our out-patient departments, in the comparative quietude of our wards, in the suppositious sanctity of the theatre, and the callous coldness of the post-mortem chamber. And, inasmuch as I believe my experience is universal that no patient dies

through a mistake that would not otherwise die at or about the same time as the mistake is made, I would urge that the learning to be gained by the experience is greater in one mistaken case than in ten cases which from start to finish afford no difficulty in diagnosis or treatment.

In conclusion, I must thank you for the patient and courteous manner in which you have listened to my series of mistakes, and, without attempting to excuse myself, offer you as an axiom: "The medical practitioner who never makes a mistake never sees a patient."

Simple Rhymes.

No. 1.—TÆNIA SOLIUM.



ANDROUS winding lengths are thine

Six or seven feet or nine,

First thy rounded head before

Set about with snickers four.

Eke as well thy features show

Suckers in a double row.

Thread-like neck so lithe and slim;

Graceful creature neat and trim.

Following gently after these

Come thy fair proglottides.

Sweet simple life—in one we see

Paternity, maternity.

Joyful offspring soon to grow,

Little six-hooked embryo.

Never to good children come

Little Tænia Solium.

J.R.R.T.

Overheard in Hospital.

Scene.—THE SURGERY.

Energetic H. P. (having prescribed for patient's cough).—By the way, do you bring up any blood?

Patient (with emphasis).—Do I bring up any blood? Why! that's just what I do, doctor.

NOTES ON ASEPSIS.

(1) At a probationer's examination.
Examiner.—What precautions would you take on entering an operating theatre?

Probationer.—The first thing I should do would be to become aseptic.

(2) At a provincial hospital in the north of England where asepsis is not always attained.

Visiting Surgeon (viewing with satisfaction the dressing of a radical cure which has not suppurated) writes on notes "No sup!"

Patient (later).—Why this is all right! I ain't had no dinner for ten days, and now he's been and knocked me off my supper.

Consultations.

IN this column we propose to publish each month a short note on the more important cases that are seen at the Thursday consultations, and, wherever possible, an account of the further progress of the case.

CONSULTATIONS.

MARCH 24TH.—Mr. McAdam Eccles showed a man, a farmer *æt.* 50, with a swelling of the right knee, who received a kick on the knee in December, 1902. The joint immediately became swollen, but went down with the pressure of a bandage. Early in February, 1904, the man fell from a bank into a ditch where he remained until assisted out. Again the right knee-joint swelled up, and he remained in bed for a month, cooling lotions being applied. On March 4th the patient was admitted to the hospital. The knee was found distended with fluid; this has become less in amount under treatment by rest and pressure. There is slight lipping of the femur and patella, but no bony grating; little, if any, pain; a cystic swelling is present internally and below the joint. The reflexes are normal, and there is no alteration in the appreciation of the sensations of heat and cold. There is no history of syphilis.

Mr. Eccles thought the diagnosis lay between (a) a chronic joint lesion, the result of an affection of the nervous system; (b) osteoarthritis, and (c) tubercle engrafted on an injured joint. He was in favour of osteoarthritis with effusion, and as to treatment thought little could be done beyond rest, pressure, and massage to the joint.

Mr. Bowly remarked on the history of two distinct injuries, and thought the condition similar to a tabetic joint; he did not consider it was tuberculous. He suggested opening the joint, washing it out with saline solution or boric lotion, and the application of pressure.

Mr. Bailey thought the case more likely to be one due to tabes, in spite of the fact that no other symptoms existed. He would aspirate the joint and then apply pressure, and if this did not succeed would open it in the way suggested by Mr. Bowly.

Mr. Harmer agreed that it was probably tabetic, and would withdraw the fluid and apply pressure.

Subsequently the joint was aspirated and some ounces of clear fluid withdrawn. There has been no re-accumulation.

MARCH 31ST.—Mr. Bruce Clarke exhibited a man *æt.* 51 suffering from a swelling about the head of the left tibia. There was the history of a blow on the knee two years before, and four months ago he slipped down and injured the same knee. The region of the left knee was swollen, and there was pain on pressure on a small spot over the head of the tibia; this spot was soft and "buckled" under the finger. A skiagram showed the bone to be thinned and expanded.

Mr. Bruce Clarke thought there was an endosteal myeloid tumour present and proposed the operation of scraping out the growth; he thought the whole of it could be got away by this means.

Mr. Eccles agreed as to the diagnosis and proposed line to treatment.

Mr. Bailey considered the bone so thinned that it would be of little use after the removal of the growth, and therefore he would feel inclined to amputate.

On April 6th Mr. Bruce Clarke operated on the man; he removed a soft hæmorrhagic growth from the interior of the bone, which was extremely thinned out over it.

Mr. McAdam Eccles brought in a case of an abdominal tumour in a woman *æt.* 59, which had been noticed for the past eight months. There was no pain, vomiting, constipation, or loss of appetite, but she had become thinner. The urine was normal, and there were no symptoms pointing to disease in the colon, spleen, or pelvic organs. The tumour was somewhat to the left of the umbilicus and level with it, but was very movable. It was hard, and transmitted pulsation could be felt; there was little, if any, movement on respiration.

Mr. Eccles thought the diagnosis lay between (a) a tumour of the omentum, or (b) one in connection with a very movable left kidney; he was afraid it was malignant. He proposed exploratory laparotomy.

Mr. Bruce Clarke remarked on the uncertainty as to character of the tumour; he considered it unlikely to be a movable kidney, and thought it was a tumour in connection with either the colon or omentum; it might be tuberculous. He would explore.

Mr. Bailey thought the tumour was in connection with the left kidney; it presented all the signs of a renal tumour. He advised an exploratory operation.

Mr. Eccles opened the abdomen two days later and found a malignant growth of the greater curvature of the stomach near the pylorus, which had involved the omentum and adjacent part of the transverse colon. It could not be removed.

Mr. Bailey showed a child, *æt.* 11 weeks, in which there was a small red mass in the situation of the umbilicus, from which intestinal matter and urine had both been said to pass. A probe could be passed three inches into the abdomen along what was thought to be an intestinal diverticulum.

Mr. Bailey thought the diagnosis of both a patent Meckel's diverticulum and a patent urachus was quite clear, and proposed operation for the cure of the conditions at once rather than wait.

Mr. Langton, Mr. Lockwood, and Mr. Bruce Clarke all agreed that an immediate operation was the best course to pursue.

Mr. Bailey operated the same day; he excised a Meckel's diverticulum, sutured the intestine, and closed the abdomen.

The wound healed perfectly, and child now passes its motions naturally.

Mr. Lockwood showed a man, *æt.* 25, with a large growth of the left scapula, with secondary growths in the glands in the left axilla and posterior triangle of the neck, and a nodule in the skin of the back. History of five weeks' duration. No evidence of secondary growths in liver or lungs.

Mr. Lockwood thought the case inoperable, but would remove the growths through a large incision without removing the arm, if his colleagues thought it advisable or worth a trial.

Mr. Langton thought the case very unfavourable for operation; the history must be longer than five weeks. He thought an operation, such as Mr. Lockwood suggested, worth trying; he would leave the glenoid cavity.

Mr. Bruce Clarke also thought it an unfavourable case, and it would not be possible to remove the whole growth without removing the arm.

Mr. Bailey was of the same opinion as Mr. Bruce Clarke; he would be rather loth to undertake any operative measures.

Mr. Lockwood subsequently removed the whole *forequarter* and the affected glands in the neck. The growth proved to be a sarcoma.

APRIL 7TH.—Mr. Langton showed a man, *æt.* 31, with a recurrent tumour of the lower jaw on the right side. In 1890 Mr. Butlin removed a tumour of some months' duration, and about the size of a duck's egg, from the same region by cutting down on to it from within the mouth and shelling it out; the cavity afterwards being scraped out with a sharp spoon. This growth was found microscopically to be a loose connective-tissue tumour. The man remained free from any recurrence until eight months ago when his mandible began to enlarge again. At present there is a considerable swelling in the jaw, hard and fibrous, projecting into the mouth slightly, and preventing the man opening the mouth beyond about three quarters of an inch. No glands; general health good.

Mr. Langton thought the growth sarcomatous from its rapid growth and suggested removal of the right side of the jaw with the exception of a small piece along the lower edge.

Mr. Waring thought it an endosteal tumour and probably malignant; he would remove it, and probably the whole side of the lower jaw would have to be removed.

Mr. Eccles was afraid the tumour was malignant; he advised cutting out a small piece for microscopic examination. The growth might be of cystic nature. It would require an extensive operation, and he did not think any of the inferior margin of the bone could be saved.

Mr. Langton removed the lower jaw from the right canine tooth to the articulation.

The microscopic examination shows the growth to be a myxoma or a sarcoma undergoing myxomatous degeneration.

APRIL 13TH.—Mr. Bailey showed a man, *æt.* 37, who had a swelling of the left arm extending from just below the shoulder to near the elbow. Four years ago the patient fractured his left humerus in its upper third, and a year ago while in Guy's Hospital suffering from Bright's disease he fell and broke the same bone just above the elbow. Since then there has been pain, and for the past three months an increasing swelling has been noticed by the patient in the upper part of the arm. The arm presented a fusiform swelling, hard to the touch, but not interfering with the movements. There was no history of syphilis. The temperature was normal. A skiagram showed an irregular thickening of the bone. Mr. Bailey thought the case one of periosteal sarcoma, and suggested cutting out a piece for microscopic examination.

Mr. Langton agreed that the swelling might be sarcomatous, but

thought the fusiform character of the swelling pointed to an inflammatory affection. He would try the effect of potassium iodide and small doses of mercury, and then if there was no decrease in size would take out a piece for microscopic examination.

Mr. Cripps thought the swelling was due to an abnormal amount of callus, formed possibly by the irritation caused by a small sequestrum. He would keep the case under observation to see if there were any increase in the size of the mass.

Mr. Eccles also took the view that the lesion was an inflammatory one. He would give potassium iodide and watch the case.

Mr. Bailey then brought in a little boy, *æt.* 5, with an abdominal swelling. On March 27th of this year pain in the pit of the stomach and right groin was complained of. The mother of the child then noticed a swelling in the lower part of the abdomen, chiefly on the right side. On April 5th blood and slime were passed *per rectum* once. There has been very increased frequency of micturition. The temperature is normal; little pain on examination. The swelling is now greatly increased, and appears solid. Mr. Bailey thought the case one of malignant disease in connection with one of the pelvic organs. Tubercle was to be remembered, but the history was too short.

Mr. Langton agreed that the case was most probably one of malignant disease. He detected some fluid in one part. He was in favour of making an exploratory laparotomy.

Mr. Cripps also thought the swelling was malignant, probably in connection with the bladder.

Mr. Eccles was also of opinion that the swelling was due to malignant disease, and that its origin was uncertain. He was against performing any operation.

By the Way.

DINNER AND PRESENTATION TO SIR LAUDER BRUNTON.

SIR LAUDER BRUNTON'S house physicians enjoyed the company of their old chief at dinner at the Café Royale, on Friday, April 15th, when they met to commemorate their past association with him, and the occasion of his retirement from the active service of the Hospital. Out of a possible total of eighteen house physicians, fourteen were present. Dr. Tooth, who has been so long associated with Sir Lauder as his assistant physician, was present as a guest. After an enjoyable dinner, at which Dr. Belben presided, the toast of the King was duly honoured. The chairman then, in a speech which reflected the feelings of all present, proposed Sir Lauder's health, and begged his acceptance of a loving cup from his old friends, his house physicians.

Sir Lauder Brunton, in an eloquent and touching speech, thanked all present for their kindness in entertaining him at such an occasion, and also for their handsome gift, which would ever remind him of the pleasant associations of the past. And now, as he looked back on the past, he felt how truly results had justified his selection of house physicians, a task that, as a rule, was no easy matter, and he wished to take this opportunity of thanking one and all for the able way in which they had discharged their duties on his behalf.

Dr. Tooth, in a humorous speech, containing many laudatory and Sir Laudertory remarks, proposed the health of the Chairman, to which Dr. Belben replied, and expressed his personal gratitude to Mr. W. Foster Cross for all the trouble he had taken in arranging such an excellent

evening. Mr. Cross replied in a few well-chosen words, and so a very enjoyable evening was brought to an end.

A DANCE was given by the "Old Girls of Queen's College, Harley Street," at the Empress Rooms, on April 18th, in aid of the New Building Fund of Bart.'s. The tickets, limited to 350, were sold readily. The dancing began at 9 o'clock, and was not over till four, two hours after the official time. This fact alone speaks for the success of the dance. The dulcet strains of the "White Viennese Band" made even the laggard feet of the least enthusiastic follower of Terpsichore hasten to his partner for the next dance.

Our best thanks are due to those ladies who gave up so much of their valuable time in the interests of our Hospital, and it is gratifying to be able to state that a sum close on £50 will be handed over to the fund.

Much praise is due to Messrs. Wilson, Grandage, and Furber for the excellent way in which they officiated as M.C.'s.

Correspondence.

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

DEAR SIR,—In the April number of the Journal I see that "Mr. H. J. Gauvain represents Cambridge and other University Students" on the Council of the Student's Union.

Generally the name of Oxford is coupled with that of Cambridge, and it would be interesting to know why it was omitted in this case.

We of the other universities greatly appreciate Mr. Gauvain as our representative, but we think that our universities should be duly recognised by him and the other members of the Council.

Yours truly,
A STUDENT OF ONE OF THE "OTHER
UNIVERSITIES."

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

SIR,—Could you tell me where the remaining verses of the following parody of Macaulay's poem are to be found?

I was told years ago that the whole appeared in some magazine, but I have never met with it.

Yours faithfully,
HUBERT STANLEY.

43, PEVENSEY ROAD,
ST. LEONARD'S-ON-SEA;
April 6th, 1904.

"Bill Savory, of Bartholomew's, by Galen's soul he swore,
That out of thirty candidates, he would plough twenty-four.

By Galen's soul he swore it and named the fatal day,
When men should come from every town,
And having planked their five quid down,
Get ploughed and go away."

[We have communicated with several old Bartholomew's men, but as yet have only been able to discover two more lines, thus—

Then out spake Dicky Partridge, to Savory quoth he,
"I will abide by thy right side, and spin the men with thee."

Perhaps some of our readers will supply the rest.—
EDITOR.]

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

PAST v. PRESENT CRICKET MATCH.

RESIDENT STAFF QUARTERS,
ST. BARTHOLOMEW'S HOSPITAL;
April 20th, 1904.

DEAR SIR,—The Past v. Present Cricket Match has been arranged for Wednesday, June 8th, when it is hoped that as many Bart.'s men, both Past and Present, as can possibly get to Winchmore Hill, will be there.

As I have been asked to arrange the Past team, I should be glad if any old Bart.'s man who wishes to play would communicate with me at the above address.

Yours truly,
H. EDMUND G. BOYLE.

Reviews.

ANÆSTHETICS IN SURGERY, BASED ON A SERIES OF 2000 CONSECUTIVE INDUCTIONS OF GENERAL ANÆSTHESIA, by C. HAMILTON WHITEFORD, is a short account of the author's views and methods. (Published by Atrowsmith and Co., Bristol. Price 1s.)

The paper contains many useful references and quotations, but some of the methods and conclusions are hardly in accordance with the teaching at our Hospital, and we do not feel inclined to advise the use of either the mechanical contrivance for supporting the ether inhaler or the method of confining the patient's arms by slings during the anæsthetic.

The administration of chloroform from a Clover's inhaler without the bag is on the same principle as the Vernon-Harcourt inhaler, but lacks any method by which the actual amount of chloroform vapour inhaled may be ascertained. It is a method that in the hands of anyone accustomed to it may be very useful, but for the man who is learning, or only giving anæsthetics occasionally, it seems to rather increase than diminish the risk of chloroform anæsthesia.

THE NAUHEIM TREATMENT OF CHRONIC DISEASES OF THE HEART, by LESLIE THORNE THORNE, M.D. B.S. (Durham). Messrs. Ballière, Cox and Co.

This little book is a reprint in substance of some articles that have appeared in the "Lancet." It purports to set forth the details of the well-known Naheim treatment and to indicate the class of case that is likely to be benefited. The aim is modest, for most of the information can be obtained from the larger treatises on heart disease that have been published in recent years, but we suppose that there is a demand for some such short cut to what is certainly in some cases a useful branch of therapeutics and for those who have not the time or inclination to go more thoroughly into the matter this small work may be of service.

CLINICAL STUDIES IN SYPHILIS. By ARTHUR H. WARD, F.R.C.S. (Published by the Medical Times, Ltd.) Price 3s. 6d.

This little book will be a very useful addition to the ordinary textbook account of syphilis for the student. It is thorough, and the factor of personal experience predominates. We will say nothing more about the microbe-toxin theory than that it is ingenious, especially in its explanation of Colles' law.

The author's imagination reaches its height on p. 122, in explaining the causation of the congenital phenomena of syphilis; this is more than ingenious, it is picturesque.

However, no more is claimed for the theory than that it serves as a working hypothesis.

The chapters on treatment and syphilis and marriage are good.

THE CARE AND FEEDING OF CHILDREN. By L. EMMETT HOLT, M.D. 3rd Edition. (Published by Sidney Appleton, London.) Price 2s. net.

This little book is carefully and scientifically written in the form of a catechism for the use of mother's and children's nurses; but it contains much more detail than can be appreciated by the average mother or nursery maid.

Medical students will gain useful information, especially from the section devoted to food formulas.

We are glad to learn that from fifteen to thirty minutes crying a day is the *quantum sufficit* for a normal baby, but how few babies are normal.

The dissertation upon an infant's "exercise" is amusing.

ERRORS OF REFRACTION AND THEIR CORRECTION. By HAROLD B. GRIMSDALE, M.B., F.R.C.S. (The Medical Times.) 2s. 6d.

As the author affixes no preface to this work we are at a loss to know for whom it is written. The students will find all points concerning refraction sufficiently dealt with in any of the smaller textbooks on the subject, and we should not advise either the student or the general practitioner to buy a monograph on such a subject as refraction. The index is most incomplete, and the diagnosis insufficient.

"Homotropised" is a word we do not find in our *Medical Dictionary*, and we dislike the prefix Miss or Master attached to patients "aged 5."

Calendar for May.

1. S.—Fourth Sunday after Easter.
2. M.—Special Lecture, Orthopedics—Mr. McAdam Eccles.
3. T.—Dr. Gee and Mr. Langton on duty.
4. W.—Cricket Trial Game, Winchmore Hill. Clinical Lecture—Mr. Cripps.
5. TH.—Consultations.
6. F.—Clinical Lecture—Sir Dyce Duckworth. Sir Dyce Duckworth and Mr. Cripps on duty.
7. S.—St. B. H. C.C. v. Wanderers, at Winchmore Hill.
8. S.—Fifth Sunday after Easter.
9. M.—Special Lecture, Medical Electricity—Dr. Lewis Jones.
10. T.—Dr. Norman Moore and Mr. Bruce Clarke on duty.
11. W.—View Day.
12. TH.—Consultations.
13. F.—Dr. West and Mr. Bowly on duty. Clinical Lecture—Dr. Norman Moore.
14. S.—St. B. H. C.C. v. Virginia Water—away. Swimming Club v. Cambridge S.C.
15. S.—Sixth Sunday after Easter.
16. M.—Examination for Lawrence Scholarship begins. Special Lecture, Skins—Dr. Ormerod.
17. T.—Dr. Ormerod and Mr. Lockwood on duty.
18. W.—St. B. H. C.C. 2nd XI v. Virginia Water 2nd XI. Swimming Club v. Artist's R.S.C.—Fitzroy Baths. Clinical Lecture—Mr. Bowly.
19. TH.—Ascension Day.
20. F.—Dr. Gee and Mr. Langton on duty. Clinical Lecture—Dr. Samuel West.
21. S.—St. B. H. C.C. v. Henley, at Henley.
22. S.—Whit Sunday.

23. M.—Whit Monday.
St. B. H. and London Hospital v. Southgate, at Southgate.
24. T.—Sir Dyce Duckworth and Mr. Cripps on duty.
25. W.—St. B. H. C. C. and XI v. St. Thomas's 2nd XI.
Clinical Lecture—Mr. Bowly.
26. TH.—Consultations.
27. F.—Dr. Norman Moore and Mr. Bruce Clarke on duty.
Clinical Lecture—Dr. Ormerod.
Examination for Matthews Duncan Medal.
Swimming Club v. Ealing S.C., at Ealing.
28. S.—St. B. H. C. C. v. Southgate, at Southgate.
29. S.—Trinity Sunday.
30. M.—Special Lecture, Ears—Mr. Cumberbatch.
31. T.—Dr. West and Mr. Bowly on duty.

Notes on New Preparations.

HOVIS FOOD FOR INFANTS AND INVALIDS (Hovis-Bread Flour Co., Ltd., Macclesfield). This company are now making a very suitable food, intended both for infants and invalids. There are two preparations—No. 1 intended for the feeding of infants under eight months of age, and No. 2 for older infants and invalids. No. 1 food is quite free from any starchy material, it place being taken by malt, sugar, and dextrin; when mixed with cows milk it forms a very nutritious mixture. No. 2 food, on the other hand, contains a certain amount of wheaten flour, and is intended for use in older infants. Both varieties are easily prepared, and are very agreeable to the palate.

PATENT COOKED OATMEAL (George King and Co.). We have had opportunities of trying this brand of food. It is a very palatable and nutritious article, and worthy of a trial by any of our readers who would be desirous of testing a ready-cooked food which they would like to recommend to their patients.

Examinations.

D.P.H., Cambridge.—Henry L. P. Hulbert, M.A., M.B., B.C. Cantab.

M.D. Cambridge.—W. M. Willoughby, M.A., M.B., B.C., D.P.H. Cantab.

Appointments.

ANDERSON, C. A., appointed House Surgeon to Royal Portsmouth Hospital.

AUBREY, G. E., M.B.(Lond.), M.R.C.S., L.R.C.P., appointed Assistant House Surgeon to the Evelina Hospital for Children.

CLEVELAND, J. W., M.R.C.S., L.R.C.P., appointed Assistant House Surgeon to the Royal Berkshire Hospital.

FAIRLIE CLARKE, A. J., B.A.(Cant.), M.B., B.C., F.R.C.S., appointed Resident Surgical Officer to the General Hospital, Birmingham.

FREEMAN, W. T., M.D.Durham, F.R.C.S., L.R.C.P.Lond., appointed Senior Assistant Physician to Royal Berkshire Hospital.

HUDSON, B., M.R.C.S., L.R.C.P., appointed House Surgeon to the Guest Hospital, Dudley.

KINGSTON, C. S., M.R.C.S., L.R.C.P., appointed House Physician to the Bedford County Hospital.

LLOYD-JONES, P. A., appointed House Surgeon to the Bedford County Hospital.

LOVEDAY, G. E., M.A.(Cant.), M.B., B.C., appointed House Physician to the Salop Infirmary.

PANTON, JOHN EDWARD, M.D., appointed Justice of Peace for the Borough of Bolton.

New Addresses.

BAISS, Surgeon, R.N., H.M.S. "Hearty," Lowestoft.

BATH, D. L., Barnard House, Pulteney Road, Bath.

BELBEN, F., Redlands, Knyveton Road, Bournemouth.

CAMMIDGE, P. J., 2, Resumont Street, Portland Place, W.

FEGAN, R. A., 28, Charlton Road, Blackheath, S.E. (Telephone: 642 Deptford).

HAYNES, G. S., 1, Addenbrooke's Place, Cambridge.

HOGAN, C. E., 1, Devonshire Road, Clapham, S.W.

ILLIUS, Lieut. H. W., I.M.S., care of Thos Cook and Son, 13, Esplanade Road, Bombay, India.

ORMEROD, E. W., Beauchamp Lodge, Wimborne.

MANNSELL, A. R., 278, Portland Road, South Norwood, S.E.

MARCH, J. O., Amesbury, Wilts.

MORLANI, Dr. E. C., Clinical Laboratory, Hotel Victoria, Davos Platz, Switzerland.

SIMMONDS, E. G., 137, London Road, St. Leonard's-on-Sea.

WESTON, H. J., 52, Marine, St. Leonard's-on-Sea.

WHITWELL, HUGH, 53, St. Giles' Plain, Norwich.

WOOD, W. V., Chalfont St. Giles, Bucks.

Births.

FOX.—At Beccles, Suffolk, the wife of G. R. Fox, F.R.G.S., of a son.

STORRS.—On March 8th, at Hall Gate, Tunbridge Wells, the wife of William Townsend Storrs, M.R.C.S., L.R.C.P., of a daughter.

Death.

BROWN.—On March 30th, at the Cotswold Sanatorium, Robert Major Brown, M.A., M.B.(Cant.), J.P., aged 44 years.

Acknowledgments.

Guy's Gazette, St. Mary's Gazette, St. George's Gazette, Middlesex Hospital Journal, Climate, The Practitioner, The Hospital, The Journal of Nursing, The Broadway, Brooklyn Medical Journal.

Books for Review.

1. *Ophthalmological Anatomy.* Fisher.
2. *Medical Laboratory Methods.* French.
3. *Materia Medica and Therapeutics.* Phillips.
4. *The Meaning of a Modern Hospital.* Bruce Clarke.
5. *On the Composition of Scientific Papers.* Clifford Allbutt.

St. Bartholomew's Hospital



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NOTICE.

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

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,

JUNE 1st, 1904.

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

Editorial Notes.

A DAY in the first week of July has been fixed for the laying of the foundation stone of the new buildings. His Majesty the King, who was for thirty-four years the President of the Hospital and is now its Patron, has finally signified his intention of performing the ceremony himself. We hope that he will be accompanied by Her Gracious Majesty the Queen, whose name, always associated with hospital improvement schemes, stands at the head of our Appeal Fund with a donation of £1000.

We understand that there will be no formal procession, but it is proposed to erect some stands in the neighbourhood of the Hospital along the route, and to devote the profits to the Appeal Fund. May there be many to watch this Royal progress to our Royal and Ancient Hospital.

The Governors of the Hospital have made a handsome addition to the portraits in the Great Hall. They have secured a copy of Mr. Luke Fildes' painting of His Majesty the King, which was exhibited in the Academy in 1901, and in recognition of his invaluable services as President have placed it in a position of honour recently occupied by the Patron Saint.

In connection with the appeal for funds several concerts are announced during the summer. Signorina Giulia Ravogli has very generously arranged for the first of a series, which will be held at the Queen's Hall on Friday, June 3rd, at 8.30 p.m. The Leeds Choral Union has very kindly consented to come to London for the special purpose of taking part in the performance of Gluck's "Orfeo." The concert is under the patronage of Her Majesty the Queen and much nobility.

The Students' Union also is anxious to arrange a special smoking concert or dramatic entertainment in aid of the Hospital funds, but we hope that such an entertainment may become an annual affair. The various clubs of the Hospital are under many obligations to other clubs, and as we have no means of providing dinner for our cricket and football visitors at Winchmore Hill this might be one method of returning our thanks to those who so kindly entertain the members of our clubs.

VIEW-DAY has come and gone. The weather behaved itself, and everything was successful. The Hospital was looking its best. We wonder with admiration who is responsible for the exact precision by which the last coat of paint on the Great Hall door is timed to dry as the first

visitor appears through the Hospital gates. The wards looked gay and beautiful; it would be invidious, if not impossible, to say which was the most elegantly decorated. All the teas were good: we speak with feeling, for the rous dispensers of each ward's hospitality would scarce us pass empty-handed.

* * *

The dispensary, as usual, was the great attraction. How the fair visitors delight to see the process of pill-making, and to hear of Epsom salts in bulk being broken into pieces by a pick-axe as if it were coal! Even here the faint and weary were sustained with home-brewed soda-water or lemonade.

* * *

ONE innovation there was, if not more. Three of the newly-appointed lady governors accompanied the Treasurer and Almoners on their tour of inspection. We offer them a hearty welcome to their office, and express the hope that their advent may be an omen for the increased prosperity of the Hospital in the near future. We have heard the sneer of the misogynist, but we may remark in the words of the Hospital's greatest aphorist "We do not admire men so much that we despise women. Inaccuracy is a woman's greatest fault."

* * *

We did not like the coloured water in the fountain—*ἀπορροή μὲν βέλεια*. Methylene blue and carbol-fuchsin have their place in the laboratory indeed, but they can never improve upon the beauty of clear natural water.

* * *

THE Past and Present cricket and tennis matches will take place on Wednesday, June 8th, at Winchmore Hill. The Finance Committee are sparing no effort to make the day a success. All Bartholomew's men should try to be there. Much more can be made of this day than in past years. It should become a day of reunion for Past and Present. Nowadays the Present are very slack, and the Past are apt to forget that their *alma mater* has any claim upon their patriotism. We should like to see more unity of interests among Past and Present Bartholomew's men, and this is what we hope to attain in some degree by the Students' Union. All past members of the Hospital are members of the Union.

* * *

THE Athletic Club has decided to hold its Annual Sports at Winchmore Hill this year on Wednesday, June 15th. We think that this should induce more men to take an interest in the Sports. Of late years the Sports at Stamford Bridge has been a dull affair, and the entries have been small. There are to be several additional events this year, such as team races, sack and obstacle races. We hope that all intending competitors for the more serious events will take the trouble to go down to Winchmore Hill and

get into good training before the day. The United Hospital Sports have been fixed for June 24th.

* * *

We have every reason to believe that at last something is being done to improve upon the present system of catering at the Hospital. We hear that a new caterer is coming who will be under the supervision of a catering committee, and that the tariff also is to be revised.

* * *

MUCH concern has been expressed lately upon the disappearance of Sir James Paget's portrait from the Great Hall. We learn, however, that it has been lent for an exhibition, and will be restored shortly.

* * *

MR. LANGTON has been elected President of the Medical Society, in succession to Dr. P. de Havilland Hall, also a Bartholomew's man.

* * *

MR. J. C. LANGDON, F.R.C.S., who will be remembered by old Bartholomew's men as Mr. Stanley's house surgeon, has been presented on his retirement from the office of Surgeon to the Royal Hants County Hospital, Winchester, with a handsome service of plate in an oak chest. This was in grateful recognition of his valuable services to that institution during a period of upwards of forty years.

* * *

MR. D'ARCY POWER has resigned his position as Surgeon to the Throat Department. Mr. W. D. Harmer takes his place.

* * *

MR. HAROLD WALKER, almost the last of Mr. Marsh's house surgeons, has been appointed Acting Honorary Surgeon to the North Ormesby Hospital at Middleborough. We congratulate him most heartily on this step to fame in the provinces.

* * *

THE Summer Concert given by the Junior Staff and the Musical Society will be held on Wednesday, June 29th.

* * *

THE Summer Sessional Address of the Abernethian Society will be given by Dr. F. W. Andrewes on Thursday evening, June 23rd; the subject of the paper will be "The Pathology of Common Honesty." The subject and Dr. Andrewes' personality should be enough to ensure a crowded meeting.

* * *

We are sorry to have seen such a painful ending to Budge's career as night-watchman. He may not have been so useful as a younger man, but still his duties were light. His offence, according to report, was not so serious as it appeared at the Guildhall. Still it is a wholesome lesson for all to recognise that the goods of a public institution are not common property.

* * *

We miss another familiar figure from the surgery. Elizabeth Crisp alias "The Beetle," known to herself as "The Surgery Beadle," and to her fellow-scrubbers as "Mrs. Beetle." She was deaf, very deaf, but a good-natured soul withal, and amusing to behold. She was always late in the morning, but kept her grates clean, and in her parting words of wisdom to her successor her character is summed up, "I does all I can and leaves the rest."

* * *

We hear that there is some difference of opinion on the question of Sunday tennis at Winchmore Hill. It could not be otherwise. It is perhaps unfortunate for the Council of the Students' Union that this should have been the first move on its part which has been recognised by the Medical School Committee. We know that the Council is working bravely, and does not know exactly where to begin.

The question of Sunday observance is far too difficult to discuss in the short space at our disposal. But we understand that the chief argument in favour of the present move was to give the resident staff an opportunity of obtaining some harmless recreation in the fresh air of the country on their one free day; and who will gainsay them? Even the Primate of All England does not gainsay Mr. Balfour his game of golf on Sunday! The Council, we are informed, advises the employment of no Sunday labour; each must do his own work. We think, on the whole, the Council is right in its move.

* * *

THE fourth annual South African Civil Surgeons Dinner will take place on Tuesday, June 28th, at the Hotel Cecil, at 7.30. Mr. C. H. Makins, C.B., will take the chair, and Lord Methuen will be the principal guest of the evening. Civil Surgeons who wish to attend should communicate with Mr. C. Gordon Watson, 44, Welbeck Street, W. The price of tickets is 10s. 6d., and guests may be invited.

* * *

We regret that it has been necessary to hold over one or two articles till the July number of the JOURNAL, notably Dr. Herringham's Inaugural Address on "Forensic Medicine," and a humorous article upon "Some Recent Researches in Bacteriology."

* * *

We regret very much that owing to pressure of space at the last minute we are compelled to hold over till the next issue of the JOURNAL a further list of fifty subscribers to the General Fund.

* * *

THE following is the additional list of Bartholomew's men who have subscribed to the Special Journal Fund for the Pathological Block.

PATHOLOGICAL FUND.

	£	s.	d.
Amount already published	490	18	6
T. J. Horder, Esq., M.D.	5	5	0
Surgeon L. A. Baiss, R.N.	5	5	0
S. G. Sloman, Esq.	10	0	0
*F. C. Shruballs, Esq., M.D.	5	5	0
W. Black Jones, Esq., M.D.	21	0	0
J. A. Arlewright, Esq., M.D.	5	5	0
Lieut.-Col. T. A. Dixon, R.A.M.C.	5	5	0
M. Cutcliffe, Esq.	2	2	0
W. Wyllys, Esq.	1	1	0
*A. Lyndon, Esq., M.D.	5	0	0
W. Peacey, Esq., M.D.	5	5	0
*H. Symonds, Esq., M.D.	5	5	0
T. A. Mayo, Esq., M.B.	1	1	0
F. C. Poynder, Esq., M.B.	5	0	0
Per T. A. Mayo, Esq., M.B.—			
W. J. Jolliffe, Esq.	2	2	0
S. P. Pollard, Esq.	1	1	0
K. W. I. Mackenzie, Esq.	1	1	0
Collected by W. Soltau Eccles, Esq.	8	9	0
Total	£581	5	6

* Has also subscribed to General Fund.

Thomas of St. Osyth's.

By NORMAN MOORE, M.D.,
Physician to St. Bartholomew's Hospital.

RAHERE died on September 20, 1144, a day which was long observed as a feast both in the Hospital and in the priory. "Dies nativitatibus ejus in celestis," the anniversary of the birth into heaven of their benefactor as his biographer terms it, was deemed a proper day of rejoicing for men convalescent from illness, for the withered, the blind, the dumb, and the deaf, and a suitable occasion for the public to make gifts of money, of corn, and of household furniture to the canons and to the brethren for the use of the poor and of the church.

In the account of him given in the *Liber fundacionis*, written while some of his contemporaries were still living, it is not mentioned that Rahere attained to a great age, and the effigy on his tomb as well as the sequence of events of his life indicate that he was born towards the end of the reign of William the Conqueror and died when about sixty. The day of his death was a Wednesday, and was within the octave of the Feast of the Exaltation of the Cross (September 14th) in honour of which he founded the Hospital. This has been forgotten in later times, but is recorded in the Reditarium of the reign of Henry VI where the record of the Masters is headed "Nomina Magistrorum Hospitalis Sancti Bartholomei nuncupati et in Honore Exaltacionis Sancte Crucis fundati." An illuminated initial of the same

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book contains a picture of Brother John Cok, the Redi-tariarius, kneeling before a cross held in the air by an angel, in allusion to this dedication of the house. The words "Crucis exaltatio ducat nos celi consorcio" seem to issue from the brother's mouth. Another illuminated initial shows John Wakeryng, master from 1422 to 1466, kneeling before Saint Helen with the words "crucis invencio sit nobis salus et protocio."

Rahere's successor was Thomas, one of the Canons of another Augustinian Priory, that of St. Osyth, in Essex. Richard de Belmeis, the Bishop of London, by whose aid Rahere had obtained from King Henry I land for both Hospital and Priory, had retired, after an attack of hemiplegia, to St. Osyth's, of which he was the founder, in the latter part of the year 1123, and there died January 16th, 1128.

Richard de Belmeis took his territorial name from the town of Belesme, in the district of La Perche on the south-eastern border of Normandy, and when he began life was a follower of Roger of Montgomery, whose wife was the heiress of William Talvas, Lord of Belesme. Soon after the Norman conquest Richard had lands in England and is believed by some historical writers to be the Richard mentioned in Doomsday Book as holding the Manor of Meadowley, in Shropshire. Later he had great estates in that district, which was then a separate subordinate realm, and not part of England. Henry I appointed him its ruler, and he became expert in the Welsh politics of the time and strengthened the Norman rule on that border by skilful diplomacy. On May 24th, 1108, he was elected Bishop of London, and was ordained priest at Mortlake, by St. Anselm, then Archbishop of Canterbury, who, on Sunday, July 26th, consecrated him bishop at Pageham, in Sussex. He was a liberal benefactor of his diocese and rebuilt a great part of St. Paul's Cathedral. He also bought the houses which were then crowded close to it, and pulled them down, so that we owe the fresh air and pleasant morning breeze of the open space round St. Paul's to him.

The fine gate of the Priory, still to be seen at St. Osyth's, is in the Perpendicular style, and some centuries later than Bishop Richard; but the Norman part of the village church belongs to his time, and may have been built by him. The Bishop was a friend of both St. Bartholomew's and St. Osyth's, and relations probably continued after his death between the two Priors. Thomas of St. Osyth's was nearly one hundred years old when he died January 17th, 1174, so that he may have known both Richard de Belmeis and Rahere.

The *Book of the Foundation of the Church of St. Bartholomew of London*, which was written between 1174 and 1189, says of him: "This Thomas, as we have proved in common, was good company and of social cheeriness, a man of great eloquence and varied knowledge, versed in the philosophers, and deep in sacred books. He was able to set forth what he wished to say in measured periods, and

it was his custom on every day of solemnity to pour out the words of God to the people."

In 1147 he appointed Adam, mercarius, to the mastership of St. Bartholomew's Hospital in the deed here printed from the copy, made in the reign of Henry VI by John Cok, the redi-tariarius of the Hospital.

Thomas Prior Ecclesie Sancti Bartholomei de London et Conventus ejusdem ecclesie universis matris ecclesie filiis salutem. Universitati vestre notum facimus quod nos Adam mercarium in fraternitatem nostram recepimus ad participandum beneficiis corporalibus et spirituabilibus que in ecclesia nostra fiunt. Qui quoniam laicus est et scimus cum non posse in conventu fratrum clericorum supplere vicem curam domus hospitalis ejus fraterne prudentie commisimus. Hac dispensatione: ut quicumque ille vel alius in terris vel redditibus: vel in quibuscumque domus illius utilitatibus perquisierit omnia integra et illibata domui hospitali finaliter permancant. In exermis agentem vel fervenciori desiderio volentem habitum ex integro canonicum suscipere parati erimus ex animo eius satisfacere desiderio. Et quia Adam solemniter fecit fidelitatem Ecclesie Sancti Bartholomei juramento astrictus et promisit obedienciam Thome priori et successoribus suis salva convencionem de custodia domus hospitalis sicut ista carta testatur. Ideo quo adjuerit in habitu conversionis exteriori: pefate domus curam ad salutem anime sue presentis scripti attestacione firmamus. Ut si ei libera potestas in pauperes orphanos pueros projectos vicinos pauperes infirmos quoslibet et sine hospicio vagantes quantum eis deus inspiraverit: misericordie visceribus habundare. Gratium eciam erit nobis si quempiam de familiaribus suis vel de benefactoribus domus. Ad congregandum secum quandoque susceperit et humanitatis studio eis honeste obsecutus fuerit. Nostre autem autem reservamus auctoritate ne ad victum aut vestitum concinnum et perpetuum. Absque nostro consensu nullum admittat nec extra domum prebendam alicui assidue prebeat. Capellam que fere cum pefata domo fundari cepit damus assensum ut perficiat obstruso tamen hostio versus mercatum equorum. In qua vero scrinnium trimocum collocabitur ad collectam faciendam. Capellam autem que in medio domus ex religionis dispensacione et caritatis intuitu hactenus fuit: complanabit. Ut domus pulcrius appareat et adventantibus capaciore fiat. Cum autem vite modo fecerit convocatis fratribus ad capitulum ecclesie si quos per suam industrium in domum pefatam attraxerit communi assensu auctoritate nostra unus ex illis dignus et honestus et utilis pefate domui preferetur. Et alii custodes qui per successione post eum venient eandem curam quam predictus Adam habuit perpetue habuerint. Et quicumque Ade successerit in predictam domus hospitalis custodiam: simili juramento fidelitatis et obediencia solempniter astrictetur. Et preterea concedimus Ade et fratribus suis hospitalis ut habeant capellanum alium quam Canonicum virum honestum consilio nostro et fratrum suorum qui

assiduum divinum officium in hospitali predicto ministret. Et fratres domus hospitalis cant in adquisicionem ea que sunt necessaria domui hospitalis sicut hactenus consuetudo fuit. Beneficium quod hactenus de ecclesia elicet totam panis nostri decimacionem et fratrum reliquias tam panis quam carniem et piscis et potus majori si potest fieri hilaritate quam hactenus et uberius dabimus. Et si, quod absit, domus illa aliquibus egerit que nobis exuberent vel si predicta domus a quibus habundabit quibus ecclesia nostra indigerit: vicissim sibi absque utriusque gravamine subvenient. Et quicumque capellanus in ecclesia ierit ecclesie nostre et hospitali. propositis sacris fidelitatem faciet. Ut igitur cunctis appareat quo studio quam insolubili caritatis vinculo voluimus ut illa domus cum ecclesia nostra societetur: et in unitate consistat. Et quod nostra ecclesia et domus predicta unum in Deo simus: Ego thomas prior et conventus ecclesie anathatizamus et excommunicamus omnes qui divisionem et separationem facere attemptaverunt. Hiis testibus Stephano priore de ecclesia Sancte trinitatis. Roberto canonico suo Priore de Ecclesia Sancte marie de ultra pontem. Adam Canonico suo. Ricardo presbytero de Sancta Mildreda. Ismaele presbytero de Sancto Thoma. Magistro Clemente nepote Willelmi Grand. Willelmo de Coveham. Radulpho Buctel. Roberto de Cornhull. David fratre suo. Petro filio Walteri. Willelmo Magno. Edwardo Albo. Willelmo de Blemunt. Goce Vinitore. Andrea Bukerell. Bricmaro. de Haverhull Willelmo filio suo. Galfrido. filio Sabelline. Willelmo fratre suo. Radulpho Brand. Laurencio fratre suo. Remerdo mercerio. Theobaldo mercerio. Willelmo Faceto. Bartholomeo mercerio. Malgero mercerio. Hugone de Clovilla. Ricardo filio Rameri. Ricardo de Haverhull. Adamo filio Liswini. Beremundo. Johanne Filia Stephane Brande. Gaufrido filio Stephani. Waltero de Clovilla. Rogero de Wittebie.

The chief points of this long charter are that Thomas the Prior and the convent of St. Bartholomew, of London, state that they have received Adam mercarius into their brotherhood, but that as a layman he cannot be admitted into the convent of the clerical brethren, they have committed the hospital to his care. Adam has solemnly professed fidelity to the church of St. Bartholomew, in accordance with the terms of the agreement as to the keeping of the hospital stated in a charter. The prior and convent confirm him in the care of the hospital, and give him authority to do all he can for the needy, for orphans, for outcasts, and for the poor of the district, for every kind of sick person, and for homeless wanderers. But no one is to be admitted to the hospital society and habit without the consent of the Prior and convent. The chapel begun at almost the same time as the hospital is to be maintained, but the entrance on the side of the horse market is to be walled up, where there was an alms box for making collections, and the chapel hitherto allowed in the midst of the hospital is to be pulled down, so as to make a better

appearance and more air. When Adam shall die the brethren of the hospital shall be called to a chapter, and shall elect to the mastership whom they think best of their number. And the wardens who succeed shall have the same charge as Adam, and shall be solemnly bound by an other of fidelity and of obedience to the priory. The hospital may have a chaplain. The brethren may go out to collect things necessary as hitherto the custom has been. The Prior and convent grant the gift they have hitherto granted, that is to say a whole tenth of their bread and the remains, whether of bread, or meat, of fish, and of drink, so that it may make greater cheerfulness than hitherto and fuller. "And if, which God forbid, that house shall want in anything wherein we abound, or if the aforesaid house shall abound in anything in which our church shall be deficient, turn about, they shall help one another without grumbling.

And whatever chaplain shall go into the church of our church and the hospital shall religiously observe what has been set forth. So that to all it may be clear how we desire that that house may be linked without church by an unbroken chain of affection, and may live in unity. And since our church and the aforesaid house are one in God, I, Thomas the Prior, and the convent of our church curse and excommunicate all who shall try to make division and separation between us."

The first four witnesses are Augustinian canons. Holy Trinity, Aldgate, was the oldest foundation of the order in London. The church of Sancta Maria de Ultrapontem was called in English St. Mary Overy, and is now known as St. Saviour's, Southwark. Andrew Buckerel and William Sacetus are together witnesses of a charter of the Dean and Chapter of St. Paul's (there preserved) in the decanate of Hugh de Marinis 1160 to 1181. Hugh de Clorilla is witness of another charter of the same dean, also at St. Paul's. They were well known citizens.

The brethren following the rule of St. Augustine and tending the sick in such hospitals as St. Bartholomew's were often laymen. A statute of a hospital, or Domus Dei (Hôtel Dieu), dedicated to St. Bartholomew at Troyes, which has been printed by M. Leon Le Grand, says, "Non sint in Domo Dei nisi sacerdotes. Prior sit unus, et unus clericus similiter qui promorem possit ad sacros ordines. Modo suit patres laici decem, sorores non plures, et tales que sint idonee ad exercenda negotia domus et ad serrendum pauperibus."

The chapel near Smithfield (forum equorum) corresponded in situation to the present church of St. Bartholomew the Less. The pulling down of the inner chapel so as to make more room for the patients is the first structural improvement recorded after the original building of the Hospital.

The freedom of election of master granted in this charter was first used in 1166, when Adam's successor, Stephen, was chosen. John Cok records the two appointments.

Adam mercarius primus magister fratrum regularium et laicorum tempore regis Stephani anno XII^o.

Stephanus, procurator fuit primus magister Secularis secundum formam electionis. Anno Henrici Secundi XII^o.

Thomas, the Prior, witnessed a charter at St. Paul's by which Ralph de Langford, Dean from 1142 to 1148, gave to Christina, the head of a convent of Benedictine nuns, the site of her religious house at Merkyate, in Bedfordshire. On this occasion three other heads of houses of Augustinian canons were present: Norman, Prior of Holy Trinity, John, Prior of St. Botolph's, Colchester, and Robert, Prior of Merton, and so was the Abbot of the great Benedictine abbey of St. Alban's.

The Hospital was improved, and the Priory of St. Bartholomew's flourished under the rule of Thomas, so that the canons were increased in number from thirteen to thirty-five.

He was active in improving the condition and increasing the privileges of his priory, and obtained bulls, as is stated



in the Liber fundationis, augmenting or comprising these from Pope Anastasius IV (1153-54) and from Adrian IV (1154-59), the only English pope.

He obtained a charter from Thomas, of London, the Archbishop slain in 1170, canonised in 1173, and since known as St. Thomas of Canterbury, in which St. Bartholomew's Hospital, as well as the priory, is concerned.

The seven volumes of the memorials, published in the Rolls' series under the title of *Materials for the History of Thomas Becket, Archbishop of Canterbury*, contain more than 800 letters by the Archbishop, addressed to him or concerning his affairs, but the charter now printed from the copy of the original made by the Reditarius of St. Bartholomew's Hospital in the reign of Henry VI is not mentioned in the collection. Its words are:

Thomas dei gratia Cantuariensis Ecclesie humilis Minister omnibus sancte matris ecclesie tam presentibus quam futuris

Salutem. Noverit universitatis vestra nos. ecclesiam Sancti Bartholomei Londoniarum et canonicos regulares ibidem deo famulantes sub protectione domini et nostra suscepisse eisdem que confirmasse carte nostre testimonio corroborasse locum illum de Smythfulde in quo ecclesia eorum fabricata est et domum hospitalis ejusdem ecclesie cum terris et tenementis et libertatibus et omnibus rebus ita bene et libere et quiete sicut Rex Henricus primus in perpetuum et liberam elemosinam eundem locum eis donavit et carta sua confirmavit. Preterea confirmamus eis omnes ecclesias et possessiones quas juste et canonice in presentiarum possident aut in futurum juste adipisci poterunt. Has ergo prescriptas possessiones et quas in posterum adipisci juste poterunt prefatis canonicis sancti Bartholomei presentis scripti munimen et sigilli nostri appositione confirmamus precipientes ut has prefatas possessiones et omnes libertates et dignitates quas tempore Regis Henrici primi haberunt in summa pace et quiete possideant ita ut decetero nulli



omnino homini liceat ecclesiam eorum temere perturbare aut dignitates eorum minuere aut possessiones auferre aut ablatas retinere aut eos quibuslibet vexacionibus fatigare. Omnes autem hanc confirmationem nostram conservantes dei et nostram optineant benedictionem cum vero infirmantes dei et nostram incurrant maledictionem.

The charter states that the Archbishop has taken the church and canons regular under his protection, and hath confirmed to them by his charter the place in Smithfield where their church is built, and the hospital house of the same church, with all rights granted by King Henry I, and confirmed by his charter. The canons are to be secure in any future possessions, and to possess in peace all liberties and privileges which they had in the time of Henry I. None shall disturb them or diminish their dignity or possessions.

"All who keep this our confirmation shall obtain the

blessing of God and our blessing, while those who try to weaken it shall incur the curse of God and our curse."

St. Thomas of Canterbury, was born December 21: 1118, and it is easy at the present day to recognise his birth-place, the residence of Gilbert Becket and Matilda, his wife, in Cheapside, for in the middle of the ground it occupied is the ornamented entrance to Mercers' Hall. One night, when he was a little child (*Materials*, vol. iv) his mother dreamed she saw him uncovered, and scolded the nurse. The nurse said she had wrapped him in a red covering. His mother went to see, and was amazed at the beauty and grandeur of the covering. She began to unfold it with the help of the nurse; it was too big for the room or the rest of the house, and they unfolded it further into Cheapside, and further yet, till they passed the city wall and came "in campum qui dicitur Smethefell." There she heard a voice saying that all England was not wide enough to hold it, "for in this way did the Divine goodness foreshadow to his devout mother the extent of the future greatness and glory of her son."

Thus the early life of St. Thomas is associated with the open space beside which, five years after his birth, our Hospital was built. He was consecrated Archbishop of Canterbury on Trinity Sunday, June 3rd, 1162, by Henry of Blois, Bishop of Winchester, a prelate who knew St. Bartholomew's, for he was a witness of the charter granted to Rahere in 1133 by King Henry I.

When he grew old Henry of Blois liked to remember that he had consecrated Thomas of London and said "My time is near when it may please God to lay me beside my fathers, but with the rest of my body this hand will not rot which ordained as Archbishop that holy martyr of God."

The citizens of London, in common with the whole western world, admired the champion of religion and opponent of arbitrary secular power, and placed the figure of their canonised fellow-citizen on their common seal—"sigillum baronum Londoniarum," the seal of the men of London. On one side was St. Paul with a sword in his hand, with a background of an embattled wall enclosing a city in which stands a standard bearing three lions passant, and with a turreted gate with water before it.

On the reverse was St. Thomas in mitre and pall, seated on a throne in the act of benediction. On his left is a group of kneeling tonsured men, and on his right one of laymen.

The throne has an arch below it, beneath which is a view of London showing St. Paul's Cathedral and several church spires within the city wall and gate.

The saint's figure remained on the seal, with some changes of design, for nearly four centuries.

Thomas of St. Osyth's, the ruler of St. Bartholomew's Hospital from 1144 to 1147, who obtained from Thomas of London, Archbishop of Canterbury, this charter of confirmation and benediction, deserves to be remembered with

gratitude as having added to the usefulness of the Hospital by firmly establishing its power of electing its master, thus strengthening that independence which in later and worse times was an important aid in protecting the Hospital from destruction.

Tumours of the Breast.

By ERNEST H. SHAW.

A Paper read before the Abernethian Society, February 11th, 1904.



R. PRESIDENT AND GENTLEMEN.—When I was asked to read a paper before this Society my choice of a subject instinctively fell on that of Breast Tumours, because for some years past I have been much interested in them, and have had exceptional opportunities of studying both their naked-eye and microscopical aspects.

Definition.—It will make matters clear if I state at the onset the meanings attached to the words "tumour" and "breast" when used by me. In the first place the word *tumour* is employed to denote a swelling of any kind. The swelling may be due to many causes, such as hypertrophy of normal tissue, inflammation, or actual new formation of cells and tissues. I propose to use the term in a more or less general sense, but at the same time to pay especial attention to the last class. By the word *breast* I mean the mammary gland.

Sex.—The great majority of breast tumours occur in the female, and this is not more than one would expect considering the greater development and importance of the mammary glands in women, and the various alterations in structure which the organs undergo in the processes of development, lactation, and subsequent atrophic changes. The male breast is sometimes the seat of tumours of a similar nature to those that occur in female breast, but on account of the great preponderance of cases occurring in the latter sex, the mind at once turns to the female breast when tumours of the breast are mentioned. Unless specially indicated to the contrary my remarks will in all cases apply to the female.

Age.—The age at which a tumour appears in the breast has an important bearing on the kind of tumour which is formed. There are certain periods at which particular varieties of tumour are more commonly met with; for instance, from forty to fifty years carcinoma is most frequently seen; then fibro-adenoma is most common in young women between the ages of eighteen and twenty-five years. But this is only a rough general rule, and it has many exceptions, for a carcinoma may develop at a much earlier age, and a fibro-adenoma may appear at a later year than that mentioned.

The earliest example of carcinoma of the breast I have heard of occurred in a woman of nineteen years. Dr. Williamson saw the case and removed the tumour.

Side.—In a series of breast tumours examined by Dr. Morley Fletcher and myself, out of 109 tumours sixty-one occurred in the right breast. This represented 109 out of a total of 113 cases which were operated upon in St. Bartholomew's Hospital during the year 1900. It includes many varieties of tumours, such as carcinoma, fibro-adenoma, etc. Of 65 cases of carcinoma 38 were in the right breast and 27 in the left.

I have no comments to make on this point, but give the figures as a matter of interest only.

Primary and secondary growths.—By far the greater number of breast tumours are primary ones in that organ. Secondary growths do, however, occur, both carcinoma and sarcoma. Carcinoma occurs fairly frequently, and, as a rule, secondary to a similar growth in the opposite breast. I have seen half a dozen cases within the last three years. When this happens it often means that there are secondary growths in other parts of the body as well.

Sarcoma may occur as a secondary growth following a primary growth elsewhere. This is rather rare. A girl aged twelve died in this hospital last year with secondary round-celled sarcoma in both breasts, the primary growth occurring in the thorax. Dr. Andrews kindly gave me a piece of "green sarcoma" or chloroma which

* *St. Bartholomew's Hospital Reports*, vol. xxxvii, pp. 295-308.

formed in the breast of a young girl secondary to a growth originating in the orbit.

There is a specimen of secondary melanotic sarcoma of the breast in our Museum (Series XLIX, No. 3186).

Multiple growths.—The occurrence of more than one tumour in the same breast at the same time is very uncommon. Various combinations may occur, and I cannot do better than give you the cases that turned up at Bart.'s in 1900. In two cases there were two separate tumours; the first breast contained two fibro-adenomas, and the second one a carcinoma and a fibro-adenoma. In three cases there were three separate tumours in the same breast. The first contained three fibro-adenomata; the second contained two separate nodules of carcinoma and one fibro-adenoma; and in the third breast were a sarcoma, fibro-adenoma, and a nearly pure fibroma.

There is a specimen in our Museum (Series XLIX, No. 3156) which contains a large number of small fibro-adenomata.

Classification of tumours.—Tumours of the breast are of such a varied nature that it is almost impossible to classify them with any degree of accuracy. They can, however, be grouped in a more or less rough manner suitable for our present purposes. There are various methods of classifying these tumours; for instance, there is a clinical classification which divides them up into *innocent* and *malignant* tumours, but this is an unsatisfactory method, and does not give us a clear idea as to the microscopical structure of the growths. A pathological classification based on the histological characters is a much better one, and if combined with it one uses such clinical terms as *innocent* and *malignant* to denote the behaviour of the tumours when present in the living body, then its value is still further increased. The terms *innocent* and *malignant* must, however, occupy a secondary place. I have drawn up a scheme of classification on these lines, which I will submit to your judgment and criticism. Please do not anticipate a list of new names and terms to add to the enormous number already in use; my list contains no others than the old familiar ones arranged in a slightly different manner.

Development and histology.—Before giving in detail the classification I intend to use I wish to remind you of a few simple facts in connection with the development and histology of the mammary gland. You will remember that the glandular part of the organ originates as a downgrowth of the rete mucosum of the epidermis in the embryo; from this downgrowth of epithelial cells lateral offshoots arise. Later on the central parts of these branching masses become hollowed out, thus forming tubes. These tubes open at the site of the original downgrowth by fifteen to twenty openings. The nipple is formed at this spot by the growth of connective tissue and much unstriated muscle, and the tubes are carried up in it to open at its summit. The glandular part of the breast at birth then consists of a number of tubes passing down through the nipple, and running in a radial manner between the two layers of the superficial fascia. The tubes and their branches are supported by well-formed fibrous tissue containing bloodvessels, lymphatics, and nerves. Each tube with its prolongation and branches, together with its supporting framework of connective tissue, forms a lobule, each lobule being complete in itself. A varying amount of fat covers and dips down between all the lobules. About puberty there is an active growth of glandular tissue; new outgrowths of epithelial cells arise from the existing tubules, these outgrowths being arranged in clusters about the terminal tubules; by this means the fully formed acini, as seen in the adult breast, is arrived at.

The *epithelium* differs in character at various points. At the orifice of the duct it is flattened, being continuous with the squamous epithelium covering the nipple. Tracing it downwards it is next columnar in shape, then short columnar, and, finally, cubical in the terminal parts. This change in form is gradual. There is a second layer of small round cells lying between the above layer and the basement membrane. Outside the basement membrane are bloodvessels and lymphatics. The supporting framework of fibrous tissue surrounds the above structures, and far exceeds in quantity the glandular elements.

I will content myself with this brief outline of the histological structures met with in the breast, which, however, is necessary in order to make clear my remarks on the site of origin of the various tumours seen in the gland. In short, the tissues entering into the formation of the breast are—

1, epithelial; 2, fibrous; 3, fatty; 4, bloodvessels; 5, lymphatic vessels; 6, nerves.

From these varieties of tissues tumours may possibly arise, resulting in the formation of adenomata, fibromata, and so on.

Of these the first two are the most important. So long as these structures grow in their proper proportion to each other and at a normal rate the breast retains its usual characters. But if one of them develops at an unusual rate, and to a greater degree than the others, then the normal order is disturbed. For instance, the epithelial element may take on excessive growth, and form a tumour such as an adenoma or carcinoma. But it is unusual for one tissue alone to grow in excess in this manner; some one or other of the other elements usually grow in excess also. Again, all the tissues may grow with greater vigour and abundance, leading to the formation of a gland of abnormal size, a condition known as hypertrophy. Cases of hypertrophy are recorded in which the breast has reached enormous size (R.C.S. Museum a specimen weighing 13 lbs. Sheldon records cases of hypertrophy weighing 20 lbs. and 30 lbs.).

Taking the various tissues in order, the following variations in growth may occur:

1. **Epithelial.**—The epithelial cells may grow in an unusual manner at any point in the length of a tube or in the acini. They may grow—

(A) Outwards, that is away from the lumen; or
(B) Inwards, that is into the lumen.

In the former case the cells may in the course of their growth either (i) imitate closely the normal characters of the gland, e.g. form new acini and ducts, accompanied by a supporting framework and lymphatics (adenoma and fibro-adenoma); or (ii) on the other hand, the cells may grow out in a disorderly manner and penetrate first the basement membrane and then the other tissues, infiltrating and destroying everything that lies in their way—gland tissue, fat, muscle, and even bone being all liable to be affected. This type of growth is that known as carcinoma.

In the case of the cells which grow inwards, they may behave in the same manner; they may grow either in an orderly or disorderly fashion, forming in the first case a papillomatous mass projecting into the lumen of a duct, which becomes dilated (duct papilloma), and in the second case forming masses of cells which at first are confined to the lumen of a duct, and later on break through the wall and invade the surrounding tissues (as in duct carcinoma).

In all these four variations there is a growth of connective tissue sooner or later and an increase in bloodvessels.

2. **Fibrous tissue.**—From this tissue two varieties of new formation may occur, forming, on the one hand, the tumours fibroma and sarcoma, and on the other, a hypertrophy such as is met with in chronic inflammation.

3. **Fatty tissue.**—The growth of fatty tissue leading to the formation of tumours only occasionally occurs.

4. **Bloodvessels** may increase to such an extent as to form a definite tumour, but their importance lies in their connection with the epithelial and connective-tissue tumours. In most tumours there is an increase in the number of bloodvessels. The position of the bloodvessels with regard to the cells forms an important guide to the proper diagnosis between the two great classes of tumours, viz. carcinoma and sarcoma.

5. **Lymphatic vessels.**—Dilatation of lymphatic spaces giving rise to cysts is said to occur, but it is very doubtful; this will be referred to under cysts. Lymphatics play an important part in the dissemination of malignant growths, especially the carcinomata.

6. **Nerves.**—In cases of carcinoma large nerves are often seen in the growth, and it is most probable that these represent pre-existing nerves which have been involved in the tumour.

In eleven out of a total of sixty-five cases of carcinoma nerve-trunks of considerable size were involved in the growth, and yet in only three of these was pain complained of by the patients. Whether nerves of new formation are present in tumours is a matter of debate. I have not seen any record of a tumour composed of nerves.

Having sketched thus briefly the variations which may occur in the growth of the breast tissues I will now proceed with the classification.

TUMOURS OF THE BREAST.

I.—Epithelial tissue.

- (Innocent) { (a) Adenoma.
(b) Papilloma (duct papilloma).
 { i. round- (or spheroidal-) celled.
 { ii. columnar-celled (including duct carcinoma).
(Malignant) (a) Carcinoma { iii. mixed-celled (degeneration form = colloid carcinoma).

II.—Connective tissue.

- (Innocent) { (a) Fibroma.
(b) Myxoma.
(c) Lipoma.
(d) Chondroma.
(e) Osteoma.
(f) Angioma.

- (Malignant) (a) Sarcoma { i. round-celled.
 { ii. spindle-celled.
 { iii. mixed-celled.
 { iv. giant-celled.
 { v. fibro-sarcoma, myxo-sarcoma.

III.—Epithelial plus connective tissue.

- (Innocent) (a) Adeno-fibroma { i. tubular.
 { ii. acinous.
(Malignant) (a) Adeno-sarcoma (so-called sero-cystic sarcoma), { iii. intra-cystic.

IV.—Cysts.

- (a) Retention { i. serous.
 { ii. galactocoele.
 { i. papilloma (duct papilloma).
(b) With intra-cystic growths { ii. carcinoma.
 { iii. fibroma (intra-cystic adeno-fibroma).
 { iv. sarcoma (intra-cystic adeno-sarcoma).
(c) Breaking down of new growths { i. carcinoma.
 { ii. sarcoma.
(d) Parasitic i. hydatid.

V.—Inflammatory.

- (a) Chronic mastitis.
(b) Abscess.
(c) Tubercle.
(d) Syphilis.
(e) Actinomycosis.

From the above list it will be seen that there are five groups. The first two contain the epithelial and connective-tissue tumours. But some tumours contain both of these tissues present in such proportions as to render it necessary to form a third group. Group IV contains all the cysts; some of these have already been placed in the first three groups, but in order to make the list of cysts a complete one I have placed them here also. The last group is a very important one; it contains a class of breast tumours which lead to endless discussions both before removal and in many instances after removal.

CHARACTERISTICS OF THE VARIOUS CLASSES OF TUMOURS (I—V).

CLASS I. **Epithelial tumours.**—This class of tumour is composed essentially of epithelial cells.

Taking first the innocent tumours. (An innocent tumour may be defined as one which grows more or less slowly, does not reproduce itself in neighbouring glands or distant organs, and when removed does not recur.) The first is the *Adenoma*. A pure adenoma of the breast is rare; there is one example in the Museum (No. 3159A). It is a small, nodular, encapsuled tumour, which microscopically is composed of closely packed groups of epithelial cells, small and rounded, with a basement membrane, and supported by a delicate meshwork of fibrous tissue.

Papilloma, commonly called *duct papilloma*.—As a rule, they occur as small cystic tumours close to the base of the nipple. On cutting into the cyst, the wall of which is usually thin, a quantity of blood-stained fluid escapes, and a soft reddish mass is found projecting into its cavity from the wall. Microscopically the tumour is composed of a number of delicate processes of loose fibrous tissue containing large, thin-walled bloodvessels, and covered by a layer of columnar-epithelial cells; there may be more than one layer of cells.

There is another form of tumour which to the naked eye is exactly similar to the above, but differs from it microscopically in that it is composed of glands lined by columnar cells. The glands are separated by a loose fibrous meshwork, and in many places are much dilated; so much dilated do these glands become in other parts of the specimen that the intervening fibrous walls are broken through; the broken ends then hang freely into the enlarged spaces thus formed, and resemble closely the papillary processes seen in the first variety. This second form is really an *adenoma*, and

corresponds to the pedunculated adenomatous growths found in the rectum.

Both of these growths are interesting, for clinically they very often bleed, and a discharge of blood or blood-stained fluid escapes from the nipple. This points strongly to the probability of their origin being the wall of a lactiferous duct. They are often multiple. I have sections of a breast in which there were at least three.

The probability of there being other smaller masses, too small to be felt by palpation, must be borne in mind when removing a growth of this nature. A supposed recurrence after local removal may not be anything more than the continued growth of one of these tiny papillomata. On the other hand, the possibility of these growths becoming malignant must also be remembered. This will be again referred to when considering duct cancer.

Malignant epithelial tumours.—(A malignant tumour is one which is not, as a rule, encapsuled, spreads to and destroys adjacent tissues, reproduces itself in neighbouring glands and distant organs, and after removal is liable to recur.) Carcinoma is the name applied to this group. The tumour is one composed essentially of epithelial cells. Carcinoma occurs in many forms, sometimes hard and sometimes soft, and with many intermediate varieties of consistency; but in all of them the one characteristic feature is that of an unencapsuled mass of new formation, infiltrating the surrounding structures, which are slowly but surely destroyed. This is well illustrated at the edge of the growth when seen in section, for where it is infiltrating the fat, small islets of fat can be made out surrounded by the cells of the tumour which have engulfed them, as it were, preparatory to completely destroying them. This reminds one of the amoeba and its method of obtaining food by means of its pseudopodia. The destructive character of carcinoma is also very well seen when it reaches the skin, for here the cells of the tumour first invade the skin, gradually destroying it, and then finally protrude from the surface as a mass of tissue, which bleeds easily and gives off much foul-smelling discharge. The cut surface of a carcinoma varies a great deal in appearance. It is impossible in a short paper like this to give you an account of them; I will just read one or two descriptions which I wrote from actual fresh specimens.

CASE 1.—Removed from a woman at 62; duration one year. On section is seen a small rounded mass of hard, whitish growth, with concave surface, and presenting numerous white streaks and dots. It is situated well below the skin, about two inches from the nipple.

CASE 2.—Woman at 46; duration seven months. On section is seen a large mass of new growth (3½ in. x 2 in.); it lies immediately beneath the skin, and reaches to the deep fascia; the pectoral muscle is adherent at one spot. One end of the tumour is attached to the nipple, which is drawn down, and contains many dilated ducts, and from there it extends outwards for about three and a half inches. About a third of the growth (that nearest the nipple) is hard and white in its central part, whilst the periphery and remaining two thirds are softer, and at one spot has broken down and forms a large cyst about one and a half inches in diameter.

CASE 3.—Woman at 38; seven months' duration. On section a short distance from the nipple there is a mass of malignant growth (1½ in. x 1 in.); it is rather soft in places and inclined to "bulge." Many yellowish streaks and dots are scattered over the cut surface. A small piece of muscle is adherent to the under surface of the growth.

The hard growths very often show these points and streaks of yellow material, which represent masses of cells, most of which are necrotic.

The concave surface on section of a hard carcinoma is very typical, and contrasts with the "bulging" surface of the softer variety. The dilatation of the main duct at the base of the nipple and the retraction of the latter, caused by the contraction of fibrous tissue of the growth, is also a common feature. In the softer forms of carcinoma there is often a tendency for the growth to break down and form degeneration cysts; hæmorrhage sometimes occurs in this variety.

Microscopically.—The type of a carcinoma is as follows:—(a) *Epithelial cells* lying in groups in spaces formed by (b) *Bands* of fibrous or fibro-cellular tissue.

The cells may be in groups of two, ten, a hundred, or more; they may be massed together in round, oval or irregular groups, in single file. They may be, in shape, round or spheroidal, columnar, cubical, or a mixture of all these; they may also be arranged in the form of tubes. In the larger masses of cells it is common to find much fatty and necrotic material in the centre. The matrix may be very abundant dense fibrous tissue, with scarcely any connective-

tissue cells; it may be fibrous and contain many of these cells; it may be in the form of scanty fibro-cellular tissue, and in some instances composed of connective-tissue cells only.

The blood-vessels run in the stroma, and do not penetrate into the masses of epithelial cells. At the growing edge there is almost always to be seen small round-celled infiltration in advance of the cancer cells.

As a rough guide one may say that in a hard carcinoma the cells are smaller than in a soft one. I have divided the carcinomata up into—(a) round or spheroidal; (b) columnar; (c) mixed-celled. This division can be followed roughly in most cases. The round cells are found sometimes small and at others large; they are very often distorted, however, by mutual pressure; this happens when there is much fibrous tissue matrix. The pure columnar-celled variety is not very often seen apart from duct carcinoma, and I think the mixed round and columnar-celled form is the most common of the three. The cells in the columnar-celled carcinoma are, as a rule, arranged in the form of tubes, with a definite lumen.

Duct carcinoma.—This is a term which has been, and is now, used to describe several distinct varieties of tumours. It is a term applied by some to a tumour composed mainly of columnar cells, by others to what I have described as a duct papilloma. Those who use it for the columnar-celled variety are no doubt right in a sense, for those growths may be said to originate in ducts, but it is a very unsatisfactory term, and when used at all it is better to confine it to those tumours in which distinct papillary ingrowths in the dilated ducts exist, together with an extension of epithelial cells into the surrounding tissue.

Duct carcinoma varies in appearance; in some cases it is soft, with hemorrhages and cysts, and in others it is hard. They are often multiple. In a specimen which I examined the following description was written:—"A small, hard growth, with a few soft spots scattered over its cut surface; it was adherent to the deep fascia."

Microscopically.—The tumour presents two varieties of growth intermingled; one a distinct papillary ingrowth within small cysts, and the other an infiltrating columnar-celled carcinoma. This tumour also showed in places the condition known as carcinoma myxomatodes, in which, by degeneration, small spherical spaces are formed in the cell masses, giving a vacuolated appearance to the growth. In this case there was a return of the disease in the scar some months later, but the recurrent growth was a spheroidal-celled carcinoma, and did not contain any papillomatous growth. Was this a case in which there was first a papilloma leading to carcinoma, which returned in a more virulent form?

Shield states "that duct cancer starts as a duct papilloma, which eventually breaks through the lining membrane of the duct as an infective growth."

Colloid carcinoma.—This is a degenerate form arising from any of the preceding varieties. The cells and parts of the stroma swell up and disappear in part, so that the tissues appear to the naked eye like a mass of jelly. The growths involve the lymphatic gland and distant organs, and are therefore malignant. The course of the disease is rather slower than in the ordinary spheroidal or mixed-celled varieties.

Microscopically there are seen groups of cells, most often round, lying in a delicate fibrillar structure, which represents the colloid material coagulated by the hardening reagents; outside this there is usually a fibrous stroma with connective-tissue cells, parts of which have usually undergone this degeneration.

CLASS II. Connective-tissue tumours.—These are divided into innocent and malignant groups.

Fibroma without any gland tissue is rare. Some authors describe tumours as fibromata in which there is a fair amount of gland-tissue, but these really ought to be classed as fibro-adenomata. I have a specimen of almost pure fibroma, about half an inch in diameter, which occurred in conjunction with an ordinary fibro-adenoma and a sarcomatous growth. There is a specimen in the museum, No. 3161, weighing seven pounds, which was growing for thirteen years. It was removed, and the patient remained free from any recurrence.

Lipoma is a very rare tumour; most cases described have occurred really in the fatty tissue over or about the breast, and are called para-mammary lipomata. There is a specimen in the Museum (No. 3160A).

Chondroma and osteoma.—These are extremely rare tumours, and according to Shield it is very doubtful if they ever occur as primary tumours in the breast. In all the cases which he had seen recorded the presence of bone or calcareous material has been accompanied by other tumour formation, such as carcinoma or sarcoma. There

is a specimen of chondroma of the mammary gland of a bitch in our museum (No. 3160).

Angioma.—Shield mentions several cases of angioma implicating the breast, but he has never met with a case where the skin was not primarily affected.

Myxoma.—Myxomatous tissue most often occurs in combination with fibrous or sarcomatous tissues. I have seen one tumour which was myxomatous throughout.

Sarcoma of the breast arises in two different ways. First, it originates in a tumour which has all the characters of an intra-cystic adeno-fibroma, by excessive proliferation of the cells in the connective-tissue ingrowths. This variety will be discussed when dealing with adeno-sarcoma. Secondly, a sarcoma may develop quite independently of any glandular formation. Such a tumour forms a solid mass of new growth, which may have an imperfect capsule at first, but sooner or later it breaks through this and infiltrates the surrounding structures. Cysts may form by the breaking down of parts of the tumour, and hæmorrhage is likely to occur in the softer varieties.

Microscopically the soft growths are most often of the round-celled variety. The firmer growths are usually composed of spindle cells or a mixture of round and spindle cells. Giant cells are also met with. When there is a good deal of fibrous matrix the tumour is called a fibro-sarcoma. In the same way chondro-sarcoma or osteo-sarcoma are formed when these tissues are present in combination.

Sarcoma of the breast may affect the lymphatic glands and become disseminated, but it is said that this does not often occur.

CLASS III. Epithelial plus connective tissue.—This group includes the well-known adeno-fibroma and another tumour known as adeno-sarcoma.

Taking first the adeno-fibroma (or fibro-adenoma). This tumour occurs in many forms, and in size varies from that of a pea to a football. They may be divided into three varieties, i.e. 1, tubular; 2, acinous; and 3, intra-cystic. In the tubular form the gland tissue is arranged in the form of tubes, each tube being formed of a ring of cubical or short columnar cells lying on a basement membrane. In some instances there is a second layer of small round cells below the cubical or columnar cells. The acinous, which is the commoner variety, shows an imperfect imitation of gland acini with or without attempts at duct formation. The acini are arranged in irregular bunches, and separated by a varying amount of fibrous tissue. The gland cells are small and rounded in the collapsed parts, and cubical or flattened in the parts which are slightly distended with secretion. A basement membrane is present. In some cases the fibrous tissue immediately surrounding the glandular elements is delicate and swollen, forming concentric layers with few cells. This stains rather differently from the ordinary fibrous tissue further out, taking on a blue colour with hæmatestin. This variety is called periacinous by Zeigler.

The intra-cystic fibro-adenoma is the one which causes the most confusion in the minds of those who are studying tumours of the breast for the first time. This confusion results from the large number of names used in the form either of cystic spaces or clefts, with a lining of one or more layers of cells. The cells may be round and in several layers, or cubical or columnar and in one layer. Projecting into the cysts are polypoid masses of connective tissue, either in the form of hard fibrous masses with few cells, or a more cellular form. Each of these projections is covered by the epithelium lining the cysts. In addition to these well-marked intra-cystic masses there is usually also a good proportion of simple tubes or acini as occur in the first two varieties. It is doubtful whether fat is ever present. I have described the microscopical appearances of these tumours first in order to make clear the reasons for separating them into the three groups. It is not always easy to say from the naked-eye examination of a tumour into which class it should be placed, and, in fact, this is impossible in the first two cases. It is easy, however, to separate the third form from the other two. An ordinary small adeno-fibroma is an encapsulated tumour of round, oval, or irregular shape, which can easily be shelled out from the surrounding tissues. It is hard or firm in consistency, and feels fibrous on cutting into it with a knife. Its cut surface is white and moist, and becomes convex through the shrinking of the fibrous capsule. It may be smooth and even, or separated into lobes by fibrous bands. The simple round or oval tumour with an even surface on section is typical of the tubular and acinous varieties. The irregular tumour with separation into lobes is more likely to be of the intra-cystic type, and if it shows slits and tiny polypoid

masses of fibrous or myxomatous substance which can be turned out from cystic spaces with a needle or point of a knife, then it should be classed as an intra-cystic fibro-adenoma. Most commonly these tumours are about the size of a walnut. The tubular and acinous forms are met with now and then of much larger size, and they are as a rule fairly smooth on the surface. They all contain very little blood, and the cut surface is white, which turns to pale pink after a short time owing to blood being squeezed out by contraction of the fibrous capsule.

The intra-cystic fibro-adenoma is common in its small form, but in the larger type it is not so often seen. It is this larger type of tumour which has received so many names. A few of these are—sero-cystic tumour, cystic fibro-adenoma, proliferous cysts, cysto-adenoma, adenocoele, adenomatous tumour, glandular proliferous cysts of Paget, papilliferous cystoma, intra-canalicular fibroma.

The essential points to be made out in these growths are:—

1. Cysts which vary in size from an eighth of an inch to two or three inches in diameter; they may be round, irregular, and slit-like in shape.

2. Solid growths of fibrous, myxomatous, or fibro-cellular tissue lying in the cysts and hanging by a stalk from the cyst wall.

The cysts may also contain fluid in addition to the solid growth. The growths hanging into the cysts have arisen from the connective tissue outside, and have pushed the lining epithelium in front of them in the course of their growth and have not come through it.

These tumours may reach a very large size, and by their weight and distension the skin over the tumour may give way, allowing the tumour to protrude in places. A large tumour of this nature was removed by Mr. D'Arcy Power in December last. It weighed nearly 4 lbs., and had almost burst through the skin, which was greatly thinned over it.

The intra-cystic fibro-adenomata are very liable to take on a malignant course, i.e. become sarcomatous; there are several specimens in the Museum showing this condition. The close relationship between the various forms of fibro-adenoma should be borne in mind when considering the question of their removal. Many of the smaller tumours are of the intra-cystic type, and are but early stages in the formation of the much larger forms.

Carcinoma of a fibro-adenoma is a rare event; there is one specimen in our Museum.

Adeno-sarcoma.—An apparently innocent fibro-adenoma of the intra-cystic type may suddenly begin to grow more rapidly, and then after removal is found to be malignant. It is sometimes difficult to decide even after removal whether a tumour of this description is malignant or not, but it is generally fairly easy, because in the case of such a tumour there will be found a more solid part in which no cysts or polypoid masses can be seen. For instance, in one part of the tumour there will be seen cysts with intra-cystic growths of ordinary fibrous or fibro-myxomatous nature, whilst in another part the cysts have disappeared and a solid, softish mass is found; it may be mottled with extravasated blood. It will be this part in which the malignant nature of the growth will be discovered on microscopical examination. There will be found a mass of round or spindle cells or a combination of the two, or may be giant cells. Then in the other part described first there will be found gland tissue in addition.

The malignancy of these tumours is not due to the glandular element, but to the connective tissue element. Cornil and Ranvier (Vol. I, p. 139) have stated this very clearly; they say, "When a sarcoma of the breast containing glandular *culis-de-sac* is removed surgically and recurs the new tumour will no longer contain glandular elements, or a very small number. If the tumour becomes generalised in other organs the secondary growths never have *culis-de-sac*." They also state that in sarcoma of the breast or other organs adipose tissue is never found in the midst of the morbid mass, thus differing from carcinoma in which islets of fat are often seen.

The term "Brodie's disease" has been applied up to quite recently to all the larger tumours of the intra-cystic type, thus giving one the impression that they were all malignant tumours. Quite a small proportion of them, however, are found malignant, most of the tumours being adeno-fibromata.

CLASS IV. Cysts.—These occur in great variety, the most common form being that due to retention of secretory products of gland cells, either in the acini or ducts, the retention being caused by some obstruction in the course of a duct. They are sometimes also called involution cysts from the fact that they are most often found in the breasts of women who are nearing the climacteric, and whose

breasts are in a condition of involution. These cysts are very commonly multiple. Usually there is one, perhaps two, larger cysts, and a number of other smaller cysts in the breast tissue around. They contain a thin albuminous fluid, sometimes clear and of a yellowish-brown colour, and at others thicker and perhaps blood stained. The walls of the cysts are, as a rule, thin and almost translucent, but they may be thick and opaque.

I have examined microscopic sections of a large number of these cysts, and have found cystic changes in the surrounding breast tissue in practically every specimen, and further, there is always some fibrosis with in most cases a certain amount of round-celled infiltration. These appearances point to the existence of an inflammatory affection of the breast, and this is further supported by the fact that in a large number of these cases there is proliferation of the epithelium lining some of the cysts. The condition is therefore one of mastitis and of a chronic form, complicated by cysts. The form of kidney known as granular kidney appears to me to be a similar affection, for in this there is fibrosis with cysts and round-celled infiltration as in the breast. Some of the larger cysts are called serous cysts, and are said to originate in the lymphatic spaces in the connective tissue. Mr. Bowly is of an opinion that all these cysts are formed by dilatation of acini or ducts, the lining epithelium, which in the small cysts is columnar or cubical, being gradually flattened as the cyst enlarges, until finally it becomes hardly recognisable. My own experience fully confirms this. A breast may be completely riddled with cysts of this description.

As these cysts are so closely associated with chronic mastitis it will be as well to proceed with this subject.

Inflammatory tumours.—(a) Chronic mastitis. The naked-eye appearance on section of a mass of this nature is very much like that of the ordinary breast; it feels firmer than the normal breast. It differs from hard carcinoma, from which it has to be separated, in that the latter has a denser appearance, and its cut surface is generally concave. The density is better appreciated by touch; a mass of indurated breast tissue feels hard, but gives way under the fingers—slips about as it were. A mass of carcinoma feels hard, and does not slip about. Then of course there is the peculiar sensation felt on cutting through a carcinoma that has been compared to cutting through an unripe pear. This is not felt on cutting into an indurated breast, which, however, is more difficult to cut through because it rolls about under the knife.

Microscopically.—In addition to the appearances seen as described above under cysts, for these are very often present, others are met with which present a very varied picture.

Mr. F. T. Paul, of Liverpool, in a paper entitled "Chronic Mastitis and its Relation to Tumour Formation," which he read before the Pathological Society of London,* has described the changes seen in this condition. He states that the earlier stage is generally limited to connective-tissue changes of a simple character, and the later stage accompanied by marked changes in the epithelial structures. The periacinous tissue is infiltrated with small round cells, and is swollen. Next there is an overgrowth of gland acini and formation of microscopic cysts. The epithelial changes are more variable than those in the connective tissue. There are three chief forms of epithelial overgrowth:—

1. In the microscopic cysts lined with elongated cells; the cells proliferate and give rise to intra-cystic growths; the growths are present in sizes varying from the smallest vegetation to branching dendritic growths. Mr. Paul adds that he has never seen any clear evidence that these histologically beautiful long-celled vegetations ever pass over to a carcinomatous formation.

2. Intra-cystic growths with short darkly staining epithelium, and more substantial connective-tissue stalks. This form is very common, and is liable to take on infiltrating characters. Carcinoma arising in this way is usually of the columnar-celled variety and cystic (*duct carcinoma*). In its simple form this variety is of the same nature, and is only the microscopic form of the intra-cystic or *duct papilloma*.

3. Intra-acinous proliferation. In this variety there is enlargement with overgrowth of the acini. The proliferation of the lining epithelium may affect only islets of breast tissue or sometimes large tracts. There is a gland-like pattern with columnar cells outside, and the rounded cells fill the centre.

The intra-acinous proliferation of cells and growths in minute cysts seen in all these three varieties occurring in breasts which are inflamed constitute a source of danger which to my mind is not a light one. I consider a breast in which this condition exists to be

* *Trans. Path. Soc.*, vol. lii, p. 39.

in what one might describe as that of unstable equilibrium, and the danger of continued overgrowth of the epithelium leading to the invasion of the surrounding breast tissue, and thus constituting a definite malignant growth should be borne in mind. Most breasts affected with sarcoma present the above appearances in the parts away from the main growth.

Cysts with intra-cystic growth.—Most of these have already been mentioned under the headings of duct papilloma, fibro-adenoma, and sarcoma. There is an important group, however, which occurs, and which I have placed under the subheading carcinoma. Occasionally one sees a smooth-walled cyst with thick walls, and into it projects a small, rather firm, irregular nodule, there may be more than one nodule. The specimen might perhaps be taken for a duct papilloma or an intra-cystic fibro-adenoma, but the latter very seldom is seen in this form. On microscopic examination the nodule is found to be carcinoma, and the wall at this point with a certain amount of the surrounding breast substance will also be found invaded. I look upon these tumours as secondary formation of carcinoma in a fibro-cystic breast, my reason being that in a number of cases, about eight, in which I have cut sections through the wall of apparently simple cysts of the breast I have found carcinoma just beginning in the outer part of the wall, or rather in the glandular tissue just outside the wall.

These cysts are quite distinct from the next class, in which part of a malignant growth itself softens and breaks down, forming a cavity in which there is a quantity of fluid and softened pulp. This may occur either in carcinoma or sarcoma, and may be called a degeneration cyst. There is sometimes hæmorrhage into these cysts.

Hydatid cysts of the breast are rare, and are usually found in adult females.

Inflammatory tumours.—Chronic mastitis has already been dealt with, and I propose to say only a few words about the remaining groups in this class.

Abscess.—A simple acute abscess of the breast of course is common enough, but sometimes a malignant growth suppurates; there are two specimens in the Museum showing suppurating in carcinoma.

Tubercle causes enlargement of the breast, usually localised, but sometimes diffuse. On section the breast is hard and presents numerous small grey or whitish patches scattered in its substance; in some of these patches there is a central lumen. Caseation is rarely seen, but tiny suppurating areas are sometimes present. A large abscess may be formed, as in a specimen in the Museum. Microscopically the tuberculous patches are seen to contain many large and well-marked giant cells and to be situated usually in the walls of the ducts. There is much inflammation of the breast tissue. The lymphatic glands are sometimes affected. I have seen a breast affected both with tubercle and carcinoma.

Syphilis may affect the breast in the form of a diffuse mastitis or gummatata. As these are usually cured without having resort to operation, one does not often have an opportunity of examining them. I have seen one breast in which there was a hard round mass about an inch and a half in diameter, very fibrous, concave on section, and fading off into the surrounding breast tissue. The appearances were those of a hard carcinoma, and for this reason the breast was removed. Microscopically, however, there was no sign of carcinoma, the mass was composed of inflammatory fibrous tissue, the central part did not stain well, and was therefore necrotic, and at the periphery were many arteries showing typical syphilitic endarteritis; in the more central part of the nodule were several arteries completely blocked. The woman was quite well two years afterwards.

Actinomycosis affects the breast in the form of suppurating sinuses containing the characteristic small yellow granules. It is rare. I have sections of the breast of a young woman who died in St. Bart.'s a few months ago with actinomycosis of the thorax with extension through to the breast region.

There are many points with regard to secondary changes in tumours resulting from or independent of treatment, their rate of growth, glandular affection, and a host of other matters which one would like to go into, but with these it is impossible to deal in a short paper of this kind. I have tried, however, to indicate shortly and, I hope, with a certain amount of clearness the chief points to be borne in mind in relation to breast tumours, and that more especially from a student's point of view, for to this order I have the honour to belong.

The Clubs.

STUDENTS' UNION.

The third meeting of the Council was held on Friday, March 25th, at 4.30 p.m., Dr. Herringham (the President) in the Chair.

On the recommendation of the Publication Committee Mr. Hogarth was elected Editor of the JOURNAL.

Mr. Trist was elected representative of the Union Council on the Publication Committee.

An unofficial report was received from Dr. Andrewes on the ventilation of the Abernethian and Smoking Rooms.

In the course of his report Dr. Andrewes says, "My unofficial opinion is that no satisfactory means of ventilating the Abernethian Room by *natural methods* can be found. Something might be done by providing air inlets near the floor, but the incoming air would have to be warmed by hot water coils or it would be very cold in winter. In addition to this, mechanical extraction by an electric fan would be required to keep the air really pure. A joint extraction shaft from the Abernethian and Smoking Rooms could be arranged with the fan somewhere on the stairs going down to the Cloak Room, so that any possible disturbance to the deliberations of the Abernethian Society from its noise would be done away with."

The report was discussed at length, and it was decided that it would be advisable to postpone the question for the present on account of the question of expense.

It was agreed that a Suggestion Book be placed in the Abernethian Room.

A suggestion from Mr. Maples, that a scientific workroom be provided for the use of students desiring to undertake research work, was discussed.

The need for dispensing classes for students was brought before the meeting. The President announced that arrangements had been made for such classes to be held.

The question of the proposed club accommodation for students was discussed. The Council was informed that the subject was receiving the attention of the Medical School Committee, and some information was obtained on the matter, which it is not desirable to make public at present.

A committee of the Junior Staff are consulting with the Warden upon the question of catering for students, and hope, as soon as it can be made financially profitable, to transfer the catering for students to the care of the Union.

A letter was read from Mr. Foster on the subject of students' entertainments (dances, smoking concerts, etc.), and it was decided that the Union Council should arrange for these when deemed necessary.

The question of the accommodation at Mackenzie's was raised and discussed.

The fourth meeting of the Council was held on Friday, April 22nd, Dr. Herringham (the President) in the Chair.

The report of the Finance Sub-Committee of the Union was read, discussed, and adopted.

It was decided that order books for goods be supplied to the various clubs, and that orders for goods should be signed by the Hon. Treasurers before being sent out.

The desirability of binding Club Secretaries to obtain goods from one firm in order to secure discount was discussed, and opinion was divided on the matter. It was decided that the Secretaries of the Union should meet the Secretaries of the Clubs and consult their wishes on the matter.

The election of the Sub-Editor of the JOURNAL was held over pending the receipt of a recommendation from the Publication Committee.

A special informal meeting of the Council was held on May 5th, Mr. Hogarth (Vice-President) in the Chair.

The work done by the Council was reviewed, and the powers and policy of the Council considered.

Messrs. Neligan and Gauvain were requested to draw up a plan for re-furnishing the Smoking Room and putting it into order.

It was decided that the Hon. Treasurers be asked to prepare a statement of the financial condition of the Union.

A meeting of the Council was held on Friday, May 13th, Dr. Herringham (the President) in the Chair.

It was decided that Secretaries of Clubs be allowed to exercise their discretion in regard to the choice of firms with whom they should deal for club requisites.

The reply of the Medical School Committee to the requests of the Union Council was read. It stated:

(i) That the Committee approves of the proposals to permit tennis at Winchmore Hill on Sundays.

(ii) That the other subjects brought to the notice of the Committee, viz. accommodation for students at night, the Library, the re-furnishing of the Abernethian and Smoking Rooms, were receiving attention.

It was also announced that the Medical School Committee had agreed to supply hair brushes, clothes brushes, etc., in the Cloak Room.

A detailed report of the financial condition of the Union was received from the Hon. Treasurers. The average yearly income for the last three years was £751 25. 10d., the average yearly expenditure £780 15s. 6d. Last year's income was £760 7s. 2d. For details of last year's expenditure see Hospital JOURNAL, March, 1904, page 102. A gratifying feature in the report was the steadily increasing profit on the sale of the JOURNAL.

A Sub-Committee, consisting of Messrs. Ash, Hogarth, Loughborough, and Phillips, was appointed to inquire into

the question of Hospital colours, hat-bands, and club blazers, and advise on their retention or alteration.

The Secretaries were ordered to approach the Abernethian Society for the purpose of taking over the control of the Abernethian Room.

The report of Messrs. Neligan and Gauvain, who had been appointed to draw up a plan and estimate for putting in order the Smoking Room, was received and adopted. The Secretaries were directed to communicate to the Dean of the Medical School the substance of the report.

On the recommendation of the Publication Committee Mr. Waterfield was elected sub-editor of the JOURNAL for a period of six months.

Suggestions from the Suggestion Book were considered; the Vice-President's replies are written in the book, which is kept in the Abernethian Room.

In addition to the above suggestions, Mr. Loughborough proposed:

(i) That an inquiry bell be put at the entrance of the Medical School to communicate with the Cloak Room.

(ii) That a notice "Cloak Room and Lavatory" be put at the head of the staircase leading to the Cloak Room.

(iii) That the conduits in the lavatory be kept in working order.

The Secretaries were directed to forward these suggestions to the Dean of the Medical School and recommend their adoption.

CRICKET CLUB.

ST. BART.'S V. THE WANDERERS.

The Hospital opened their season on Saturday, May 7th, at Winchmore Hill, with a match against a very strong team of the Surrey Wanderers, and in spite of an excellent innings by W. B. Griffin, who scored 66, the Hospital lost by 4 wickets. We were unfortunately one short at the last minute. The Hospital ought to have an excellent season this year as there is plenty of new talent.

SCORES.

ST. BART.'S.		THE WANDERERS.	
W. B. Griffin, st. Latham, b Jephson	66	E. A. Beldam, c Eckstein, b Griffin	11
G. Viner, c Taylor, b Jephson	5	A. E. Damian, c De Verteuil, b Page	36
J. Eckstein, b Taylor	1	H. M. Langdale, b Eckstein	29
L. F. K. Way, b Jephson	3	L. S. Wells, b Griffin	13
W. S. Neator, b Barker	7	K. E. M. Barker, l-b-w, b Griffin	7
E. de Verteuil, c Colman, b Wells	17	D. L. A. Jephson, not out	4
A. R. Pinder, absent.	—	A. M. Latham, c and b Page	1
C. J. Armstrong-Dash, b Taylor	3	J. G. Hadath, not out	2
J. F. Gaskell, not out	6	H. F. Waller, } did not bat.	—
G. F. Page, b Taylor	1	O. Colman, }	—
G. K. Maclean, b Taylor	0	S. Taylor, }	—
Extras	10	Extras	20
Total	119	Total	148

BOWLING ANALYSIS.

	Overs.	Maidens.	Runs.	Wickets.
Griffin	9	4	15	3
Page	14	3	47	2
Eckstein	11	3	44	1
Gaskell	6	0	22	0

ST. BART.'S v. THE SANATORIUM.

The above match took place at Virginia Water, on Saturday, May 14th, and ended in a drawn game. For the Hospital W. B. Griffin with 75, J. Eckstein with 38, and Tha Htoon'oo with 34 not out batted well.

SCORES.

THE SANATORIUM.		ST. BART.'S.	
Bishop, c Page, b Griffin ...	10	J. F. Gaskell, l-b-w, b Havers	25
Keenan, c Nealar, b Bowen 112		W. B. Griffin, c Keenan, b Havers	75
Meads, l-b-w, b Tha Htoon'oo	23	G. Viner, l-b-w, b Meads	10
L. Havers, c and b Tha Htoon'oo	42	Tha Htoon'oo, not out	34
W. Hill, b Tha Htoon'oo	13	P. A. With, c Havers, b Meads	4
Smith, l-b-w, b Eckstein ...	5	J. Eckstein, c Aries, b Meads	38
Aries, not out	10	E. de Verteuil, not out	1
Extras	26	G. Bowen, W. S. Nealar, L. L. Phillips, G. F. Page, G. K. Maclean, } did not bat.	
Total (for 6 wks.*)	247	Extras	10
* Innings declared.		Total (for 5 wks) ...	197

BOWLING ANALYSIS.

	Overs.	Maidens.	Runs.	Wickets.
Htoon'oo	25	0	57	3
Bowen	6	0	21	1
Griffin	9	0	49	1
Eckstein	20	4	48	1
Page	8	0	23	0
Gaskell	7	1	19	0
Phillips	1	0	4	0

The match v. Henley, on May 21st, had to be abandoned owing to the bad weather at Henley.

SWIMMING CLUB.


On Saturday, May 14th, we met Cambridge in the first match of the season, in which we were heavily beaten—11 goals to nil. This result was mainly due to the pace and training of the visitors, in which we were entirely outmatched, each individual man being more alert and quicker on the ball than the home team.

For us Watkins and McDonagh played the best, and had the lion's share of the work, but Hanschel was not up to his usual form; while for the visitors it would be invidious to pick out any individual player. After the match the teams had tea at the Holborn Restaurant. Team: H. M. Hanschel (goal); R. C. P. McDonagh, C. F. O. White (backs); J. G. Watkins (half-back); F. Trewby, H. J. Gauvain, R. C. Hoskins (forwards).

H. Dean very kindly acted as referee. The club is very glad to see so much fresh blood, and hope that new comers will continue to practise diligently, since there will be many vacancies to fill up next year.

We are sorry G. T. Verry was unable to play for us in the above match as he was unwell.

The Musical Society.

 WING to the unfortunate abandonment of the Christmas Entertainment the Musical Society has been less active than usual during the winter session. With the summer concert in view the Society has set to work energetically, and practices are being held on Tuesdays, at 4.30, in the Inquest Room.

It is to be hoped that all men who play any orchestral instrument will join the Society, and give their help towards making the summer concert a complete success.


Some slight reaction following on the celebration of the coming of age of the Society last year is perhaps only natural, but considering the number of men at Bart.'s this reaction should not be lasting, and

new men should be forthcoming to take the place of those who have left the Hospital.

For the Society to continue flourishing, however, it is further absolutely necessary for members to turn up as regularly as possible at the practices.

Further particulars can be obtained from the Secretary, H. R. Prentice.

St. Bartholomew's Hospital Medical Missionary Society.

 HE annual meeting of the above Society will be held on Thursday, June 23rd, in the Inquest Room, at 5 p.m. We hope to have as our speaker W. R. Miller, Esq., M.R.C.S., L.R.C.P., of Hausaland. Dr. Champneys will take the chair. All members of the Hospital are cordially invited. The objects of this Society are—

1. To assist all those who have gone out from this Hospital to the mission field, and who are members of this Society—

(a) By remembering them in prayer.

(b) By helping them with money, specially towards the purchase of drugs, instruments, etc.

2. To publish or circulate information about medical missions, especially any we may from time to time receive from members of our Society in the mission field.


3. To keep up and increase interest in medical missions among past and present members of St. Bartholomew's Hospital.

Subscriptions and donations to the above would be very gratefully received by the Hon. Sec., who would be pleased to forward a copy of the Society's Magazine to any members of the Hospital.

MEMBERS IN THE MISSION FIELD.

- A. Jukes, M.R.C.S., L.R.C.P., L.S.A., Kotgav, Punjab (C. M. S.).
- C. J. Davenport, F.R.C.S., Wuchang, Central China (L. M. S.).
- C. S. Edwards, M.R.C.S., L.R.C.P., Mombasa, East Africa.
- Gaskoin Wright, M.R.C.S., L.R.C.P., Nablus, Palestine (C. M. S.).
- E. W. G. Masterman, F.R.C.S., D.P.H., Jerusalem, Palestine (L. J. S.).
- J. E. Williams, M.R.C.S., L.R.C.P., Shanghai, China (C. J. M.).
- F. Johnson, M.B., F.R.C.S., Kerak, Palestine (C. M. S.).
- C. Neill, M.B., B.C., Ranaghat, Bengal, India.
- A. R. Cook, M.D., B.A., B.Sc., Uganda, Eq. East Africa (C. M. S.).
- P. W. Brigstocke, M.B., Baghdad, Arabia (C. M. S.).
- W. R. Miller, M.R.C.S., L.R.C.P., Hausaland, West Africa (C. M. S.).
- J. Preston Maxwell, M.B., B.S., F.R.C.S., Changfoo, Amoy, China (E. P. M. S.).
- J. Laidlaw Maxwell, M.D., B.S., Fainanfo, Formosa (E. P. M. S.).
- P. E. Turner, M.D., B.S., D.P.H., Nagarcoll, Southern India (S. A.).
- A. E. Druitt, M.R.C.S., L.R.C.P., D.P.H., Hausaland, West Africa (C. M. S.).
- F. Sanger, M.B., B.C., D.P.H., Pakhoi, South China (C. M. S.).
- G. Everard Dodson, M.R.C.S., L.R.C.P., Kirman, Persia (C. M. S.).
- H. H. Weir, M.B., B.A., Korea (S. P. G.).

Consultations.

 N this column we propose to publish each month a short note on the more important cases that are seen at the Thursday consultations, and, wherever possible, an account of the further progress of the case.

CONSULTATIONS.

APRIL 28TH.—Mr. Lockwood brought in a case of recurrent epithelioma of the lower jaw following a similar growth in the tongue and floor of the mouth, which was removed by operation six years ago. There were now in addition to the local recurrence some enlarged glands in the neck, and the man complained of pain affecting the side of the neck and the right ear.

Mr. Langton, Mr. Cripps, and Mr. Bailey advised removal of the growth and the glands in the neck.

Mr. Waring thought the growth involved the bone and glands, and would not operate.

The growth was afterwards removed together with a part of the lower jaw and some lymphatic glands.

Mr. Lockwood also showed a man, et. 43, with a large tumour of the right side of the pelvis. The tumour had been noticed for the past eighteen years, and had lately increased rapidly in size; it was hard and immovable. There was no bladder or rectal trouble. Mr. Lockwood thought the tumour was an exostosis, but in view of the fact that lately the tumour had been growing rather rapidly, it was possibly an ossifying sarcoma; it was apparently growing from the pubic bone.

Mr. Langton, Mr. Cripps, and Mr. Waring agreed with Mr. Lockwood that the tumour might be a sarcomatous one. They thought there was some indication of a pedicle, and all advised that an attempt should be made to remove it.

Mr. Lockwood subsequently operated on the man, and found a large, lobulated, and pedunculated exostosis capped with cartilage, which was growing from the pubic bone. It was removed with great difficulty together with part of the horizontal ramus of the os pubes.

MAY 12TH.—Mr. Langton exhibited a woman, et. 64, with a swelling in the neck of twelve months' duration; it had increased in size rapidly some three weeks ago. There was no dysphagia or dyspnoea, no enlarged glands. The diagnosis lay between (1) malignant disease of the thyroid and (2) cysts of thyroid with rapid accumulation of fluid. Mr. Langton proposed to explore with a needle and operate if he found fluid.

Mr. Alfred Willett thought the tumour a cyst with hemorrhage into it. He could not altogether exclude an aneurysm.

Mr. Bowly, Mr. D'Arcy Power, Mr. Waring, and Mr. Bailey also thought the tumour was a cyst of the thyroid into which hemorrhage had occurred.

Mr. Langton operated and found a large cyst of the thyroid, there being no sign of recent hemorrhage. This cyst was successfully removed.

Mr. D'Arcy Power showed a case of ulcer of the lip and an eruption on the skin of the back in a man et. 36. The diagnosis lay between syphilis and malignant disease, but he thought the ulcer was due to syphilis.

Mr. Alfred Willett was of opinion that the sore on the lip was an epithelioma. It was extremely hard, with a sloughy base and an ichorous discharge. He suggested that a piece be cut out for microscopical examination. There were some hard glands under the jaw. The skin eruption was not, he thought, syphilitic.

Mr. Langton did not think the sore was carcinomatous, nor did he think the rash had anything to do with it. He suggested potassium iodide and mercury.

Mr. Bowly thought the ulcer was due to syphilis, but the rash was not quite characteristic.

Mr. Waring thought the ulcer had many of the characters of a malignant growth, and was an epithelioma; the skin eruption was of doubtful nature.


Mr. Bailey was of opinion that the ulcer was now an epithelioma which had begun in a syphilitic gumma.

All advised that a piece be taken out for microscopical examination.

The ulcer showed signs of rapidly healing under treatment with mercury and potassium iodide.

Motor Cars for Medical Men.

By AN OLD ST. BARTHOLOMEW'S MAN.

 WING to the fact that I have for some years used both horses and automobiles for the carrying on of my practice in London, I often have the question put to me by medical men—would you recommend me to start a motor car, and if so, what will be the cost? To this an unqualified answer can never be given, as will be evident from the following remarks, which are intended to

help those who are considering the subject to arrive at some idea of the relative merits and cost of the two types of locomotion.

The first consideration is whether the car is to be used for town or country work, for it will be found that a car admirably suited for the country is not always the right type for the town. A country doctor generally has to travel considerable distances between the respective houses of his patients, and frequently over rough and hilly roads. He therefore requires a car of sufficient power to mount any gradient he may meet with at a fair speed, and as he is usually accustomed to drive in an open trap, the question of protection from the weather is not the most important one. Therefore a car with a phaeton or tonneau body, with a hood fitted to the front seats which, when opened up, comes forward and is buttoned by means of a leather flap to a glass shield fixed on the dashboard, gives almost complete protection from the weather, and is more comfortable to drive in than the open trap or hooded buggy. The only drawback to this arrangement is that it is somewhat awkward to get in and out from owing to the hood, but this is not of much importance.

Speaking somewhat broadly, I think that the automobile will prove far more useful than a horse and trap for country work, for the following reasons. It enables the owner to save at least 25 or 30 per cent of his time on the road. This is indisputable. A motor car, at a moderate estimate, will average at least twelve miles an hour on the road, and, if there is any reason for hurry, will travel at double that pace. If kept in proper order and regularly cleaned it is always ready to start, and in less than two minutes from opening the stable doors it can be off and away. This is a great advantage for night work, as it is unnecessary to rouse a man from his bed to put in the horse or even to drive it. The man also can frequently be spared in the day time for other work if the owner drives himself, as there is no horse to hold when stopping.

There is, of course, no limit to the distance which can be covered as in the case of the horse, nor does it matter what is the state of the weather; indeed, in snowy and frosty weather, when the roads are very slippery, the motor car will be found to travel well, when a horse cannot stand.

The disadvantages to be considered are chiefly those of tyres and repairs, which cannot be so easily carried out in the country. Tyres undoubtedly are the chief source of worry, and one of the most serious items of cost in the upkeep of a car, but they (I am speaking more particularly of pneumatic tyres) have acquired a worse reputation than they deserve, because makers have in the past persisted in selling cars fitted with tyres which are too light, and therefore quite unsuited for the weight of the car and its probable work, in order to keep down the first cost of the vehicle. Always, when purchasing a motor car for country use, insist that it shall be fitted with "heavy car tyres," what-

ever be the weight of the car, and if the tyres of the driving wheels be fitted in addition with non-slipping bands, then the dread of punctures may be practically abolished, and there will be little or no trouble provided that they be kept fully inflated. Solid tyres are not much in favour in this country, and I have had but little experience of them, but I believe they are very efficient on the driving wheels provided that the springs be properly adjusted for them, and that the speed be restricted to not more than fifteen to eighteen miles an hour, so that the combination of pneumatics in front and solids behind may be recommended to those who have the fear of tyre troubles.

The question of repairs is one of which many conflicting opinions will be given. On the one hand you will hear of Mr. A., whose car is never out of the repairer's hands, and on the other of Mr. B., whose repair bill is next to nothing. The truth lies in the fact that the question of repairs is almost a personal one. Many owners have little or no knowledge of the machinery of their cars; they drive them recklessly at high speeds, use their brakes unmercifully, and generally subject the mechanism and the tyres to an unwarrantable strain, and then complain that they are continually requiring repairs. The motor car, in spite of the general opinion, rarely breaks down in good hands, and if a car be chosen from one of the leading manufacturers, English or French, it should require few or no repairs during the first year if used carefully. I am not saying that adjustments will not be required from time to time, but these are common to all machinery, and are quite easily carried out by anyone of average intelligence. Here I may state that, in my experience, medical men make very good motorists, and are usually very quick, from their practice of the inductive faculty, at arriving at a diagnosis of a fault in the running, and handy in making the necessary adjustments. At the end of the year, if a car has been fairly treated, it is advisable that it be completely overhauled by a competent mechanic, and any loose or worn bolts replaced and necessary adjustments made. This will not be a big item, and will do more to keep down the cost of repairs than if the car be allowed to run until something gives way or breaks, necessitating perhaps a big outlay. Another most important means of keeping down the repairs bill is to insist on the car being carefully washed down, dried, oiled, and adjusted daily. This I have insisted on with my cars, and the result has been that my repairs bill has amounted to a ridiculously small sum. On the other hand, if a car is simply washed down as to the body, and the frame, engine, and bearings be allowed to collect a coating of mud, oil, and rust, as is too often the case, it stands to reason that mischief will sooner or later supervene.

The next question is that of a driver, and many would be motorists are deterred from buying a car because they have been told that a professional chauffeur or mechanic asking costly wages will be required. Nothing, in my opinion, is

more unnecessary. I do not hesitate to advise all would-be motorists among medical men to avoid all so-called chauffeurs and mechanics if they are running a medium-priced and sized car, and find a good, intelligent coachman or groom who is willing to have a fortnight's training as a driver. It will not take much longer than this to teach him how to drive intelligently and what *not* to do. The argument that a trained mechanic is necessary as a driver is quite fallacious. If a car really breaks down or an accident happens, then it will have to go into the repair shop anyhow, whereas if some adjustment is all that is necessary an intelligent coachman or groom will do as well as a mechanic. Finally, he knows how to wash a carriage properly, and anyone who has seen a carriage cleaned and turned out by a coachman contrasted with that of the chauffeur will know what I mean. I adopted this plan myself, and have been fully satisfied with the result.

The question of the choice of a car for country work is too wide a one to be discussed in this paper, as any sum from £100 to £800 can be spent on a car for this purpose, but as a general rule it will be found that a medium-priced car with two cylinders will prove cheaper and handier than any other. It is lighter than a four-cylinder. Therefore the wear and tear of tyres and consequent cost of upkeep is markedly lessened, and it will do all the work as well, if not better, than the larger car. It is true that the four-cylinder car is quieter and smoother in running, but for general handiness a ten to twelve horse-power two-cylinder car of good make cannot be surpassed. This will cost from £250 to £350, according to the make. If this sum is considered to be too great then a smaller powered car with one cylinder may be chosen, of not less than six horse-power, and there are many efficient and silent types which are thoroughly reliable to be bought from £150 to £220. It must not be forgotten, in contrasting the cost of the two modes of locomotion, that depreciation of value is a large item in motor cars. Owing to the continual improvement and alteration in pattern, a car very soon becomes out of date, and then of course depreciates largely in value. Most insurance companies reckon this depreciation at 20 per cent. for the first year, and 50 per cent. for the second.

The cost of running will of course vary with the size of the car and the mileage covered, and I think the best way will be to give an example of a year's actual running on a second-hand two-cylinder car. Number of miles run 4727. Costs for this distance: Petrol £14 18s. 10d., oil and grease £1 10s. 6d., accumulators recharged £1 1s., repairs £3 12s., tyres (averaged) £11 5s., total £32 7s. 5d., which works out at 1.64 per mile. Petrol works out at 20.5 miles per gallon, at 1s. 3½d. per gallon. To these must of course be added rent of stable and taxes, wages of man (in the case of a small car a boy only is necessary), livery, licences, and insurance.

These, which are actual running figures, will, I think,

By the Way.

We have received the following extracts of letters from an old Bart.'s man, Dr. D. J. Drake, who is principal medical officer of a large tea estate in Assam. The letters are written by the Babu doctors when applying for vacant medical posts in the various tea gardens.

"Owing to my bad constipation I am obliged to serve here compoundership. You have great predominance; you can easily to patronise me. My large family entirely depend upon me. I belong to noble family; it is very defecult for a noble man to live here without employment. I perambulated all the tea gardens for any billet, but my day star turns away on my past. Though I have some patrimony I am quite unable to supply my large family with that patrimony. I am wretched fellow, so I beg to get compassion from you invariably. It is my credible that if you contrive then you can easily support my large family by your conviviality.

"Half anna stamp is annexed for reply.

"Kindly inform me about my application at your earliest convenience."

Another writes: "I request to your honour to kindly change me from here; also you have seen my work well. I hope you will be kind enough to provide me with my family."

Dr. Drake also tells the following story:

A Babu was engaged in a tea garden, and was given the option by the manager of either receiving a bicycle or a horse with which to get round his work. He chose the horse saying, "If master gives me leave for horse, then shall I, by God's mercy, at the end of perhaps one or two years have young horse by him, and so have two horses. But bicycle, only one bicycle for ever!"

THE Holborn Surgical Instrument Co. are offering prizes for the three best lists of surgical instruments with which a surgeon should provide himself on undertaking general practice: the outlay must not exceed £25. The competition closes on June 30th. Further particulars can be obtained from the Company at 26, Thavies Inn, Holborn Circus.

WE are much indebted to Mr. F. W. Strugnell for sending us the complete poem upon the late Sir William Savory. Mr. Strugnell has the original copy of the ode, which was composed by an old Bartholomew's man, F. E. Jackson. If the accuracy of the ode be not doubted, the author was the only successful candidate out of twenty-five on the eventful day. Doubtless "flushed with the flowing bowl" he poured out his soul in poetry. He has

written other poems, but unfortunately space forbids us to publish them at present.

Bill Savory of Bartholomew's,
By Galen's soul he swore,
Of five and twenty candidates
I will pluck twenty-four;
By Galen's soul he swore it,
And set aside a day,

When men should come from every town,
And, having paid their five quid down,
Be plucked, and go away.

Lane of St. Mary's Hospital
To Savory quoth he,—

Lo! I will stand at thy right hand
And spin the men with thee.
Then out spake Dicky Partridge,—
Fron King's, I ween, came he,
I will abide at thy left side
And plough the men with thee.

Bright was the first of April,
E'en Lincoln's Inn looked gay,
And rosy Phœbus shone to greet
The groups of students in the street;
It was an All Fools day.

Dixon, Benson, Dlott too,
With many others stood,
And chattered gaily of the glands,
And nerves supplied to feet and hands,
And of the salts of blood.

Apart from these strode Jackson,
Flushed with the flowing bowl,
The "pectoralis major" was
The weight upon his soul;
And from his teeth clenched tightly
The words came fast and thick,
"Sternum and costal cartilage,"
"Aponeurosis of oblique."

Savory, Lane, and Partridge,
Their solemn oath they kept,
And on that spring-tide evening
Full many a student wept.
But there was one occurrence,
Which although strange was true,
That Jackson of Bartholomew's
Did actually get through.

Struck by his martial bearing,
And wondering at the grace
Of unobtrusive piety
Shown in his manly face,
Their souls were filled with pity,
Said they the man's no ass,
We've plucked our four and twenty
So we'll let the beggar pass.

April, 1871.

F. E. JACKSON.

Overheard in Hospital.

Visiting Physician prescribes *H⁴ Flavus*

Patient (on reading board later).—"Ter die sum: all right; but I'm off pretty quick. I'm not going 'round the corner' for no blooming doctors (*exit instantiter*).

Locum in Surgery (meeting his senior).—"I have just seen a case which might be intussusception or prolapse of rectum. I rather think it's an intussusception.

Senior.—"I suppose you want me to see it!

Locum.—"No! I have sent it home.

Senior.—"Coming up to-morrow, I suppose!

Locum.—"No! Told it to come up again in a week! (collapse of senior).

FURTHER NOTE ON AERESIS.

H. S. (on Monday morning, to dresser about to use a probe from pocket case).—"I say, have you boiled that probe?"
Dresser (almost indignantly).—"Yes! I boiled it last thing on Saturday morning."

Why did Budge hudge? Because Cross crossed him.

Correspondence.

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

DEAR SIR,—The omission of the name of Oxford in the announcement of the results of the Students' Union election, which was complained of by "A Student of one of the other Universities," was accidental.

Yours faithfully,

H. J. GAUVAIN,
Hon. Sec. Students' Union.

The Rahere Lodge, No. 2546.

AN ordinary meeting of the Rahere Lodge, No. 2546, was held at Oddemino's Imperial Restaurant, Regent Street, W., on Tuesday, the 17th inst., W. Bro. Ernest Clarke, F.R.C.S., W.M., in the chair. The Brethren unanimously voted a donation of One Hundred Guineas by the Lodge towards the Rebuilding Fund of St. Bartholomew's Hospital; and also agreed to subscriptions of Ten Guineas each to the Boys' and Girls' Schools. W. Bro. J. H. Gilbertson, P.P.G.D. Herts, was elected W.M. for the ensuing year; while W. Bro. Clement Godson, M.D., P.G.D., was re-elected Treasurer. A considerable number of the Masters and Wardens of the Medical Lodges in London attended in response to a special invitation, and, together with other guests, subsequently dined with the members of the Lodge.

Calendar.

Wed.,	June 1.	—Clinical Lecture—Mr. Bowlby.
Fri.,	" 3.	—Dr. West and Mr. Bowlby on duty. Clinical Lecture—Dr. Gee.
Sat.,	" 4.	—St. B. H. C.C. v. M.C.C., at Winchmore Hill.
Sun.,	" 5.	—1st Sunday after Trinity.
Mon.,	" 6.	—Special Lecture, Orthopaedics—Mr. Eccles.
Tues.,	" 7.	—Dr. Ormerod and Mr. Lockwood on duty.
Wed.,	" 8.	—St. B. H. C.C. Past v. Present, at Winchmore Hill. Clinical Lecture—Mr. Bruce Clarke.
Thurs.,	" 9.	—St. B. H. S.C. v. Richmond S.C., at Holborn Baths. St. B. H. Christian Union—Rev. C. A. Stewart.
Fri.,	" 10.	—Dr. Gee and Mr. Langton on duty. Clinical Lecture—Sir Dyce Duckworth.
Sat.,	" 11.	—St. B. H. C.C. v. Addestone, at Addestone. St. B. H. Tennis Club v. Ealing L.T.C. at Ealing.
Sun.,	" 12.	—2nd Sunday after Trinity. St. B. H. S.C. v. Cambridge, at Cambridge.
Mon.,	" 13.	—Special Lecture, Skins—Dr. Ormerod.
Tues.,	" 14.	—Sir Dyce Duckworth and Mr. Cripps on duty.
Wed.,	" 15.	—St. B. H. C.C. v. Enfield, at Winchmore Hill. St. B. H. S.C. v. Queen's, Westminster, S.C., at Westminster. St. B. H. Tennis Club v. Wanstead at Wanstead. Clinical Lecture—Mr. Bruce Clarke.
Thurs.,	" 16.	—St. B. H. Christian Union—Annual Business Meeting.
Fri.,	" 17.	—Dr. Norman Moore and Mr. Bruce Clarke on duty. Clinical Lecture—Dr. Norman Moore.
Sat.,	" 18.	—St. B. H. C.C. v. Hampstead, at Hampstead. St. B. H. Tennis Club v. Hornsey at Winchmore Hill.
Sun.,	" 19.	—3rd Sunday after Trinity.
Mon.,	" 20.	—Special Lecture—Dr. Lewis Jones.
Tues.,	" 21.	—Dr. West and Mr. Bowlby on duty.
Wed.,	" 22.	—Hospital Sports at Winchmore Hill.
Thurs.,	" 23.	—St. B. H. Christian Union—Biennial Meeting, Medical Mission Society. Clinical Lecture—Mr. Bruce Clarke.
Fri.,	" 24.	—Dr. Ormerod and Mr. Lockwood on duty. Clinical Lecture—Dr. West.
Sat.,	" 25.	—St. B. H. C.C. v. Dunstable Grammar Sch., at Dunstable. St. B. H. Tennis Club v. Lancaster L.T.C. at Winchmore Hill.
Sun.,	" 26.	—4th Sunday after Trinity.
Tues.,	" 28.	—Dr. Gee and Mr. Langton on duty.
Wed.,	" 29.	—Clinical Lecture—Mr. Lockwood.

Reviews.

OPHTHALMOLOGICAL ANATOMY, WITH SOME ILLUSTRATIVE CASES. By J. HERBERT FISHER, M.B., B.S. Lond., F.R.C.S. Eng. (London: Hodder and Stoughton, 1904.) Price 7s. 6d.

Mr. Fisher has not attempted in this work to include all that might be written under the above title, he has endeavoured to make clear those anatomical points which in the smaller text-books are passed over, and in this he has succeeded admirably.

In the chapter on ocular movements Mr. Fisher is perhaps at his best, the actions of the various muscles are explained in a particularly lucid manner. Mr. Fisher does not allow to the capsule of Tenon the importance with regard to these movements that is usually ascribed to it, and here we are inclined to agree with him. The parietal layer of Tenon's capsule blends anteriorly with the conjunctiva at the limbus and posteriorly with the dura mater of the optic nerve sheath, the visceral layer being merely a lamina of extreme tenacity blending with the surface of the sclerotic. If the

ocular movements take place between these two layers the circulation in the small vessels which enter the eyeball posteriorly, after having passed through both layers, will be much interfered with and it will necessitate the optic nerve playing up and down its dural sheath like a piston in its cylinder. Mr. Fisher believes, therefore, that the movements take place between the parietal layer and the orbital fat which latter at the normal temperature is, of course, in a semi-fluid condition. The value of the capsule will therefore be rather of a protective nature allowing the globe to slip to one side and thus to escape injury.

With regard to arterio-venous aneurism in the cavernous sinus the treatment usually advocated is that the common carotid artery be ligatured. The condition is seldom ameliorated by this operation, and Mr. Fisher advises that a better result may be obtained by ligature of the internal carotid. Here again we agree cordially, the operation of proximal ligature of the common carotid is not a good one, and is followed in a large number of cases by cerebral symptoms, due to the diminished blood pressure in the circle of Willis. The blood in the internal carotid changes its direction and flows downwards to again ascend in the external carotid and in this way a constant drain is established on the already diminished cerebral circulation. The fact that the common carotid is so often chosen for ligature can only be accounted for by the reason that ligature of the internal carotid artery is rather a difficult operation.

In Part II Mr. Fisher has collected a large number of extremely interesting cases chiefly relating to somewhat obscure nervous lesions.

Mr. Fisher's book can be thoroughly recommended as a supplement to the ordinary text-books and will make a welcome addition to them.

MEDICAL LABORATORY METHODS AND TESTS. By HERBERT FRENCH, M.A., M.D. (Oxon.), etc. (Published by Messrs. Baillière, Tindall and Cox.) Price

A very useful and well-written "handbook for the medical laboratory." It is not intended to cover the same ground as Hutchison and Knapp's well-known *Clinical Methods*.

The contrast between the importance and fallacy of each method and test cannot fail to be of great service to the junior student. Especially good is the chapter on the examination of the blood, which is obviously the result of much original work, especially concerning eosinophilia.

The section on renal casts is not very full. We do not agree with the statement that Gmelin's test is superior to the iodine test for bile pigments, nor do we like the description of Vidal's reaction for typhoid fever. The accuracy of this test depends so much upon the race and strain of typhoid bacilli used. "Cavitation" is not a pleasing word, and the diagrams are very crude.

Otherwise we have nothing but praise to offer, and we should advise every newly appointed research clerk to obtain and study a copy of this book.

PATENT FOODS AND PATENT MEDICINES. By ROBERT HUTCHISON, M.D., F.R.C.P. (Published by John Bale and Sons, London.) Price 1s. net.

A very interesting and useful little book, which fills in a wide gap in medical literature. All medical men should read this book because it concerns a subject that is seldom considered seriously. How many physicians or surgeons recognise that a patent food should be a substance small in bulk, containing the maximum of nutritious qualities, pleasant and stimulating to the appetite, easily digestible, and cheap; otherwise it has little value, and how few artificial foods approach this standard! The tables are very useful for reference, and how amusing it is to see at a glance what are the active principles of the various patent medicines which work such miraculous cures. The section upon "How to fight Quackery" should appeal to all members of our profession.

THE MEANING OF A MODERN HOSPITAL. By W. BRUCE CLARKE, M.A., M.B. Oxon., F.R.C.S. (Published by Longmans, Green and Co.) Price 1s. net.

We are glad that Mr. Bruce Clarke has published his address upon "The Requirements of a Modern Hospital" in book form.

The address was delivered to the Abernethian Society, and has already appeared in the JOURNAL. The book is simply written, and is very clear. Mr. Bruce Clarke constructs "no castles in the air": everything is simple and straightforward, and makes for efficiency rather than for show or grandeur. The plan of a typical hospital ward is a useful addition for the uninitiated. We are glad the author leaves the sister in close proximity to her ward. The note on residents' quarters does not appeal to us: we think Mr. Bruce Clarke, once a resident himself, might have said more. A very important point is touched in the section upon supervision. How many hospitals fail in this one respect alone? Mr. Bruce Clarke is very emphatic in his denunciation of jerry-built hospitals, and rightly too! We recommend the book to all.

Examinations.

PRIMARY F.R.C.S., MAY.

H. D. Davis, J. McD. Eckstein, A. Macmillan, H. E. Quick, C. A. S. Ridout.

CAMB. 3RD M.B.

Birkett, H. J. D., Colt, G. H., Coventon, A. W. D., Cripps, W. L., Hadfield, C. F., Harrison, E., Hine, T. G. M., Moore, R. F., Naish, W. V., Plowright, C. T. MacL., Pope, C. A. W.

FINAL COLLEGE.

Bell, K. D., Gibb, H. P., Ingouville, J. G., Hadfield, H. F., Heseltine, V. G., Moore, R. F., Pickering, W. C., Williams, E. K.

We have been asked for special reasons to note that Mr. R. H. Bott has passed the midwifery part of the Conjoint Board Examination. We understand that there is money in it.

LONDON M.B.

Collins, J. M., Kalapesi, R. M., Kidner, H. R., B.Sc., Macfadyen, N., Mackay, E. C., Pingle, E. G., Travers, E. F., Verling-Brown, C. R.

Appointments.

BODREL-ROBERTS, H. F., M.A.(Cant.), M.R.C.S., L.R.C.P., appointed Junior Assistant Medical Officer to the Warwickshire County Asylum, Hatton.

DRURY, G. D., M.R.C.S., L.R.C.P., appointed Junior Resident Medical Officer to the Seamen's Hospital, Greenwich.

FINEGAN, D.O.C., M.D.(Berlin), M.R.C.S., L.R.C.P., appointed Senior Clinical Assistant to the Throat Hospital, Golden Square, W.

GARDNER-MEDWIN, F. M., B.A.(Cant.), M.R.C.S., L.R.C.P., appointed House Surgeon at the Royal Southern Hospital, Liverpool.

NIALL, E. M., M.B.(Lond.), M.R.C.S., L.R.C.P., appointed Resident Medical Officer to the Royal Waterloo Hospital for Children and Women.

PHILLIPS, LLEWELLYN, M.D.(Camb.), F.R.C.S., D.P.H., appointed Principal Medical Officer for the Gresham Life Insurance Office for Egypt, Palestine, and Syria; also Honorary Physician to the Anglo-American Hospital, Cairo.

New Addresses.

ATKINSON, H. W., Saffron Walden, Essex.
BODVEL-ROBERTS, H. F., Hatton Asylum, Warwick.
CRESSY, P. H., Timaru, Chelston, Torquay.
DUNN, J. CECIL S., Kimberley, near Nottingham, Notts.
FEGAN, R. A., 28, Charlton Road, Blackheath, S.E.
GILES, LEONARD T., 4, Filey Road, Scarborough.
JULIEN, Major O. R. A., R.A.M.C., Fort Pitt, Chatham.
LAUHLAN, HENRY D., 136, Lower Richmond Road, Putney, S.W.
MAUNSELL, B. S. O., Leicester Infirmary.
NELSON, H. DE B., 217, Barking Road, E.
PHILLIPS, LLEWELLYN, Maison Nahas, Midan el Somailieh, Cairo.
THOMAS, R. R., 36, Windsor Place, Cardiff.

Birth.

WALTER.—On May 1st, at 282, Lytham Road, Blackpool, the wife of R. A. Walter, M.R.C.S., L.R.C.P., of a son.

Marriage.

MÁŠINÁ—PARAKH.—On the 16th April, at Bombay, Hornusjee Manekjee Mášiná, F.R.C.S., to Jerbai Burjorjee R. Parakh, B.A.

Deaths.

BROWN.—On the 14th April, at Greenbushes, Western Australia, Robert Pollock Brown, M.R.C.S., L.R.C.P., youngest son of the late David Brown, Esq., of Woolston, Hants.

FOX.—On April 23rd, at Clodock, Abergavenny, G. Aubrey T. Fox, M.R.C.S., L.R.C.P., aged 37.

JAMESON.—On the 23rd April, Kathleen (née Mernagh), the beloved wife of R. M. Jameson, M.R.C.S., L.R.C.P., Witbank, Middleburg, Transvaal.

Acknowledgments.

The Gazette of Guy's, London, St. Mary's, St. George's, St. Thomas's, and Charing Cross Hospitals; The Middlesex Hospital Journal, The Broad Way, The British Journal of Nursing, University of Durham College of Medicine Gazette, Journal of the Royal Italian Society of Hygiene, Brooklyn Medical Journal.

Books for Review.

1. *Materia Medica, Pharmacology, and Therapeutics.* Philips.
2. *Manual of Surgery.* Thomson and Miles.
3. *What we owe to Experiments on Animals.* Stephen Paget.
4. *The Case against Anti-vivisection.* Stephen Paget.

St. Bartholomew's Hospital



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NOTICE.

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

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,

JULY 1st, 1904.

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

Editorial Notes.

OF late our attention has been called to the consideration of the *raison d'être* of hospital journals. We have considered the matter fully with a view to our own JOURNAL; this is the property of the Students' Union, of which every registered student of the Hospital—past and present—is a member. At present there are about 2000 subscribers to the JOURNAL, and their wishes must be consulted. We notice that a contemporary says that "a hospital gazette should be a complete reflection of the varied and highly specialised life of both mind and body that is led by those within the

boundaries of a great hospital and a great medical school." Perhaps! but at all events our JOURNAL must be interesting, and it must be personal. Let our first task therefore be, as it always has been, to publish matter of general interest concerning the Hospital and those connected with it. Leading articles are out of place in a hospital journal; we prefer to publish our comments upon passing events in the form of short notes. Next we must give an account of the doings of the various clubs of the Union; these may be uninteresting to our older subscribers, but still there are 600 present students, all members of the clubs. Then comes the publication of papers and lectures, and let us emphatically say at the outset that our Hospital JOURNAL does not exist solely to instruct—it is not a minor edition of the *British Medical Journal* or the *Lancet*. However, we are only too glad to publish original papers by subscribers, but many of these papers are too long. Therefore we propose either to ask the authors to send us their papers in abstract, that is to say to occupy not more than five or six columns, or else to publish the longer papers *in extenso* as a supplement to the JOURNAL if the author is willing to pay half the cost of publication, say £2, for which he will receive fifty copies of his paper in pamphlet form. To us this seems reasonable, and we hope that it will meet with the approval of those who have supplied us in the past with papers for the asking. Welcome and certain of publication are notes of cases and short papers, long papers are difficult to handle. Our next task is to amuse, and this is not easy. In this case we would not be personal, but let us, remembering that it takes a wise man to be a fool, have humour, not wit. We therefore appeal to our readers to send us any short contributions, poems, sketches, etc., in lighter vein. A busy general practitioner has little enough time for reading at all, and he will certainly never read the JOURNAL if it contains only long papers and dull notes about various promotions or prize-winners, with a few cricket or swimming matches. Students, too, should learn to appreciate at an early stage in their career the humorous side of our professional work. Text-books are so dull.

What priceless gems may be gleaned from the casualty and out-patient departments day by day, and these are forgotten or, worse, not recognised. Still, the JOURNAL has not been filled, and we have room for short articles (three or four columns) upon subjects of general interest,—for example Dr. Norman Moore's articles of exceptional interest concerning the foundation and early history of the Hospital. One old Bartholomew's man has given us his experience about motor cars; will not another send us "Something about Partnerships" or other such? We propose to give a calendar each month with the subjects of the clinical and special lectures when this is possible, and also a time-table of the hours of attendance of the members of the Staff from time to time for the convenience of those old Bartholomew's men who send up cases from the country.

WEDNESDAY, July 6th, is the great day. His Majesty the King, our Patron, will lay the Foundation Stone of the New Out-patient Department, etc., at half-past twelve o'clock, and he will be accompanied by Her Majesty the Queen, as we have already mentioned in the JOURNAL.

DR. NORMAN MOORE has written the inscription on the stone, but we are not at liberty to print it in this number of the JOURNAL. We hope to publish another article from Dr. Moore's pen, with a woodcut reproduction of the stone, in a special number which will appear in the middle of July.

THEIR Majesties, we learn, will come to the ceremony in semi-State, and the great occasion promises to be historical. The Lord Mayor and the Bishop of London will attend to represent the civic and ecclesiastical communities of the City. After the stone has been laid, the Prince of Wales, the President of the Hospital, will read an address to His Majesty, and Her Majesty the Queen will receive her charge as a Governor of the Hospital, and will be presented with a small model wand instead of the usual wand which is given to Governors on their appointment. Madame Albani and other artistes have very kindly promised to sing the National Anthem, and the Band of the Coldstream Guards will play during the ceremony.

ALL preparations as regards the accommodation of spectators are well in hand. A great marquee-stand to seat 3000 has been erected on the old Christ's Hospital site as an amphitheatre, surrounding a central platform on which Their Majesties will be received by the Treasurer, and where the ceremonies will take place. We are asked to state that most of the invitations have been sent already, but if any Bartholomew's man who wishes to be present will communicate with Sir Ernest Flower or Mr. Cross, his application will be considered, and further invitations will be sent out as far as accommodation will allow. Preference will naturally be given to those Bartholomew's men who

have already sent in subscriptions or collecting cards on behalf of the Appeal Fund. Every present student will receive one ticket of admission if he send in an application through the Secretary of the Students' Union to Mr. Cross before June 30th.

THERE will be a guard of honour of the Honourable Artillery Company drawn up on the vacant space in front of the marquee-stand, and the Post Office Volunteer Corps will line the route from the new site to the Little Britain entrance.

AFTER the ceremony is over their Majesties will drive by the Little Britain Entrance into the Hospital Square in order to see the convalescent patients, and will leave the Hospital by King Henry VIII's gate.

THE Past and Present Annual Festivities took place at Winchmore Hill on Wednesday, June 8th, and were from many points of view a great success. The weather threatened in the morning, but eventually proved beautifully fine, though there was a cold wind. The ground looked well, and there was a very fair attendance, especially of ladies. What happens to the men? We cannot understand the ethics of the present-day student who takes the holiday—given for the Past and Present Day at Winchmore Hill—and goes home to knit his stockings or what not. Surely he does not read his books on a fine summer afternoon, and if he plays, why is he not playing or talking or seeing at Winchmore Hill, his own club ground, for which he pays £300 rent every year. We counted of the spectators more nurses than students, and we believe that nearly every nurse in the Hospital who was not on duty was present during some part of the afternoon, and there were as many members of the Staff as students present. Where, too, is the Past? Just a handful of men, chiefly those taking part in the cricket and tennis matches, was all that we could see. This should be a day of reunion for Past and Present. The Finance Committee spared no effort, and every one who was present voted the day a success.

As for the matches, the Present won both the cricket and the tennis matches; unfortunately the Past teams were not very representative. The Present won the cricket match by 71 runs. Details and the scores will be found in another column.

THE tennis games were not very interesting. The Present won by 5 matches to 4. Next year we hope to see the institution of a tennis tournament for all members of the Hospital who care to play; this would arouse more interest generally, and we have been wondering if it would be possible to hold the finals of the Athletic Sports on the same day, then it would be a regular gala day for the clubs.

THE Athletic Sports were held at Winchmore Hill on Wednesday, June 22nd. A full account will appear in the next issue of the JOURNAL.

IN passing, however, let us congratulate the Athletic Club Committee on having made such a great success of the first sports held at Winchmore Hill. We will look for further improvements next year.

THE thanks of all are due to the generosity of Dr. and Mrs. Herringham, who made a handsome gift to the Club in the shape of four sets of hurdles and two hammers; and also to Mr. Bowly, who very generously gave five guineas towards the expenses of the prizes.

THE Inter-Hospital Athletic Sports have been fixed for Saturday, July 9th, at Stamford Bridge.

THE Junior Staff Concert will be held on Friday, July 1st, in the Great Hall, at 8 p.m., and promises to be as great a success as usual. The Choral Society and the Orchestra have been at constant practice, so that the inquest room is seldom unoccupied. The Junior Staff, also, is well up to date with its part of the programme.

THE sixth and eighth Decennial Contemporary Clubs Dinners will be over by the time this number is in the hands of subscribers. However, there is still the seventh Decennial Club's Dinner, which will be held on Wednesday, July 6th, at the Trocadero Restaurant.

WELCOME signs of activity have manifested themselves on the top floor of the west block. A spare room has been transformed into a Coborn operating theatre. We hope that it will prove a great boon to the junior house surgeons that are to come. It is very trying and anxious work to search for pus in the deep tissues of the neck on a table in the ward with the light of one or two lamps. The British workman has, after several attempts, managed to put the basins and sinks in the right place, though they may not be of the pattern that we should have advised.

THERE are other signs of activity theatre-wards. Various lines are mapped out day by day on the quoit ground, between the college and the east block. We wake up each morning and find the lines of a different colour and moved a few feet further to the right or the left. We believe an enemy hath done this and moved his neighbour's landmark, not wishing the prospective operating theatres to interfere with the light in his study. However, two new structures will be erected shortly as temporary operating theatres until such time as our new Hospital is built. How essential these theatres are will not be realised by those who do not know the difficulty of arranging for all the

necessary operations. The surgeon in charge of each special department ought undoubtedly to have the free use of one theatre during the afternoon of his attendance in his department. Up to the present such a surgeon either must do his operations in the surgery, with relative discomfort, or wait till six o'clock or so until other operations have been finished, or else do them in the wards.

IN this connection, we are glad to learn that those ominous chalk lines on the racquet court meant nothing. They only appeared in consequence of some prospective alterations in the laws of the wall-game which Mr. Bruce Clarke and Mr. Lockwood have ruled out of order.

WE call the attention of the present students and those senior men still about the Hospital to an article in another column concerning the new system of catering which comes into force on June 27th. We would urge all men to give their best support to this venture, because success at the start augurs well for the Students' Union, when it is in a position to take over control of the catering.

THE following prizes have been awarded:
Lawrence Scholarship.—C. M. H. Howell.
Brackenbury Scholarship (Surgical).—A. Hamilton.
Kirkes Scholarship.—E. E. Maples.
Senior Scholarship (Anatomy, Chemistry, Physiology).—P. L. Guiseppi.
Junior Scholarship (Anatomy, Biology).—T. L. Bomford, H. H. King.
Harvey Prize.—H. Blakeway.
Hichens Prize.—H. D. Davis.
Wix Prize.—C. A. Stidston.
Burrows Prize {E. H. Shaw } equal.
 {K. S. Wise }
Skyner Prize.—K. S. Wise.
Bentley Prize.—J. R. R. Trist.

WE are glad to note that 4 out of 10 candidates from here for the Final Fellowship Examination of the College of Surgeons were successful. This compares very favourably with the total pass list of 18 out of 65 candidates. We congratulate our quartet most heartily on obtaining this high degree.

WE congratulate Dr. Horton-Smith and Dr. Horder on their appointments as Medical Registrars to the Hospital.

DR. EUSTACE TALBOT has been appointed Junior Curator of the MUSCULI.

MR. T. J. FAULDER has been elected Junior Demonstrator of Anatomy.

DR. F. A. BAINBRIDGE has been appointed to the new post of Demonstrator of Pharmacology. We congratulate him heartily on winning the Horton-Smith Prize at Cambridge, which always falls to a Bartholomew's man.

We congratulate Mr. Sydney R. Scott on being appointed Senior Surgeon to Out-patients, and Surgeon in charge of the Aural and Throat Department to the Evelina Hospital for Sick Children.

THE Honorary Degree of M.C. has been conferred upon Professor Marsh by the University of Cambridge.

Mr. W. McADAM ECCLES has been appointed an Examiner in Anatomy for the 1st Fellowship Examination of the Royal College of Surgeons of England.

MR. EDGAR WILLET has taken the M.D. Degree at Oxford, Mr. C. Fisher the same degree at Durham, and Mr. J. B. Cook at the Victoria University.

MONDAY, July 18th, has been fixed for the Annual Prize Day. The Bishop of London has very kindly consented to distribute the prizes. His presence alone should ensure a large gathering, for he is indeed a friend of St. Bartholomew's. We recall with delight his speech at the Mansion House early in this year, in which he told us how he had paid many unofficial visits to our wards, *inognito* (if that be possible!), and had always found all things well-ordered and well-considered.

We would also remind our readers that the Bishop is preaching on the following Sunday, July 24th, in St. Paul's, the City Cathedral, on behalf of St. Bartholomew's, the City Hospital. We hope that this will arouse in the citizens of London a keen sense of patriotism and will urge them to support their hospital in its need.

THE concert so generously arranged by Signorina Ravogli in aid of the Hospital appeal was a great success, and realized £609 for the Funds. The Hospital owes a debt of gratitude to all those who so kindly gave their best services on its behalf.

THE following is the additional list of St. Bartholomew's men who have subscribed to the General Appeal Fund and also to the Special Pathological Fund instituted by the

GENERAL FUND.

	£	s.	d.
Amount already published	4839	3	6
C. J. Heath, Esq., F.R.C.S.	5	5	0
G. B. Whitelaw, Esq.	1	1	0
Huntley Clarke, Esq.	5	5	0
H. C. Bevan, Esq.	1	1	0

	£	s.	d.
Gilbert Barling, Esq., F.R.C.S.	10	10	0
* E. C. Cripps, Esq.	5	5	0
In Memory of W. J. Walsham, Esq. (per Mrs. Walsham)	100	0	0
* W. T. Holmes Spicer, Esq., F.R.C.S.	50	0	0
Harold Austen, Esq., M.D.	25	0	0
Royal Horse Guards (per Surgeon-Major Hugh Rayner)	10	10	0
* F. C. Shruballs, Esq., M.D.	10	10	0
F. W. Strugnell, Esq.	10	10	0
Collected by F. W. Strugnell, Esq.	109	14	0
" J. F. Trewby, Esq.	17	2	0
" W. G. Ball, Esq.	9	14	0
" H. Blakeway, Esq.	5	5	0
" E. Jepson, Esq., M.D.	5	5	0
" Kenneth Rogers, Esq., M.D.	5	0	0
" W. C. Pickering, Esq.	2	6	0
" G. F. Page, Esq.	2	2	0
" R. H. Sankey, Esq.	1	10	0
" R. Bigg, Esq., M.D.	0	10	0
" W. H. Maidlow, Esq., M.D.	3	18	0
" A. Barber, Esq.	2	5	0
" W. L. Cripps, Esq.	3	2	1
J. Dundas Grant, Esq., M.D.	5	5	0
H. P. Cholmeley, Esq., M.B.	5	0	0
Mrs. Cressy	5	0	0
* Arnold Lyndon, Esq., M.D.	5	0	0
Mrs. Tooth	5	5	0
Per Dr. Ogle—			
Jeremiah Colman, Esq.	10	10	0
W. S. Ogle, Esq.	2	2	0
R. B. Lemon, Esq.	5	5	0
Mrs. Shaen	5	0	0
Miss Bell	5	3	0
Mrs. Ogle	5	0	0
A. Benson, Esq.	5	0	0
Mrs. Hatt Noble	2	2	0
Per K. J. Hillier, Esq.—			
H. S. Adey, Esq.	5	0	0
G. Saunders, Esq., M.D., C.B.	2	0	0
G. T. Clapp, Esq., M.B.	2	2	0
* F. H. Champneys, Esq., M.D.	100	0	0
E. F. Bindloss, Esq.	1	1	0
Mrs. Bindloss	1	1	0
Per E. F. Bindloss, Esq.—			
A. P. Humphrey, Esq.	10	10	0
* H. Symonds, Esq., M.D.	5	5	0
Per C. M. H. Howell, Esq.—			
Eustace E. Palmer, Esq.	100	0	0
Mrs. Eustace Palmer	50	0	0
Mrs. Conrad Howell	25	0	0
Owen Lankester, Esq.	50	0	0
John Adams, Esq., F.R.C.S.	50	0	0
J. P. Cartwright, Esq.	10	10	0
L. T. Giles, Esq., M.B.	10	10	0
F. Coleman, Esq.	5	5	0
C. S. Myers, Esq., M.D.	5	5	0
A. F. Street, Esq., M.D.	5	5	0
J. G. Ogle, Esq., M.D.	5	5	0
J. T. Jackson, Esq.	5	5	0
A. Winkfield, Esq., F.R.C.S.	5	5	0
W. A. Dingle, Esq., M.D.	5	5	0
B. Winstone, Esq., M.D.	5	5	0
W. Bezly Thorne, Esq., M.D.	5	5	0
E. Waggett, Esq., M.B.	5	5	0
Brigade Surgeon Lt.-Col. C. E. Harrison	5	5	0
L. B. Rawling, Esq., F.R.C.S.	5	0	0
* Surgeon W. T. Codrington, R.N.	2	10	0
John Elliott, Esq., M.D.	2	2	0
C. Ernest Baker, Esq., M.B.	2	2	0
T. Lloyd Brown, Esq.	2	2	0
Alban Doran, Esq., F.R.C.S.	2	2	0
Alfred Eddowes, Esq., M.D.	2	2	0
W. P. S. Branson, Esq., M.D.	2	2	0
Stephen Paget, Esq., F.R.C.S.	2	2	0
A. F. Stevens, Esq., M.D.	2	2	0
C. P. Crouch, Esq., F.R.C.S.	5	5	0
E. P. Carmody, Esq.	1	1	0
Collected by H. Cripps Lawrence, Esq., M.D.	26	5	0
" P. M. Rivaz, Esq., M.B.	8	10	0

	£	s.	d.
Collected by John Gay, Esq.	23	12	0
" C. A. Moore, Esq., M.D.	15	4	6
" Graham Morris, Esq., M.D.	8	8	0
" William Sheppard, Esq.	6	1	0
" W. H. Paplar, Esq.	5	5	0
" W. A. Hume, Esq.	2	2	0
" G. R. Williams, Esq.	1	1	0
" C. R. Crowther, Esq.	3	4	0
" C. Clarke, Esq.	2	4	6
" B. H. Barton, Esq.	2	16	0
" N. G. Horner, Esq.	2	4	6
" C. Williams, Esq.	0	15	0
" K. Wolffstan, Esq.	0	14	0
" C. Elliott, Esq.	7	0	0
" S. R. Scott, Esq., F.R.C.S.	2	2	0
Total	£599	3	7

* Has also subscribed to Pathological Fund.

PATHOLOGICAL FUND.

	£	s.	d.
Amount already published	585	10	6
M. H. Gordon, Esq., M.B.	5	5	0
Surgeon W. T. Codrington, R.N.	2	10	0
Collected by M. B. Reichwald, Esq.	30	0	0
" C. Clarke, Esq.	2	3	0
" H. A. Eccles, Esq., M.D.	5	5	0
Total	£630	13	6

Obituary.

JAMES MACBRYDE, M.A., M.B., B.C. CANTAB.

IT is with very great regret that we record the death of James MacBryde, which took place on June 7th. He had been operated upon for an abscess following an attack of appendicitis, and it was hoped for some days that he would recover, but serious symptoms appeared on the fifth day after the operation, from which he never rallied.

MacBryde was educated at Shrewsbury School, from which he went to King's College, Cambridge, in 1893, having decided to take a degree in medicine. It was characteristic of him that having made this resolve he persevered until he accomplished it, in spite of the fact that the work never really interested him, and that much of the routine was increasingly repellent to him. He joined the Hospital in 1897, and here, as at school and Cambridge, his singularly sunny nature won him many friends and no single enemy. After he had obtained his M.B. degree he abandoned medicine, as he had always intended, and devoted himself wholly to the study of art, for which he had so marked a talent. It was his ambition to do black and white work, and those who have been privileged to see the illustrated letters which he wrote to his friend Dr. Montague James, of King's College, can appreciate his great skill and his delightfully individual humour. In this particular line success seemed assured, such success as he would most thoroughly have enjoyed. All must regret the

promise that has been so early blighted; for those who knew him at Cambridge, or at the Hospital, there remains a more intimate and personal sorrow. For them there is only this consolation, that no mean act, no illtempered word, sullies the fair memory of his most charming companionship.

MacBryde married last year. To his wife in her great sorrow we can only offer our most sincere sympathy.

The Royal Grant of the Site of St. Bartholomew's Hospital.

By NORMAN MOORE, M.D.,

Physician to St. Bartholomew's Hospital.

THE kings of England have in three ways conferred benefits on St. Bartholomew's Hospital by gifts, by grants of privileges in charters or letters patent, and by personal beneficence. King Henry I gave the land on which the Hospital stands. King Henry VIII gave the charter under which it is at present administered. King Edward VII, both before his accession and since, has given to its affairs thought and consideration and personal attention. He was elected when Prince of Wales its President or chief ruler on 20th March, 1867, and he has continued the active interest which he took in St. Bartholomew's as its President by accepting, since his accession to the throne, the office of Patron.

The earliest charter of St. Bartholomew's, for it refers both to the Hospital and to the Priory, is the grant of privileges to Rahere, the Prior, and the Canons Regular, and to the poor of the Hospital by King Henry I. Its date is 1133, and the most ancient copy extant is that preserved among the *Carte Antiquae* in the Public Record Office.

There was an earlier grant at the actual foundation; for a charter of King Edward III, which describes, under the usual heading of "Inspeximus," this charter of 1133 and others, alludes to, and confirms the grant in a previous passage. "Omnes donaciones et concessiones subscriptas videlicet ex dono Henrici regis Anglie primi locum de Smythfuld in quo predicta ecclesia Sancti Bartholomei fundata est cum hospitali pauperum ejusdem ecclesie." The charter of 1133 only mentions the royal grant of land by confirming the possession of the Priory and of the Hospital in the words "Sciatis me concessisse et hac carta mea confirmasse . . . et omnes terras ad eam pertinentes quas nunc habet," so that the charter of Edward III is important as making certain the fact that the gift of the site came from King Henry I. Edward III's charter is dated at Westminster, 10th June, 1333. The statement of the *Liber fundacionis* as to the site is thus confirmed by legal evidence.

Clinical Lecture,

Delivered at St. Bartholomew's Hospital on April 29th, 1904.

By DR. GEE.

(Reported by Dr. T. J. HORDER.)



ENTLEMEN,—We often hear it said that So-and-So died of a complication of diseases, and that is often true. In the post-mortem room we often see bodies which have scarcely a sound organ. So it is with three or four cases of which I am going to speak to-day. I have not selected them for this reason, but because they have all been in the hospital recently.

CASE 1.—A boy, *æt.* 16 years, was in an infirmary in June, 1903, suffering from cough and pains in the limbs. He was cyanosed, and had a systolic apex murmur. He got better. In October the cyanosis and dyspnoea returned, but again improved. In December the diagnosis of sarcoma of the mediastinum was made; the face was noticed to be swollen, also the left side of the neck; the heart murmur was again heard.

On admission to Luke ward on January 5th, the boy was anemic, with blue cheeks and fulness of the lower part of the face. His temperature was 102.5°. The pupils were equal, giving no sign of compression of the sympathetic nerve. There were some enlarged glands in the neck. The sternum and costal cartilages were pushed forward, heart region was bulging. A dilated vein was seen running across the chest. There was no pulsation present. A systolic murmur was heard, but it was soft, and there was no reason to suspect valvular disease. The sternal region was dull to percussion, and yielded weak breath sounds to auscultation. The spleen was palpable. The urine was natural. The vocal cords moved naturally. The blood was natural. The temperature kept about 102°.

With regard to the diagnosis, we considered first pericardial effusion; it might have been this but for the enlarged glands in the neck, which were so marked. My summary at this time reads: "Percussion signs of mediastinal tumour, skiagram confirms. Enlarged glands left side of neck. Enlarged spleen. Blood, larynx, liver natural. Progressive anemia." On February 25th, after some time in hospital, there was inability to expectorate, suggesting compression of the trachea. About this time we noticed many small black spots over the trunk and limbs, about the size of small pin-heads, not raised but very black. They were blacker and more numerous than moles. The boy himself had noticed them for fourteen days only. They made one at once suspect disease of the supra-renals; I have never seen spots of this kind except in persons who have supra-renal disease; they are the most characteristic sign of the disease, more characteristic than the diffuse pigmentation often described. There was no pigmentation of the mucous membranes, which is also a very important evidence of

supra-renal disease. The pulse was noticed to be very soft. Swallowing was difficult, suggesting pressure on the oesophagus. The red blood corpuscles had sunk much in number, the leucocytes were natural. Two or three weeks afterwards the patient could not swallow solids. Then followed oedema round the eyes and difficult breathing. The boy died.

Post-mortem note.—The supra-renals were small, thin, and atrophied, looking like thick, wet, brown paper. They had quite lost their natural appearance. Dr. Thomas Addison, who discovered supra-renal melasma, assumed that any disease of the supra-renals may cause this pigmentation. After him many physicians, especially Wilks, thought that pigmentation only occurred in tuberculous disease of the supra-renals. One thing is quite certain, the disease in this boy was not tuberculous, yet we were able to arrive at a very strong suspicion that he had supra-renal disease. So I am disposed to think Thomas Addison was correct. Dr. Horder has given me a report of the microscopic appearances. The supra-renals were necrotic, the medulla being for the great part absent. There was a rapidly growing sarcoma, primary in the mediastinum, with secondary growths in the bronchial, mediastinal, and mesenteric glands. The liver was in a condition of acute atrophy with many small hæmorrhages.

We had given the boy supra-renal extract as part of his treatment.

CASE 2.—Another complicated case, but a much commoner one. A man, *æt.* 72 years, was admitted on April 7th, complaining of jaundice, shivering fits, and loss of appetite. Assuming that the shivering fits were due to rise of temperature, this combination of jaundice, rigors, and rapid rise of temperature only occurs in one condition—septic inflammation of the gall-bladder or ducts.

Eight weeks before there had been a chill followed by jaundice; there had been several similar attacks since. There was no history of gall-stone colic; no pain in the belly. The patient had never been jaundiced previously.

On admission the patient was deeply jaundiced and wasted. Now deep jaundice, coming on like that in a man of his age, is almost always due to gall-stones or cancer or both. Bearing this in mind, we were on the look-out for cancer. So we examined his neck, deep down behind the clavicles, for enlarged glands. There were none. The liver was somewhat enlarged; it usually is in jaundice, and goes away if the obstruction to the bile passages is relieved. There was no hæmatemesis, no enlargement of the spleen, no ascites.

We could feel the gall-bladder in the right nipple line, on a level with the umbilicus. It was not tender nor painful. This confirmed our opinion that the ducts were blocked. As to the nature of the distension and the seat of the obstruction we could not say. The patient's age was no

help. I suggested an operation, for if the disease were gall-stones we might save the man's life, if cancer we could do nothing. The probability of gall-stones was less than that of cancer; the coincidence of both is very common. At the operation Mr. Langton found that there was a tumour of the head of the pancreas. The liver was not affected. The gall-bladder was distended by bile. The man died soon afterwards. I have come to regard operations upon the liver as being more dangerous than upon any other abdominal organ.

At the post mortem twenty small gall-stones were found in the gall-bladder; one stone was found in the cystic duct. The common bile-duct and the hepatic duct were dilated, but contained no stones. The opening into the duodenum was narrowed. The opening of the pancreatic duct into the duodenum was also small. The condition seemed to be that of old inflammation causing contraction. The pancreas was not enlarged, but was very hard.

CASE 3.—A woman, *æt.* 28 years, was admitted to an infirmary on December 28th for vomiting. For eight weeks she had suffered from scalding pains in the stomach. She had become pregnant early in November. Whilst in bed for five weeks in the infirmary the vomiting ceased, but it returned on getting up. Blood was never vomited.

When seen on admission to Hope ward on February 8th, there was no pain or tenderness in the abdomen. The patient was wasted. There were large quantities of greenish-brown vomit.

The colour of the vomit, as it happened, was important, but we did not attach much importance to it at the time, because patients who vomit much often vomit bile. As medicines did no good we washed out the stomach, and found it dilated, holding three and a half pints of fluid. Again, if we had known the nature of the disease we should have understood the dilated stomach. One month after admission we felt the uterus on abdominal palpation, and jumped to the conclusion that the vomiting was the vomiting of pregnancy; though pregnancy would not explain the dilatation of the stomach. Milk was found in the breasts, and contractions of the uterus were felt. The vomiting increased, then there occurred attacks of tetany, with marked cyanosis, the attacks lasting for twenty minutes. Contractions of the stomach were seen.

As the patient was getting worse I suggested that premature labour be induced, and the uterus was emptied. There was some improvement, but a week afterwards the vomiting returned. We thought we had fired our last shot. The patient was readmitted to Hope ward collapsed, with sub-normal temperature and frequent vomiting; there was sharp pain in the back; the pulse was scarcely perceptible. As even when could not be retained the patient was fed by nutrient enemata. These were soon rejected, the attacks of tetany recurred, risus sardonius appeared, and the patient died comatose.

Post-mortem note.—The stomach was much dilated, the rugæ being absent. In the third part of the duodenum there was a localised annular thickening of the wall of the bowel, above which the duodenum was dilated. There was no ulceration nor enlarged glands, but the condition suggested a malignant growth.

Thus all the symptoms were explained, but we could not hope to diagnose a similar case if we had it again.

Complicated cases such as the three I have referred to are outside the scope of text books. That is one reason why I have brought them before you to-day.

An Unusual Case.

By GRAHAM SMITH WYNNE.



ON April 2nd I was called to see Mrs. H—, a multipara in labour. Six previous labours; forceps used once. When I arrived, I found labour had begun four hours previously, and she was having frequent and strong pains. On examination, I found os fully dilated and membranes unruptured. When I ruptured the membranes, about half a pint of liquor amnii came away, and I made out the presentation to be a left occipito-posterior. The head was high up, and did not descend during the pains. Having given chloroform, I put on forceps, but failed to move the head. I then put on the traction rods, but with no better success. I resolved to turn, and, in attempting to seize a leg, I ruptured the cord; so not considering the life of the child, I made no undue haste. During delivery both arms became extended, causing more delay, and the child was born in about ten minutes to all appearances lifeless. Taking it for granted the child must be dead I handed it to the midwife, who put it on the floor, while I directed my attention to the woman. In a few minutes I noticed a noise coming from the child, and in a very short time it was, by means of a little external stimulus, crying lustily! I tied the stump of the cord, which was about two inches long. Not being able to express the placenta, I inserted my hand, and found it firmly adherent anteriorly. I got it away easily, and on examining the cord found it only six inches long. There was very little hæmorrhage, but I gave an intra-uterine douche of 1:4000 perchloride. The child weighed six and a half pounds. Puerperium quite normal. Both now doing well.

I have merely stated the facts of the case, which I think are interesting for two reasons. First, the unusual length of the cord; and secondly, the fact that the child lived after being separated from the placenta *in utero* for nearly ten minutes.

On Forensic Medicine.

DR. HERRINGHAM'S Inaugural Lecture delivered on
April 22nd, 1904.

(Reported by STANLEY B. ATKINSON.)

GENTLEMEN,—I do not look upon any course of lectures as a mere means to getting through an examination. A lecturer can tell you far fewer details than you can learn from books, and, as far as my experience, when I was in the happy state of listening to lectures instead of giving them, teaches me, if a lecture is like a book, give me the book.

What I think a lecturer in Forensic Medicine can do is (1) to present the facts which are given in books in such a way as to make you see which are the important points and which are not: that is, to show you the principles on which practice is based; and (2) to tell you things which will be of importance to you in practice, even though they are not written in books and are not included in examinations.

It is the lot of every medical man at some time or other in his life to appear in a court of law. He may appear as witness. Those are the cases treated of by Forensic Medicine. But also he may appear as plaintiff or defendant. Cases of *malaproxixis*, of disputes in partnership, of responsibility to public bodies or of claims upon them, and the law of principal and assistant are but a few of the ways in which he is likely to be involved in civil cases. These customs and legal obligations of your profession are of such great and practical importance to each one of you that I intend to include them in this course.

The object of an honest lawyer, and the same may be said of a lecturer on a legal subject, is to prevent his clients or hearers from following their natural inclination to make fools of themselves. A little knowledge will often save us from an infinity of annoyance. I would strongly urge you that none of you is safe, however shrewd he may be and however honest his purpose, from charges which, though wholly false, may be very injurious. Cases continually arise where you feel it to be a public duty to say something about somebody, and for this *bonâ fide* assertion you may be made to suffer later. Gentlemen, there is nothing that I would so strongly inculcate upon every young practitioner as to join a Medical Defence Society at once, and to join it for ever. Much anxiety will then be avoided should an action be threatened, even if the knowledge of your membership does not prevent the baseless charge from attaining publicity. I shall frequently refer to this subject, and would here recall two illustrative cases which were reported in 1900. A well-known gynaecologist found himself served as a co-respondent in divorce proceedings, instituted by a medical man whose wife he had successfully treated; the

jury dismissed him from the suit. A medical man certified the lunacy of a qualified lady dispenser; he pleaded privilege and justification when sued for libel; the jury found that he had acted maliciously (in the legal sense), but the Court of Appeal quashed their verdict.

From reading text-books and the leading cases they cite, you may be under the false impression that you may have to appear in complicated poisoning or murder trials. That falls to the lot only of an unhappy few. The Coroner's Court is where each of you will be found as a witness, and to proceedings in that court most of our attention will be directed, when in considering the general principles in giving medical evidence.

You are all aware of what happens after an ordinary death? Registration of the alleged fact must be effected within five days, and usually a medical certificate as to the immediate cause must be presented. (Here a form of the certificate was passed round.) If you attended the deceased and are satisfied with the natural cause of his death, you must give the certificate, without fee, and even if there is little chance of your bill being paid. There are two notable fallacies in the official wording of the certificate; they are acknowledged by the Registrar-General, and the London County Council has drafted a Bill to obviate their continuance—(a) "*during the last illness*;"—in chronic diseases and cancer this may be very vaguely interpreted; (b) "*as I am informed*;" if you write this formula you need not see the corpse, you certify the cause and not the fact of death. I may quote the recent Malone case in Dublin and Browning case in London to illustrate how insurance money may be fraudulently obtained after a bogus "death."

Many people are buried, however, on the registrar's order alone; concerning these "uncertified deaths," he has not received a medical certificate. As the law now is, the registrar need only satisfy himself, on the testimony of laymen, that the death resulted from "natural causes." Indeed the burial authorities may enter a coffin without such an order, but then they must inform at once, under penalty, the registrar. "Where there is reasonable cause to suspect that a person has died either a violent or an unnatural death, or has died a sudden death of which the cause is unknown, a coroner's inquest shall be held." Although under no legal duty so to do, the medical man usually informs the coroner of the fact of such a death. The coroner is not bound to hold an inquisition; he may merely issue a burial order. Disputes may here arise if the cause of death is "unknown." A medical coroner is more likely to summon a jury, and thus aid the national vital statistics; a legal or lay coroner has Sir James Stephen's judicial support in refusing to be too inquisitorial and pathologically precise. The particular medical man called is entirely at the discretion—or indiscretion—of the coroner and his jury. The recent practice of retaining a

skilled pathologist is commendable, but the medical adviser of the deceased should also be called. If you have any suspicion of an "unnatural death" you must not give a death certificate, but you should see that the coroner hears of the case. If you perform a *post-mortem* in such a case before receiving an official order to do so, you will lose your fee, and probably gain a severe reprimand. In 1902 a patient died while under the influence of anaesthetic. The coroner was at once informed; his order being delayed, the medical men performed an autopsy; the (medical) coroner at the inquest described the action as "tampering with the body, unjustifiable, morbid curiosity, interfering with the ends of justice, and contempt of court."

When called to appear before a coroner, firstly, remember that (a) he has not the slightest interest in pathology; his function is to discover if the deceased met his death as the result of some one's unlawful act, and that being the case, to start the machinery of the law in the pursuit of justice; (b) his jury is to be addressed in the language you would use to a collection of out-patients; state in plain, direct, simple English what you believe was the immediate cause of death. I cannot resist giving you the following, which is *verbatim* from an actual murder trial.

M.D.—He was suffering from subacute gastritis, but of course that would be masked by the mercurialism.

Judge.—We may call it indigestion?

Att. Gen.—In the simplest language we may call it indigestion?

M.D.—Yes.

A.G.—And what?

M.D.—Mercurialism; I will call it mercurialism, if you like.

A.G.—I say don't say "if you like."

M.D.—Well, mercurialism or gastritis; they are convertible terms.

A.G.—What is mercurialism?

M.D.—The effect of an over-dose of mercury or of an ordinary dose of mercury on a person with an idiosyncrasy for that drug.

A.G.—By idiosyncrasy for the drug, do you mean that particular persons are more liable to the injurious effect of the drug than others?

M.D.—Yes.

Judge.—Does that mean, translated into English, that he has taken too much blue-pill? I really want to know does it mean anything at all. Does it mean that he had taken too large a dose of blue-pill or of something containing mercury?

M.D.—Yes.

Judge.—It does not mean that he had been taking mercury chronically?

M.D.—No; it does not mean that. It means that, for him, he had taken too large a dose of mercury, to my mind.

Foreman of jury.—May we ask the witness to give us as few Latin terms as he possibly can?

Judge.—I quite back that request, gentlemen.

A.G.—Will you kindly use the simplest language to convey what you have to say?

Secondly, you must be especially careful in observing and stating what you found at the autopsy. Otherwise you may cast, for example, an unfounded suspicion on a dead child's parents, and afford an untimely opportunity to the coroner to be a public censor of the morals of the poor and a protector of infant life. Further, the mistake may be not only disastrous to others, but also very disadvantageous to yourself.

The Clubs.

STUDENTS' UNION.

A meeting of the Union Council was held on June 7th, at 4.30 p.m., Dr. Herringham, the President, in the chair.

The report of the sub-committee appointed to "inquire into the patterns of the Hospital blazers, hatbands, etc., and advise on their alteration or retention," was received. Part of the report was adopted and part amended. Some details are still under discussion, but it is hoped that full particulars may be given in the next number of the JOURNAL.

A letter was read from the Academic Registrar of the London University calling attention to an Inter-University Congress of Students at Manchester, and inviting representatives of St. Bartholomew's students to attend the meeting. The secretaries were instructed to obtain fuller particulars and lay them before the next meeting of the Council.

It was announced that the Abernethian Society had not yet handed over the control of its room to the Union.

It was suggested that the secretaries of the various clubs be requested to supply the Union Council with a list of their respective club fixtures as early as possible before the beginning of each session; that the Union Council revise this list in order to prevent, if possible, the clashing of fixtures, and that a list embodying all the fixtures of all the clubs be printed and distributed amongst members of the Union at the commencement of each session.

It was suggested that the Medical School Committee be asked to increase the subscriptions to the Clubs.

Mr. Hoskyn suggested that a list of old Bart.'s men in practice, with their addresses, be prepared in the form of a booklet. Mr. Harmer informed the Council that such a booklet would be issued at a nominal price with the September number of the JOURNAL.

Among the more important suggestions in the suggestion book was one that adequate bicycle accommodation be

provided for students. Mr. Harmer and Mr. Loughborough were requested to inquire into and report on the matter. The meeting adjourned at 6.30.

CRICKET CLUB.

ST. BART'S v. SOUTHGATE.

This match was played at Southgate on May 28th, an exciting game ending in a victory for the home side by 3 runs. De Verteuil, Nealar, and Pinder batted well, whilst Gaskell bowled splendidly.

SCORES.

Table with columns for ST. BART'S and SOUTHGATE, listing players and their scores in 1st and 2nd innings.

BOWLING ANALYSIS.

Table showing bowling statistics for ST. BART'S and SOUTHGATE, including overs, maidens, runs, and wickets.

ST. BART'S v. CHARING CROSS.

The first round of the Hospital Cup was played at Hale End, and ended in a win for Charing Cross by 1 run. Bart's unaccountably failed on a bad wicket. Page hit hard for 19, and bowled grandly, his 7 wickets only costing 17 runs.

SCORES.

Table with columns for ST. BART'S and CHARING CROSS, listing players and their scores in 1st and 2nd innings.

BOWLING ANALYSIS.

Table showing bowling statistics for ST. BART'S and CHARING CROSS, including overs, maidens, runs, and wickets.

CHARING CROSS.

Table with columns for 1st Innings and 2nd Innings, listing players and their scores.

BOWLING ANALYSIS.

Table showing bowling statistics for CHARING CROSS, including overs, maidens, runs, and wickets.

ST. BART'S v. M.C.C.

This match was played at Winchmore Hill, the Hospital not being at full strength. The M.C.C. won easily, J. M. Smith alone making any show against their bowling.

SCORES.

Table with columns for ST. BART'S and M.C.C., listing players and their scores in 1st and 2nd innings.

BOWLING ANALYSIS.

Table showing bowling statistics for ST. BART'S and M.C.C., including overs, maidens, runs, and wickets.

PAST v. PRESENT.

This annual match was played on June 8th, resulting in a win for the Present by 71 runs. The Past, who were unfortunate in losing the services of E. F. Rose early in the match, totalled 155 runs, towards which H. E. Scoones, H. W. Pank, and C. O'Brien contributed the greater part.

SCORES.

Table with columns for PAST and PRESENT, listing players and their scores in 1st and 2nd innings.

BOWLING ANALYSIS.

Table showing bowling statistics for PAST and PRESENT, including overs, maidens, runs, and wickets.

ST. BART'S 2ND XI v. MERCHANT TAYLORS SCHOOL.

This match was played at Bellingham. Our batting was poor; only Eckel, Symes and Postlethwaite made double figures. Postlethwaite, however, saved the situation, taking 5 wickets for 10 runs. Our opponents made only 65, Bart's thus winning by 10 runs within three minutes of time.

SCORES.

Table with columns for ST. BART'S and MERCHANT TAYLORS, listing players and their scores in 1st and 2nd innings.

ST. BART'S 2ND XI v. SOUTHGATE 2ND XI.

Bart's 2nd XI started their season well by defeating Southgate 2nd XI with 4 wickets to spare. The home team batted first and made 112. C. E. Adam took 4 wickets for 25, and G. H. Adam 3 for 14. We started badly losing 6 wickets for 52, but Rimington and Postlethwaite, making a good stand, knocked off the rest of the runs, without losing a wicket. Eckel also played a useful innings.

SCORES.

Table with columns for SOUTHGATE and ST. BART'S, listing players and their scores in 1st and 2nd innings.

SWIMMING CLUB.

(Copied from the 'Sportsman'.)

ARTISTS' REGIMENTAL VOLUNTEERS SWIMMING CLUB v. ST. BART'S HOSPITAL.

The Artists' Swimming Club opened their water polo season last night at their headquarters, Marylebone Baths, with a match against St. Bart's Hospital. Though not able to muster a strong team, the Artists, thanks to the great amount of work done by their captain, W. R. M. Marx, gave their opponents a good game, and were perhaps just a shade unlucky in not effecting a draw. Starting from the shallow end Marx led an Artists' attack in the first minute, which only failed through the prompt tackling of McDonagh. St. Bart's, however, soon asserted themselves, and Roberts had to save from G. Gilkes and Terry. Maintaining pressure F. Trewby at length opened the scoring for Bart's. On restarting Marx was prominent in a couple of clever efforts, foiled by Watkins, but a pass from McWilliam close up gave the Artists' captain a chance, and he equalised. Before the interval Trewby placed the Hospital in front by a capital shot. For the greater part of the second half scrambling individual play ruled. Watkins played a clever game at half for the Hospital, while Marx and Hellard put in much strong work for the home team. The defence on both sides, however, proved equal to all calls made upon it, and in the end St. Bart's won by the half-time score, viz., two goals to one. Teams: Artists' R.V.—F. A. Roberts (goal); F. C. Buller and F. C. Gilkes (backs); C. A. Milleham (half-back); W. Hellard, W. H. M. Marx and W. R. McWilliam (forwards).

St. Bart's Hospital.—H. M. Hanschell (goal); R. C. P. McDonagh and G. Gilkes (backs); J. G. Watkins (half-backs); A. Ryland, F. Trewby, G. T. Verry (forwards).

Referee: E. G. Miller.

Goal Judges: Messrs. H. E. Boot and J. C. Kent.

CAMBRIDGE UNIVERSITY v. ST. BART'S HOSPITAL.

This match, played on June 11th at the University bathing-place, resulted in a victory for the University by two goals to nil. The chief cause of our defeat was the temperature of the water, which seemed to paralyse the shooting powers of our team, who otherwise would have made a good fight of it. For the University Hawthorne and Bennett both played a good game at back. For us Watkins undoubtedly played best, while Trappell gives promise of making a goal centre forward. Ryland must learn to mark his opponent more closely. Had Trewby and Hanschell been playing, a close game would have resulted. The University afterwards entertained our team at lunch. Teams:

C.U.S.C. "A" Team.—E. E. Leader (goal); K. L. Bennett, C. B. Hawthorne (backs); K. J. A. Davis (half-backs); H. B. Follitt, O. K. Wright, R. W. Holborn (forwards). St. Bart's Hospital.—H. J. Gauvain (goal); R. C. P. McDonagh, C. F. O. White (backs); J. G. Watkins (half-back); F. C. Trappell, Wilks, A. Ryland (forwards).

LAWN TENNIS.

ST. BART'S v. ST. ANDREWS.

This match was played at Winchmore Hill, on Saturday, May 28th, and resulted in a win for the Hospital by 8 matches to 1.

The only match scored against us was by the St. Andrews' second pair over Riviere and Woodburn, who were quite out of form. Team:

Table listing tennis players for St. Bart's and St. Andrews.

PRESENT v. PAST.

Played at Winchmore Hill on Wednesday, June 8th, and resulted in a win for the "Present" by 5 matches to 4.

The tennis, as is usual in this match, was not of a high order. Perhaps this may be accounted for in the close proximity of the band to the courts, and the consequent helpless desire felt by the players to play in time to the music. For the "Past" Pope and Orton won their 3 matches. Teams:

Table listing tennis players for Present and Past.

RIFLE CLUB.

The Prize Meeting of the Rifle Club has been fixed for Monday, the 27th inst., at Runnede. It is hoped that a great number of men will shoot on this occasion, to make it as great a success as in former years. This year there will be an additional prize given for the best "shoot through" among first year's men.

In the Armitage Cup Competition this year, up to the present, the Hospital has a lead of three points on Guy's, while St. Thomas's are third. The result will be decided in the next shoot which will take place at Runnede on June 22nd.

It may interest some to know that the United Hospitals' Rifle Association are holding their Annual Prize Meeting at Runnede on Wednesday, June 20th, and it is hoped that as many as possible will turn up to represent the Hospital.

Original Researches in Bacteriology.

LECTURE.

FOR some years I have been engaged in studying the various bacteria and micrococci which abound in and infest the Royal and Ancient Hospital of St. Bartholomew. I divide these germs roughly into three great divisions—

1. Bacillus nosocomii communis, very common.
2. Shcoccii, fairly numerous.
3. Saprophytes and parasites.

I will first tell you of my researches, successes, and failures with regard to the *B. nosocomii*.

There are three varieties of this class, but I believe them to be higher growths of one another. The lowest or primary form is known as the *B. dresseri*, and is neither virulent nor pyogenous. I have found it quite easy to obtain cultures, and they grow best on a medium of kindness. They are found in great numbers in the so-called surgical wards.* They develop slowly, but are capable of attaining a fine growth.

Under observation their movements are slow, but they can be excited into quicker motion by the introduction of a *Sistococcus*.

When grown in large quantities these bacilli have a distinctly blue tinge, but at the beginning of their career are green in appearance and habits. They have a strong reaction to work, grow in pairs, strings, or clusters, and are very thickly collected around the fountain.

A more developed growth of this bacillus is the *B. house-surgonensis* or *B. housephysicianicus*. These are very interesting from a pathological point of view as illustrating the progress of self-assertion. I find that these bacilli grow rapidly on a culture medium of firmness and respect, 1—20. It is apt to grow too large for its surroundings, and has not the timidity of *B. dresseri*. It has a distinct reaction to sarcasm, and is of nocturnal habits. These bacilli are apt to conceal themselves on very slight provocation, and it is then tedious to unearth them.

I now propose to bring to your notice the highest of

* Pestiferous dens. C.B.L.

these growths, the *B. staffius*. It is rarer than the foregoing, and is difficult to cultivate owing to its isolated and arrogant habits. It is rapid and erratic in its movements, and grows in an atmosphere of servility. There is one of these bacilli which is very amenable, and is large and slow in its movements. Another is very virulent, and has an acid reaction on the two inferior bacilli. This moves rapidly,* and is difficult to observe. Others are short and blunt.

I purpose, next, to demonstrate upon the *Shcoccii*, with the varieties of the class. It is one of the most difficult to study owing to its elusive nature and uncertain habits.

Its lowest or primary form is the *Prococcus*, which is difficult to grow except on a culture medium of pure kindness and tact. It is apt to set up local annoyance, but as a rule it is a rapidly moving creature. It is found in the regions of sinks and brasses, and does not flourish in the Square.

The *Striptococcus* is a more advanced growth, and is difficult to cultivate owing to its wary habits. I have grown it without any difficulty on a medium of frontward, but was most unsuccessful when I endeavoured to grow it on exantime.

The *Bluebeltococcus* is the glorified growth of the *Striptococcus*. It has an affinity for the *Prococcus*, and may be seen darting hither and thither in search of the latter. It is capable of becoming virulent, and must be treated carefully. It grows in an atmosphere of respect, and develops dignity with rapidity. As a rule it grows in pairs. It is found in the theatre† in a more sterile setting, and appears to thrive.

The *Sistococcus* is a large, sometimes virulent, germ which grows on a culture medium of diplomacy. It is a rare germ, and, as a rule, one only is found in each ward. It has an irritating effect on *B. dresseri* and pursues it rapidly. Its effect on the *Prococcus* varies; one very virulent species reduces the *Prococcus* to liquefaction. It is of a deep blue colour and hides in cells off the ward. It is, then, difficult to dislodge.

Lastly, I intend to give you a short description of the various Bacteria which come under the title of Saprophytes and Parasites. These are of many classes, but first and foremost comes the *B. patiens*. It is found freely all over the Hospital and grows best on good dirt. It does well on D.C., but, if perfect specimens are required, it must be grown on beet or gin. These germs vary in size and movements, and are of the male and female sex. Their habits are not pleasing to the eye, but are of great interest pathologically. They shun soap and water in every form, and have a decided reaction to fresh air. They do not ever show any desire to emigrate to the "theatres," and at times it is difficult to collect them there.

* Motor.

† Septic barn. C.B.L.

The *B. scruberosus* is a virulent pyogenous bacillus and is fortunately not indigenous to the Hospital. It grows on leavings and old garments, and has an uncleanly appearance. I grew one very good isolated specimen on a culture medium of gin. It is a remote germ and opens up a new field of exploration. It is never found until fully developed and fairly aged. It does not appear to have been seen by anyone in its primary stages, but I have no doubt whatever that more searching and systematic examinations of slum tissues will in time reveal the presence of these Bacteria in their primary stages.

The *B. portierus* is one of the most useful of these organisms, and is quite easily obtained for culture. It has an unusual appearance, there being divers bright shining spots on its outer surface. Doubtless, these are spores.

There are many other germs but I will not enter into any details about them as I have not enough material at hand.

To obtain any of these bacilli for culture requires thorough care and tact, as they are all more or less troublesome if not treated properly.

According to recent observations, it is interesting to note the attraction of some *Shcoccii* for individuals of the various groups of Class 1. The attraction grows into union sometimes, and sometimes ends in repulsion.

Consultations.

IN this column we propose to publish each month a short note on the more important cases that are seen at the Thursday consultations, and, wherever possible, an account of the further progress of the case.

CONSULTATIONS.

APRIL 21ST.—Mr. D'Arcy Power showed a case of ununited fracture of the right tibia in a man *æt. 32*. The bone was broken on July 4th, 1903, and in spite of treatment with splints, plaster, rubbing the fractured ends together, and two wiring operations, the bone still refused to unite. The question of further treatment was now raised. Should further attempts be made to get the bone to join, or was it advisable to amputate the limb?

Mr. Langton thought a further trial should be given before having recourse to amputation. He would not put the limb up in plaster of Paris, but would fix it up tightly in a leather or poroplastic splint, and let the man get about. This treatment combined with massage might stimulate the broken ends of the bone to unite.

Mr. Cripps and Mr. Eccles both agreed with this line of treatment except that they thought it better not to use even a splint.

Patient was sent out of the hospital using crutches, and was told to use the leg as much as possible. Two months later the patient returned to hospital for much pain and the uselessness of the leg.

APRIL 28TH.—Mr. Bailey (for Mr. Bowly) showed a very interesting case of aneurysmal varix occurring in the upper extremity of a young woman. The condition apparently arose spontaneously, and not as a result of injury. Several operations had been performed for her relief; the radial and ulnar arteries having been tied just above the wrist and also in the upper third of the forearm, but the swelling was increasing, the hand useless, and pain severe. The question of further operation was now raised.

Mr. Langton, Mr. Cripps, Mr. Lockwood, Mr. Waring, and Mr. Eccles were against tying the main arteries above, and advised cutting down on to the dilated vessels in the forearm, and then dissecting out and tying as many of them as could be found. It might be necessary to amputate.

Mr. Bowly ligatured the brachial in the lower third of the arm, and then proceeded to dissect out a good deal of the varix.

The New Scheme of Catering.

FOR the last few years the system of catering at the Hospital has been very unsatisfactory. On all sides we have heard grumbles and complaints, and many suggestions have been discussed in private; but none have taken definite shape till the present. The dissatisfaction was shown chiefly by members of the resident staff and by students in college because the catering was bad, while the cost of living was proportionately much too great. The most usual complaint was against the quality of the food and the service. It also seemed a great mistake that the students and other members of the Hospital should not reap some benefit from the enormous profits that may be made by catering. Hitherto the caterer's path has been easy, while his victims have had no tangible means of redress. In other words, there has been lack of direct supervision to keep the caterer and his provisions up to the mark.

In its infancy the Students' Union suggested reforms; but the lack of capital and accommodation was the great bar to progress in this direction. The present junior staff, however, was the first to consider the matter seriously, and has been the direct means of bringing it to a definite crisis. The junior staff has received the energetic support of the Warden and the Medical School authorities. As soon as the Treasurer was informed of the existing state of affairs he requested the Warden to draw up a new scheme without delay. This was done by the combined efforts of the Warden, certain members of the School Committee, and representatives of the Junior Staff, with the co-operation of Mr. Lovell as representative of the Lay Committee of the Hospital. Several schemes were considered in detail; but the following appeared to be the best, and, having now been finally approved by the Treasurer and Almoners, comes into force on Monday, June 27th.

A catering committee has been formed, and is to be called "the College Committee." It is constituted thus:

One or more of the Governors nominated by the Treasurer and Almoners.

Two members of the Medical Staff.

The Warden of the College (who shall be the executive officer of the Committee).

One member of the Resident Medical Staff.

One student resident in College.

The duties of this Committee, subject to the control of the Treasurer and Almoners, shall be:

(1) To manage and control the arrangements for the board and lodging of the resident staff and college students.

(2) To appoint a caterer, who shall be subject to its authority.

(3) To appoint a superintendent of the domestic staff.

The duties of the caterer shall be to supply food and provisions as at present, and to control the men-servants, subject to the authority of the college committee.

The duties of the superintendent shall be to engage and superintend a sufficient staff of female servants for the resident staff quarters and the college. She will be responsible for the cleaning of the rooms, etc., etc.

Such is a brief outline of the scheme, and though it may not appear to differ radically from the old system, yet it ensures the proper supervision of the caterer and his servants, and introduces quite a new element into the domestic side of life in college. Further, the residents are now under no compulsion to dine in hall, and thus the element of competition, before denied, is introduced, and this is one of the chief points that will make for efficiency, and will lead to the popularity and success of the scheme.

The new caterers are Messrs. Stringer and Stuck, of Clapham, a firm that has been established for fifty years, during which time it has gained a reputation for thoroughness and for first class catering. Such a firm has a reputation to maintain, and, being accustomed to much business, looks for a fair return for its invested money, and is not tempted to seek undue profits by sacrificing the quality of provisions, as is generally the case with a caterer in a small way of business, who has only one string to his bow, all his eggs in one basket, and seeks to amass a fortune and retire.

Though the actual prices of provisions on the tariff have not been materially reduced, yet we are assured of obtaining only food of the best quality, and this is a point of importance. Moreover, special advantages may be obtained from the excellent *table d'Hôte* meals, which will be served as follows:—Breakfast 1s., luncheon 1s. 3d., dinner 1s. 6d. or 1s. 10d., while men, if they prefer, may have any of these meals *à la carte* at ordinary tariff prices. A new feature will be the provision for light lunches, such as are now obtained at the Creamery and Express Dairy, in the Great Hall from 12 till 1.30, and it is to be hoped that it will be possible to obtain tea there also. Men should patronise these luncheons in the Great Hall for two reasons. (1) For the sake of the better accommodation and the greater personal comfort. (2) To ensure a good guarantee to the caterers; for upon this depends the success of the whole scheme with its future developments, when the Students' Union is in a position to take control of the catering altogether, so as to devote the profits to the benefit of the clubs and of individual students.

Another great improvement is that the caterers are under contract to provide new stock, which has been so sadly needed for these many years. The kitchen, too, will be kept cleaner, and therefore we shall be able to eat our meals with greater relish. The waiters will be cleanly in appearance and civil in manner; the table linen will be whole.

We are looking forward—in fact the time now is—when we sit down before a snow-white tablecloth spread with victuals that whet the appetite of the weary student and the gastro-nomic house surgeon. In fact, college hall is to be a veritable Utopia! and we welcome Monday, June 27th, as "Independence Day."

By the Editor.

THE following letter, addressed to the physician-in-charge, St. Bartholomew's Hospital (or any other), has been brought to our notice recently, and we publish it in case any of our "sober young doctors" are thinking of emigration.

DEAR DOCTOR,—I saw a piece in our local paper about the average of a Doctor's pay in the Hospitals there was \$370, with board per year, if you know of a young single sober young Doctor a graduate having a Diploma I can give him a good opening here where he could make a great deal more than the above if he was a hustler, I am an Englishman myself from Monmouthshire Gaytre Prish near Pontypool. Give some one this letter or my address. You may benefit some one. D. E. MORGAN, M.D.

Dr. Morgan, we gather from the advertisement surrounding the letter, is the "patentee and manufacturer of a Portable Rotary Foot or Head Rest, with which you can turn any common chair, bed or dining table into an operating fixture." Surely this is an opportunity not to be missed! Who would not desire to be associated with such genius? His address is Phenix Ala, U.S.America.

A QUARTET of eminent West End consultants, who, according to report, *undertake* almost every branch of medicine, have received notice from the Directors of a well-known cemetery that there are "some thousands of grave spaces still available." The Directors further pride themselves on having such a field to "commence operations with." The notice was addressed to the surgeon of the quartet. However, the situation is saved by the additional remark, "There is no likelihood of the cemetery being filled during the present generation." Fortunate patients!

Reviews.

NOTES ON THE COMPOSITION OF SCIENTIFIC PAPERS. By T. CLIFFORD ALLBUTT, M.A., M.D., etc., etc. (Published by Macmillan and Co.) Price 3s. net.

The author of these notes belongs to Schopenhauer's first class of writers—those who write because they have something to say; and this is the kind of book that we welcome. Professor Clifford Allbutt reads nearly 100 theses in the course of a year, a hard task to be sure, but a task which has fitted him pre-eminently for writing upon this subject. The book is divided into two chapters: the first is introductory, and gives a few general hints upon the methods and plans of essay writing. It comprises such subjects as Titles, Definitions, Logic of an Essay, Precision, Beginnings and Ends, Slang, etc. At the outset the author emphasises the fact that the essence of good writing lies in practice, and not in a certain knack, as is commonly supposed. The author's own method of composing is interesting and instructive. The second chapter concerns Grammar, Order, Misuse of Words, Emphasis, Tautology, Metaphor, Punctuation, Spelling, etc. The book is well written and very entertaining; it contains much useful instruction for all who purpose to write a thesis, and should be read carefully by all—both by those who think they can write and those who think they cannot. The book, however, is not free from the very faults which the author would prevent. Surely "preciosity," "curtal," "civiller," are pedantic words; "Laboratorian" and "visualise" are not pretty; the last is certainly written in italics, but in what respect is it more excusable than "exteriorise"? "Standardisation is a grievous vocable" indeed; but is not "vocable" grievous also? "I fear we are in for it" is slang! "Quod ubique, quod ad omnibus" is an incomplete quotation; and "ad" is a misprint for "ab." "Dryest" is not more correct than driest, though it may be "well enough spelt for any person of fashion."

The quotations from these illustrating the various mistakes of the youthful composer are entertaining. Perhaps the following are the best or the worst! "Then I should advise putting your feet into hot water, when *he* will feel a gentle perspiration breaking out, and next morning one will feel the cold passing off." "Of 276 deaths, 16 had gallstones." A well-known physician, we are told, has written of "vocal fremiti"; other parallel instances quoted are "omnibi," "non possumi," "the hands of the Scipii were nailed to the rostrum." The following is an example of *lack of unity*. "Its breathing was rapid, and its temperature 103°, and its mother said it was frightened by a rat."

The section upon "Models" is excellent, but how true is the saying "a man of 30, if he be of liberal education, may read even the newspapers themselves without much hurt."

We are sorry that the author has not a higher opinion of Stevenson and his style.

The remarks concerning "Beginnings and Ends" are very important, and we observe with what force the author ends his notes. "But when all is done, what you are your prose will be."

GOLDEN RULES OF ANÆSTHESIA. By R. J. PROBYN-WILLIAMS, M.D. (Published by Simpkin, Marshall, Hamilton, Kent, and Co., Limited.) Price 1s.

We have had this book submitted to us, and are pleased to find that on the main issues we are in substantial agreement with the author. There are a few points which seem to us to desire comment. We should hardly recommend the anaesthetist to make a habit of examining the naso-pharynx, as seems to be implied by the author, and would contrast this with his excellent advice against causing undue alarm by introductory proceedings.

The author seems to be too dogmatic in forbidding the administration of chloroform under any circumstances but in the recumbent position, and we would like to ask what course he would recommend in orthopnea, due to cardiac disease, pleural effusions, etc., in which an operation is necessary.

Speaking of the points to be kept under observation "when anaesthesia has been obtained," the author appears to us to lay undue stress upon the value of the corneal reflex, and we cannot agree with him that most operations under nitrous oxide are commenced before the abolition of the corneal reflex.

We quite share the author's view that somniform has no particular advantages over pure ethyl-chloride, while it possesses many disagreeable features which are peculiar to itself. We are personally aware that the number of fatalities due to the use of somniform is very considerably greater than is generally known.

"CLEFT-PALATE AND HARE-LIP." By EDMUND OWEN, M.B., F.R.C.S. (Ballière, Tindall and Cox, London, 1904. Pp. 111, illus. 39, 2s. 6d.)

This little work is No. 10 of the "Medical Monograph Series," the aim of which is to place before students and practitioners in brief compass the chief features of subjects of everyday interest. Mr. Owen says it was not his wish "to write a book" upon cleft-palate and hare-lip; he has set forth his personal experience as a general surgeon, in a delicate and important little piece of operative work. He shows how a young surgeon performing his first cleft-palate operation may overcome some of the difficulties before him. He dwells at length upon certain details, often scantily described. There is a special chapter on "The Material," another on "The Assistants," three or four pages of which will be of especial interest to the anaesthetist. Mr. Owen speaks well for the early operation for cleft palate. He shows how surgical opinion and practice have undergone a gradual change in this respect since the pre-chloroform days of Fergusson. Incidentally he remarks that Sir Thomas Smith was the first surgeon to teach that cleft palate might be operated upon under chloroform, and that it was expedient to operate during early childhood. Since then the operation has been performed gradually earlier and earlier, and the most favourable time for operating is now considered to be "between the age of two weeks and three months." The author describes a case in which he approximated the maxillæ at the age of three months by Brophy's method, which he declares to be an important and valuable advance in this branch of surgery. There is not an important point omitted in connection with the practical treatment of cleft palate and hare-lip, and the little work is certain to prove useful.

THE EXTERA PHARMACOPEIA, 11th Edition, Revised by W. HARRISON MARTINDALE and W. WYNN WESTCOTT. (Published by H. K. Lewis, London.) Price 6s. 6d. net.

The original author, Wm. Martindale, is no more, but the work of revision has been ably carried out by his son and Dr. Wynn Westcott. This edition has been printed on a much finer paper, and, although it contains more matter, yet it has been materially decreased in size so that it may be conveniently carried. Many of the older drugs have been omitted, while space has been found for 300 new remedies and preparations. There is a new section upon radiology, which contains much useful information about radium, X rays, Finzen lamps, etc.; other sections concerning mineral waters, antioxins, analysis, and organotherapy have been rewritten to a large extent. Such a thoroughly useful and trustworthy book should be in the possession of every medical man; no other book can take its place. It should be bought for the sake of its references to original papers upon the use of drugs, if for no other purpose.

MATERIA MEDICA, PHARMACOLOGY, AND THERAPEUTICS. Vol. I, Inorganic Substances. By CHARLES D. F. PHILLIPS, M.D. (Published by Longmans, Green and Co.) Pp. 918. Price 21s.

This is the third edition of a monumental work of science in which every page has been carefully revised, much has been re-written, and new sections added on radiant heat and light for rheumatism, lupus, etc., open air for tuberculosis, antioxin for diphtheria and tetanus, the use of cacodylates, glycerophosphates, etc.

The present volume is concerned only with inorganic substances. We suppose that such a text-book must exist, and if, so there is certainly no one more qualified to write it than Dr. Phillips, with his fifty years' experience of drugs both as a pharmacologist and as a therapist. This book should be in every medical library and club as a book of reference, and a drug enthusiast will find it delightful. It will doubtless be invaluable to those preparing for the higher examinations in medicine, and there is much in the book that is really useful to the general practitioner, much more than we can hope to review in the small space at our disposal. We would wish that these parts will be published as monographs—for instance, the chapters on baths and waters, health resorts, light treatment, oxygen, and also the chapters on the following drugs:—Arsenic, iron, mercury, iodine, and some few others. All these chapters are excellent, and the whole book is written in such a thorough and scientific way as to command the attention and admiration of the reader. In the therapeutical sections we have the "reflection of personal experience, derived from a long and active practice, tested and modified by the experience of others," and consequently these sections are very instructive.

THE CASE AGAINST ANTI-VIVISECTION. By STEPHEN PAGET. (Published by the Scientific Press, Ltd., London.) Price 2s., pp. 104.

Few books are perfect, but in this we can find no fault. It is concise, logical, scientific, truthful, written well and in good taste, and above all, as the author says in an ideal preface, "it keeps close to its subject, which is the methods, literature and arguments, of the anti-vivisection societies." Everyone should read this pamphlet, whatever his views may be; his doubts will vanish for ever. We have attended several anti-vivisection meetings, and at each our contempt for the fanaticism of the methods, speeches and arguments has increased, but, until we had read Mr. Paget's pamphlet, we had no idea of the inconsistency and disunion of the many anti-vivisection societies; and the depths of fulsome lying and blackguardism to which these so-called humanitarians sink is really appalling.

We will not quote from the book, but will ask every man, woman and child to read it, so that we may hear no more of these lies about vivisection unanswered. Indeed, vivisection itself is a misnomer. Vivisection as such is practically non-existent; for the analysis of the various experiments done we refer our readers to the pamphlet. Every honest searcher after the truth owes an incalculable debt of gratitude to Mr. Paget for the enormous amount of care and time which this small pamphlet must have entailed.

WHAT WE OWE TO EXPERIMENTS ON ANIMALS. By STEPHEN PAGET. (Published by the Scientific Press, Ltd., London.) Price 1s. 6d., pp. 72.

This pamphlet is a collection of facts. It is an interesting summary of Mr. Paget's well-known book *Experiments on Animals*. It is a simple pamphlet, simply written, and it will undoubtedly be useful, as the author hopes, to anybody who wishes to know what has been gained by the help of experiments on animals in physiology, pathology, and practice.

Calendar.

Tues.,	June 28	—Sir Dyce Duckworth and Mr. Cripps on duty.
Wed.,	" 29	—Clinical Lecture—Mr. Lockwood, "On the Early Microscopical Diagnosis of Tumours."
Thurs.,	" 30	—St. B. H. Students' Christian Union—Rev. F. Swainson.
Fri.,	July 1	—Junior Staff and Musical Society Annual Summer Concert.
		—Dr. Norman Moore and Mr. Bruce Clarke on duty.
		—Clinical Lecture—Dr. Ormerod, "On a Case of Infective Endocarditis."
Sat.,	" 2	—St. B. H. S.C. v. Ealing S.C., at Ealing, Wellingborough Masters, at Wellingborough.
Sun.,	" 3	—5th Sunday after Trinity.
Mon.,	" 4	—Special Lecture—Mr. Cumberbatch.
		—St. B. H. S.C. v. Otter S.C., at Holborn Baths.
Tues.,	" 5	—Dr. West and Mr. Bowlby on duty.
Wed.,	" 6	—Laying Foundation Stone by H.M. the King.
		—7th Decennial Club Dinner.
Fri.,	" 8	—Dr. Ormerod and Mr. Lockwood on duty.
Sat.,	" 9	—St. B. H. C.C. v. London County C.C., at Crystal Palace.
		—St. B. H. Lawn Tennis Club v. R.I.E.C., at Winchmore Hill.
Sun.,	" 10	—6th Sunday after Trinity.
Tues.,	" 12	—Dr. Gee and Mr. Langton on duty.
Wed.,	" 13	—St. B. H. C.C. v. Occasionals, at Winchmore Hill.
Fri.,	" 15	—Sir Dyce Duckworth and Mr. Cripps on duty.
Sat.,	" 16	—St. B. H. C.C. v. East Molesey, at East Molesey.
		—St. B. H. Lawn Tennis Club v. Wanstead, at Winchmore Hill.
Sun.,	" 17	—7th Sunday after Trinity.
Mon.,	" 18	—St. B. H. S.C. v. Otter S.C., at Holborn Baths.
		—Distribution of Prizes by the Bishop of London.
Tues.,	" 19	—Dr. Norman Moore and Mr. Bruce Clarke on duty.

Fri.,	July 22	—Dr. West and Mr. Bowlby on duty.
		—St. B. H. S.C. v. Richmond S.C., at Richmond.
Sat.,	" 23	—St. B. H. C.C. v. Waldegrave Park, at Winchmore Hill.
		—St. B. H. Lawn Tennis Club v. Lancaster, at Winchmore Hill.
Sun.,	" 24	—8th Sunday after Trinity.
Mon.,	" 25	—Summer Session ends.
Tues.,	" 26	—Dr. Ormerod and Mr. Lockwood on duty.
Fri.,	" 29	—Dr. Gee and Mr. Langton on duty.
Sat.,	" 30	—St. B. H. Lawn Tennis Club v. Ealing Common L.T.C., at Winchmore Hill.
Sun.,	" 31	—9th Sunday after Trinity.

Examination.

FINAL FELLOWSHIP OF ROYAL COLLEGE OF SURGEONS.
A. F. Hamilton, J. D. Hartley, C. A. S. Ridout, H. V. Wenham.

Appointments.

CARSON, HERBERT W., F.R.C.S., has been appointed Surgeon to the Tottenham Hospital.

MAKRIS, H. F., M.A. (Cant.), M.R.C.S., L.R.C.P., appointed Surgeon to the s.s. "Umfolosi."

WAUGH, R. J., M.R.C.S., L.R.C.P., appointed Assistant Medical Officer to the Bethnal Green Infirmary.

WEST, J. A., M.R.C.S., L.R.C.P., appointed Surgeon to the s.s. "Reiva."

WROUGHTON, J. H., M.R.C.S., L.R.C.P., appointed Resident Medical Officer to the Albany General Hospital, Grahamstown.

New Addresses.

BULL, G. V., Ashbourne, Derbyshire.
CUMBERBATCH, A. E., 11, Park Crescent, Portland Place, W.
GROVES, E. W., 31, Meridian Place, Clifton, Bristol.
MANLOVE, J. E., 78, Warrior Square, St. Leonard's-on-Sea.
ROSE, E. F., 93, Union Road, Rotherhithe.
WAUGH, R. J., Bethnal Green Infirmary, N.E.
WILLIAMS, H., 7, Ulundi Road, Blackheath, S.E.
WROUGHTON, J. H., Albany General Hospital, Grahamstown.

Deaths.

ALLWATER.—On June 7th, at the Broomlands, Whickham, Dr. A. W. Attwater.
LITTLE.—On May 28th, at Reading, Henry Selby Little, M.R.C.S., L.S.A., aged 55.

Acknowledgments.

The Hospital, Magazine of the London School of Medicine for Women, the *Gazettes of Guy's, London, St. Mary's and St. Thomas's Hospitals*, the *Broadway, Brooklyn Medical Journal*, the *Student*, the *Stethoscope*.

Books for Review.

Uric Acid. Alexander Haig.
Fractures of the Skull. L. B. Rawling.
Practical Prescribing and Dispensing. William Kirkby.
Biographic Clinics, vol. II. G. M. Gould.
Manual of Surgical Diagnosis. James Berry.
Manual of Surgery. A. Thomson.

Supplement to the 'St. Bartholomew's Hospital Journal,' July, 1904.

SOME POINTS IN THE DIAGNOSIS AND TREATMENT OF GASTRIC DISEASE.

A Paper read before the Abernethian Society, on February 18th, 1904.

By HERBERT RHODES, M.B.

MR. PRESIDENT AND GENTLEMEN,—It is with considerable diffidence that I address this learned Society to-night. But the subject I have chosen is one which seems so important to me, and suggests so many possibilities for discussion, that I make no apology for bringing it to your notice and inviting your opinions on the various points raised.

The feat of correctly diagnosing an intra-abdominal lesion is almost always difficult, sometimes it is impossible.

I heard a physician skilled in the solving of these gastric riddles tell of a patient of his suffering from carcinoma of the peritoneum secondary to cancer of the stomach, who had been to one doctor where a diagnosis of diseased transverse colon was made and drastic purgation advised, but the lump in his belly did not decrease in size; so he sought advice elsewhere. Another medical gentleman overfed the patient and made him sleep in a tent on his own lawn because he had tubercle of the peritoneum. Yet another diagnosis was syphilis of the omentum, "a typical case of a fairly common complaint," as the wise consultant remarked. The patient took 120 grains of iodide of potassium every day for four days, and was reduced to a condition of sprightliness analogous to that exhibited by a piece of damp rag. He wearied of that treatment. The next practitioner consulted found a tumour of doubtful nature, but the treatment was obvious as he had an X-ray apparatus, and the patient after about a dozen sittings acquired a large X-ray burn, but no benefit. Now he is dying from what is practically proved to be carcinoma of the stomach and peritoneum. Were this story less a tragedy it would be almost comic.

The moral I wish to draw from the recital is not that consultants are less than omniscient, but that gastric diagnosis is exceedingly difficult.

In consideration of "gastric ulcer" at once the most common and most important serious disease of the stomach, it is necessary to bear in mind the pathogenesis and classification which is now recognised as most useful.

1st. Simple round ulcer of stomach. Varieties: acute and chronic.

2nd. Malignant gastric ulcer.

Just as there are many causes of ulcer of leg there are many causes of ulcer of the stomach, but the chief is submucous hæmorrhage.

Injury, scalds, irritating substances, etc., swallowed are responsible too for a small proportion of the total number of gastric ulcers. Also heart disease, toxæmia, and embolism have a place in the list of causes.

A girl was brought to the Hospital a few weeks ago with the following history:—She was a domestic servant, and one morning while dusting a picture she fell from a chair on which she was standing and struck the upper part of her abdomen against the back

of the chair. In the evening of the same day she vomited up about a pint of fairly bright blood, and continued to vomit small quantities of darker blood for the next twelve hours. She had pain after food and tenderness in the epigastrium for several days, but seemed to have completely recovered in a fortnight from the accident.

Simple acute ulcer occurs chiefly in young girls, is caused by submucous hæmorrhage and consequent digestion of surface membrane, commencing frequently about the time of menstruation; it heals rapidly or very slowly, but under appropriate treatment in less than a month, or if irritated by improper food it becomes chronic. The time required for an acute ulcer to heal depends largely upon the associated conditions of anæmia or ill-health in which the patient is at the time when the ulcer commences. Anæmia with the associated hyperchlorhydria is the most probable cause of the non-healing of ulcers.

Koch and Ewald produced gastric hæmorrhage in dogs, and then introduced 5 per cent. hydrochloric acid into the stomach, and in this way caused the development of deep ulcers.

Chronic ulcer may be primary or resulting from badly treated acute ulcer. It occurs at almost all ages and either sex, and is very difficult to heal. When a chronic ulcer is due to an obliterative endarteritis of a gastric arteriole with resultant thrombosis the ulcer is practically incurable. Hæmatemesis or the signs of perforation of a hollow abdominal viscus are often the only symptoms of an acute ulcer. Pain is a prominent symptom in 20 per cent. of these cases only. The vessel ulcerated into and causing hæmorrhage is healthy, and so although the bleeding may be severe it usually ceases soon, is never fatal, and does not recur.

The symptoms of chronic ulcer are chronic pain after food, relieved by vomiting, not caused by milk, and felt either in the epigastrium or at the back, and often influenced by change of position. Tenderness on pressure in the epigastrium and on percussing the dorsal spines is the rule.

Hæmatemesis is severe, recurs frequently, and in about 15 per cent. of cases is the cause of death. Sometimes the blood is not vomited, but small quantities are frequently passed *per rectum*.

Hæmatemesis occurs in bleeding from the gums, throat, and œsophagus, as well as in disease of the stomach and duodenum. I have twice seen fatal hæmorrhage from the stomach without any sign of ulceration.

Remember for purposes of differential diagnosis that:

(1) Pain after food relieved by vomiting and caused by all forms of food including milk is common in obstinate constipation. There is no spinal tenderness, no definite tender spot in epigastrium, or bleeding from the stomach. Large doses of castor oil given in the morning cure these cases of so-called colonic dyspepsia.

(2) Pain and tenderness all over the gastric area, especially high up in the left hypochondrium, and increased by milk and other foods without spinal tenderness, continuing after the bowels are relieved, and the stomach emptied by vomiting spells—gastric hyperæsthesia; this is to be treated by castor oil and iron either with or without bismuth.

(3) Pain, or more commonly discomfort, after food with flatulent distension, sour eructations, loss of appetite, and morning vomiting, the vomit containing much mucus, is the symptom-complex of chronic gastritis. The stomach is often dilated. Give a dry diet, leaving little indigestible residue, and without tendency to ferment. Wash out the viscous occasionally and prescribe before each meal a mixture containing bismuth, soda, and chloroform water with twelve minims of glycerine of carbolic acid to each ounce.

A rosy-cheeked girl of eighteen was admitted to the Temperance Hospital for hæmatemesis. She was sent to us from Buckinghamshire by her doctor as a case of intractable gastric ulceration.

Her history was that for nine months she had suffered with pain in her epigastrium after food. She vomited occasionally, without relief of pain. For six months she had been on slop diet, but even milk sometimes gave her pain. On several occasions she had vomited blood; she said it was no matter of surprise to her when she vomited up a pint or so of bright blood. Two days before admission this red-lipped lady had vomited up two pints of blood, so she told us.

On examination we found she had great intermittent tenderness both in the epigastrium and corresponding spinal region, a foul tongue, and constipation. When her bowels had been thoroughly opened a fairly liberal diet, including fish, chicken, and chops, did not give her much pain, and the tender spot rapidly disappeared after a few doses of an iron mixture, but the pain recurred in a week without vomiting or other sign, and was finally cured by a large blister on the epigastrium.

This was a difficult case to diagnose, but probably she had had a gastric ulcer which was healed, and there was some remaining gastric hyperæsthesia. Hæmatemesis, genuine at the first, had latterly been purely imaginary, I should think.

A simple chronic ulcer causes certain special symptoms referable to position. An ulcer near the pylorus or cardia causes stenosis of either orifice, especially as the healing process leads to the formation of much fibrous tissue.

If near the pylorus, there is excessive secretion of hydrochloric acid, constant pain, worse at night, relieved somewhat by taking food, dilation of the stomach, and vomiting. Treat by alkalis, peptonised milk given frequently in small quantities, and gastric lavage. If this treatment is not satisfactory gastro-enterostomy should be performed.

An important though fortunately rare symptom of ectasy due to chronic ulcer of the pylorus is tetany. This I propose to discuss at a later stage of my paper.

The signs of stenosis due to an ulcer near the cardiac orifice are those of œsophageal obstruction, and gastrostomy may be necessary.

A chronic simple ulcer may become malignant. This is rare in persons under fifty years of age, but I once saw it in a girl of twenty-four years.

In simple gastric ulcer the patient has pain after food,

vomits bright blood, has a good appetite, a clean rather red tongue, likes meat, increases in weight when appropriately fed, and is brisk and sanguine. The temperature is usually subnormal. The stomach contents contain free hydrochloric acid, but no lactic acid. There is rarely any tumour. The disease may last from five to twenty years.

Sulphocyanide is present in the saliva as shown by the ferric chloride test.

In cancer of the stomach the patient has chronic indigestion, often very little pain, vomits dark, partially digested blood, has a bad appetite, a dirty furred tongue, loathes meat, and loses weight steadily whatever his diet, is anæmic and lethargic. There are irregular rises of temperature. The stomach contains lactic but no free hydrochloric acid. A tumour is often to be felt, and the disease terminates fatally in from ten to eighteen months after the onset of symptoms. Sulphocyanide gradually disappears from the saliva. A carcinoma of the pylorus often causes obstruction with dilatation and hypertrophy. A carcinoma of the cardiac end may cause few symptoms and signs beyond cachexia, loss of appetite, and coffee-ground vomiting. Usually within six weeks of the onset the lymphatic glands along the lesser curvature have become secondarily affected.

The treatment of acute ulcer is rest in bed and a diet for the first week of peptonised milk only, then ordinary milk, and after a fortnight milk puddings, bread and milk, custard, until the end of twenty-eight days, when the ulcer will probably be healed, and a more liberal diet is permissible.

The most useful drug in the treatment of acute ulcer is some preparation of iron. Ten grains of Ferri et Ammonii citras with fifteen grains of bismuth carbonate and an ounce of chloroform water, to be taken three times a day, usually digests well, and does not cause constipation.

The radical treatment of chronic gastric ulcer is, of course, excision of the ulcer and gastroenterostomy. The palliative treatment of chronic ulcer depends partly on the most prominent symptom. Pain in chronic ulcer is generally relieved when the patient is put to bed and a non-irritating diet prescribed. If the pain is continuous and severe opium in the form of Liq. Morphine either by mouth or hypodermically is the only drug that will give much relief, but this should be used as a last resort. This extremely painful ulcer occasionally perforates even while the patient is lying quietly in bed. For the paroxysmal pain of gastric ulcer bismuth in drachm doses suspended in a wineglassful of water and combined with bicarbonate of soda gives the best results. Hæmorrhage from a chronic ulcer may be very severe, and frequently recurs. Put the patient to bed, do not allow a pillow, enjoin absolute repose of body and mind.

One rather neurotic girl, admitted for hæmatemesis from a chronic ulcer, was reading a penny novelette, and suddenly, without warning, vomited up a pint and a half of bright blood. She said that she had come to the point in her reading where the hero, while saving the heroine from a watery grave, was stabbed in the back by the villain,

and this so agitated her that her heart beat violently, and she felt something happening inside her. Possibly the increased circulatory activity following mental excitement was sufficient to force out the clot plugging a vessel in the base of the chronic ulcer, and so bleeding recurred.

Put a cradle over the abdomen, and suspend an ice bag so that it just touches a piece of linen placed over the epigastrium. Give nothing by the mouth, but clean the mouth very carefully with Condy's fluid or glycerine flavoured with lemon juice. I have seen three cases of parotitis, two suppurative, in which this precaution had been neglected. Ice-sucking increases the thirst and discomfort of the patient, and causes him to swallow much saliva. Feed entirely by rectum, or subcutaneously, or both. First wash out the rectum by giving an enema of a pint or more of soap and water with oil and turpentine, then after half an hour's rest run in slowly a pint of peptonised milk. Use a long rectal tube with terminal orifice connected with a douche can. The level of the fluid in the can should be one foot above the rectum of the patient. Repeat the injection every six hours. Wash out once a day with soap and water or thin Bengel, using two or more pints. For an irritable rectum let twenty drops of laudanum or a grain of powdered opium run into the bowel with the first ounce of milk, and when that has entered the tube fill up the douche-can with the rest of the pint. If there is much fermentation and if the stools are offensive add ten minims of glycerine of carbolic acid to each feed.

For subcutaneous alimentation 5 per cent. dextrose in normal saline solution is the best nutrient. A pint of this mixture may be infused beneath the breast twice a day. After ten days or a fortnight the patient may have 3ij of peptonised milk by mouth every hour, and this can be increased cautiously until at the end of a month she is taking five ounces of ordinary milk every two hours. The rectal feeds are given less frequently, and finally omitted.

If cure is aimed at, the patient must not be allowed solid food of any kind for three months. No green vegetables, fruit, or meat for a year. Should bleeding recur in spite of these measures give morphia, adrenalin, hazelin, or turpentine. Wash out the stomach with ice-cold water. I have seen most success after the use of opium and turpentine.

Another important complication is continual vomiting. Try peptonised milk, milk and lime water, whey or milk and albumen water. Blister the epigastrium. I have never seen a case in which it has been necessary to use albumen water only, or any form of meat extract.

When perforation occurs it is essential that the event should be recognised immediately.

One night I was called to see a patient who had been admitted to the London Temperance Hospital three days before, suffering from hæmatemesis, and found him in great pain.

He had slept, and the pain in the upper part of his abdomen and lower chest had wakened him. He had been fed entirely *per rectum* for three days.

I found him one hour after the pain came on agitated and anxious, with rather dilated pupils, shallow, rapid breathing, pulse feeble,

and increased in frequency from 70 to 110 beats per minute. Temperature was subnormal.

On examining his abdomen I found the abdominal muscles rigid; pressure on any part of the abdomen gave severe pain. There was some impairment of percussion-note in the flanks, and the liver dulness was diminished.

Patient could not pass urine, although there was about a pint in the bladder. Two hours after the first symptom the abdomen was opened, and a large chronic ulcer which had perforated was found in the anterior surface of the stomach near the cardiac end. This was sewn up and a gastro-enterostomy performed. The patient was fed *per rectum* for a few days and then was treated as an ordinary case of chronic gastric ulcer. No opiate was administered, and the bowels were opened with calomel on the third day.

For several days before perforation, as a rule, the patient complains of severe pain in epigastrium, aggravated by food or exercise.

The first symptom is invariably sudden, agonising pain in the abdomen, occasionally accompanied by a sensation of something bursting in the belly. The pain may be localised or diffuse, and there is usually tenderness all over the abdomen, but not on examining *per rectum*. Vomiting or retching is common.

The patient is collapsed, and may be comatose for hours, or conscious, and then he has a premonition of impending death. His temperature is subnormal, his face pinched and drawn, the extremities cold, blue, and clammy, his pulse small and rapid, frequently almost imperceptible at the wrist.

The abdomen at first is rigid and retracted, later it becomes more distended, and death may supervene in an hour or two, or his life be prolonged for several days. If the extravasation be localised patient may recover without laparotomy or after a perigastric abscess has been opened or burst. Should general peritonitis supervene and no operation be performed he dies in three or four days.

When perforation of the stomach, due to acute ulcer, is diagnosed the most useful line of incision is one made in the line of the left costal edge and two fingers' breadth below that margin.

It is often most important to be able to judge of the size of the stomach with fair accuracy, and this in the majority of cases is not easy.

The method which seems to give best results is ausculto-percussion, with or without previous inflation of stomach or colon. First place the stethoscope on the abdominal wall just below the seventh left costo-chondral junction, and gently stroke and tap the skin with the forefinger of the disengaged hand, making the strokes radiate outwards, and marking with a dermatograph the points in each direction at which the resonance changes.

Blowing up the stomach by means of successive doses of tartaric acid and soda bicarbonate is a useful aid to this method of percussion. There is at least a theoretical objection to this inflation if ulcer of the stomach is diagnosed.

It is often difficult to distinguish by ordinary percussion between a dilated stomach and a dilated colon. The colon can be inflated by a Higginson's syringe used to blow air into the rectum, and the exact limits of the distended bowel mapped out. Peristaltic waves incited by placing a piece of ice near the umbilicus or stroking the abdominal skin with the hand give one a good idea of the shape and hypertrophy of the organ.

Splashing and gurgling caused by palpation in the gastric area several hours after a meal are useful aids to diagnosing the fact of dilatation.

Intra-gastric illumination by passing an electric light down the oesophagus is an amusing and interesting experiment. Measuring by means of a thin bag passed into the stomach and connected with a tube by which it can be inflated from the mouth is also unsatisfactory.

In dilatation of the stomach from whatever cause the treatment must aim at keeping the organ as empty as possible, and preventing fermentation. Therefore give dry food, leaving as little undigested residue as possible, no green vegetables, cheese, pickles, fruit, or soups. No fluid to be taken with meals. Give food which has little or no tendency to ferment, no beer, wine, little potato or sugar.

Wash out the stomach thoroughly once a day with weak Condy's lotion, continuing the lavage until the lotion returns pink. This washing should be done in the morning if patient complains of discomfort and anorexia about breakfast time, at night if he wakes up with flatulent distension and discomfort about midnight or in the small hours of the morning.

I had one patient who liked his stomach washed out before his dinner; he said it was less unpleasant than before breakfast, and gave him an appetite for the principal meal of the day.

I have here a simple apparatus which Sir Lauder Brunton has made for some of his patients, and which makes auto-gastric lavage easy and pleasant.

Before each meal a mixture containing bismuth and soda with twelve minims of glycerine of carbolic acid in each ounce is recommended by Dr. Soltau Fenwick, and is most useful. In fact this mixture, the best I know for restraining fermentation, is invaluable in almost every form of stomach disease, and in conjunction with appropriate dietetic modifications cures nearly all our gastric ills.

If the dilatation be caused by pyloric obstruction the most successful radical treatment is gastro-jejunostomy.

I must ask the learned surgeons here present to bear with me while I, for a moment, tell you what I have observed concerning this operation.

It seems to be not only the most useful operation for the surgical relief of almost every type of gastric disorder, but the only gastric operation that is indispensable in their surgical treatment. I have seen a patient with perforated duodenal ulcer recover without a fistula when gastro-enterostomy had been performed although the ulcer was not sewn up. I have seen patients in the last stage of cachexia from pyloric stenosis recover much of their energy and health, at least for a time, and several cases of chronic ulcer saved from chronic invalidism and incessant pain, leading a life of ease and usefulness after this short circuiting operation.

Anterior gastro-enterostomy by the method suggested by Rydygier and Lauenstein, advocated by Moynihan, of Leeds, seems to be the best method. One of the members of this Society (now present) has on several occasions performed the actual operation in seven minutes, and with the best results to his patients.

Moynihan picks up portions of the jejunum and stomach in two large Doyen's clamps and approximates the isolated pieces of gut and stomach; he sews them together with a continuous silk suture passing only through the peritoneum, then makes incisions into the

stomach and jejunum rather shorter than the line of suture; next he sews one cut edge to the other completely all round, stitching all the layers of each viscus together with a continuous fine silk suture, and finally completes the operation by continuing the first peritoneal suture round the inner line of stitching. It is much easier to explain the operation by a rough model than by any description of which I am capable.

The three cases of posterior gastroenterostomy which I have seen and subsequently examined have been unsatisfactory. The first had to have an anterior operation performed later because the passage between the two viscera closed up completely; the second died of hæmorrhage from an ulcer in his duodenum ten days after the anastomosis was effected, and this specimen showed that the aperture was at that time almost completely closed. The third had recurrence of his former symptoms of dilated stomach, etc., six weeks after the operation.

A man was admitted to the London Temperance Hospital suffering from dilated stomach, the result, as was supposed, of a fibrous stricture of the first part of the duodenum. When this diagnosis had been made the stomach was washed out and a large quantity of decaying food and fermenting fluid removed. About four hours later the patient complained of cramp in arms and legs, and then the typical carpopedal contraction characteristic of tetany developed. His face became bluish and pinched, skin cold and dry, later clammy. He died twelve hours after the commencement of the first attack of tetany he had sustained.

The mental condition of a patient suffering from this uncanny disease is peculiar. He is not quite alive to his surroundings, and does not seem to understand all the things which are said to him, but the most noticeable feature of both the cases I have seen was their great fear of a recurrence of the spasm.

The characteristic tonic contraction noticed in these cases of tetany is invariably the first definite symptom, and is associated often with sense of numbness and tingling, also stiffness of hands and feet.

Dr. Soltau Fenwick, in his book on gastric ulcer, describes the position of hands and feet thus:—"The elbows and wrists are half flexed, and the forearms strongly pronated, the fingers are drawn together and firmly bent over the thumbs, while the palms are hollowed by the approximation of the thenar and hypothenar eminences. The toes are bent downwards and adducted, the soles of the feet are hollowed, the heels drawn up by the contraction of the calf muscles."

The spasm may last five minutes or six hours, or, with short remissions, for several days. Frequently epileptiform convulsions occur, and the fatal termination may be preceded by convulsions, delirium, rapid rise of temperature, even to 106° F., followed by coma.

The pathology of this complaint is uncertain, but the fact that the spasms usually come on in cases of gastrectasis unassociated with malignant disease, after the passage of a stomach contents, either due to change in the absorbing power of the gastric mucous membrane or change in the vascular supply to the organ, or an injury to the protective epithelium which lines the stomach.

On the other hand it is well known that any excitement—a blow on the abdomen, or pressing the main artery of a limb—may precipitate an attack, so that, perhaps, the passage of a tube down the oesophagus excites tetany because of the agitation it causes a patient already under the influence of a toxin acting something like strychnine or the toxin of tetanus. It occurs most frequently in cold weather, and in patients suffering from Bright's disease.

The treatment during an attack is not very satisfactory. Give inhalations of chloroform if spasm is severe and painful. Bromide, belladonna, and alcohol are recommended as antidotes to the possible toxin, and to control the spasm. A turpentine enema is often of service. Hot-air baths will occasionally give some relief.

The radical treatment is gastro-enterostomy performed in the quiet interval. One case under Mr. Paterson's care at the Temperance Hospital has recovered completely after this operation, although he had one very severe and one slight attack of tetany prior to the operation.

St. Bartholomew's Hospital Journal.

SPECIAL NUMBER

CONCERNING THE LAYING OF THE FOUNDATION STONE.

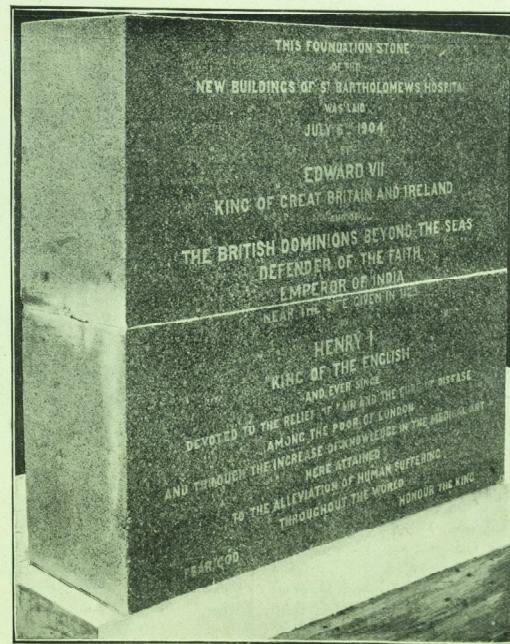
VOL. XI.—No. II.]

JULY 15TH, 1904.

[PRICE ONE SHILLING.]

THE great day is past—and, indeed, it was a great day. Wednesday, July 6th, 1904, will always be remembered by Bartholomew's men as an historic occasion worthy of the Royal and Ancient Foundation

fallen behind the times, that it was living on its reputation of fifty years ago. To all such false and hurtful sayings July 6th has given the lie direct. St. Bartholomew's is alive, and very much alive, and is living on its reputation



Photograph by Messrs. Campbell and Gray.

of 1137 and worthy of its present Patron, His Majesty King Edward VII. Therefore let it be our pleasing duty to offer in these few pages to all Bartholomew's men and other friends of the Hospital a lasting record of the day.

A year ago we heard it said that St. Bartholomew's had

of to-day. It has proved itself strong enough to overcome the studied assaults of all its enemies. To-day the old Foundation metaphorically shouts these words:—"For me another day has dawned; but here I am and here I mean to flourish."

Dr. Norman Moore wrote the inscription, which speaks for itself. The contrast between the two titles is interesting: it shows that the earlier kings were called Reges Anglorum—kings of the English. Henry II, we believe, was the first Rex Anglie. But now "the sun never sets upon the British Empire," and hence the many titles of His Majesty Edward VII.

The day was perfect. The sun shone with all the glory of an English summer day. It was the brightest and sunniest day this year has seen. Who that is superstitious could wish for a better omen?

THREE thousand friends of St. Bartholomew's! Some in scarlet robes of state or city, others in academic purple; some in uniform, others in court or more sombre mourning dress. The ladies all resplendent in summer costumes, which even the fashion critic of the *Queen* or the *Gentlewoman* would shrink from describing in further detail, and to the eye of the lay critic the groups of the nursing staff "in their neat professional costume served as an appropriate reminder of the work of charity and mercy to which the new building is to be devoted."



HIS MAJESTY'S REPLY TO THE ADDRESS.

[Reproduced by kind permission from the Sphere.]

THREE thousand friends of St. Bartholomew's—Bishops and Archdeacons; City Magnates, Mayors, and Aldermen; Statesmen and Politicians; Generals and Admirals; Physicians and Surgeons; King's Counsellors and Barristers; Actors, Musicians, and Artists; Knights and Baronets; Lords and Ladies—3000 friends assembled in a neatly decorated pavilion-tent, eager to witness the ceremony, eager to see the royal party, and eager to vindicate the reputation and fair name of St. Bartholomew's.

To these first came the Prince of Wales, the President of the Hospital, with his Princess, and in the ante-room awaited to welcome their Majesties the King and Queen.

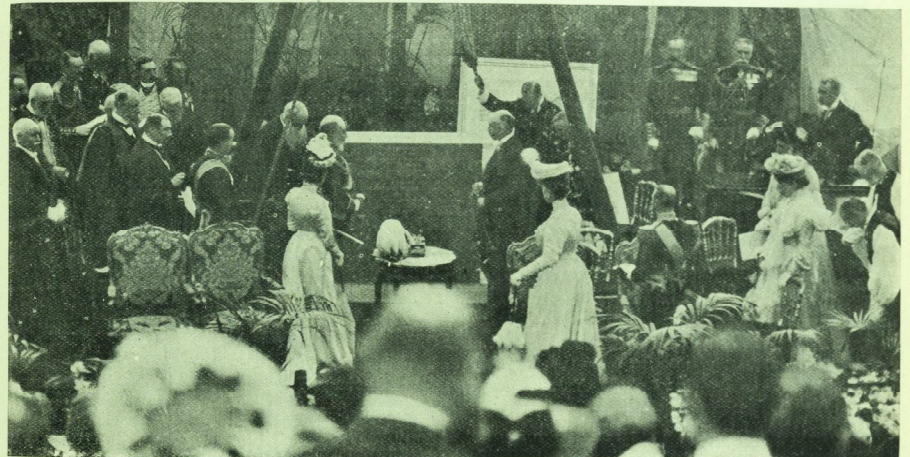
MEANWHILE the Lord Mayor arrived wearing his crimson robe and ermine tippet. He had welcomed their Majesties to the City with the usual rites, and had preceded them along the route. To him and his suite were allotted the places of honour, as became the dignity of his office as "king" of City magnates.

AFTER the reception and presentations in the ante-room the ceremony began with loud and prolonged cheering as their Majesties advanced on to the platform. What a hearty welcome—not only from 3000 loyal subjects to their Sovereign, but from 3000 friends of St. Bartholomew's to the friend and Patron of the Hospital and to his Queen, the first lady Governor and first donor to the Appeal Fund.

THE Treasurer then presented to His Majesty Mr. E. B. P'Anson, the Architect, who submitted plans of the proposed new buildings, which His Majesty examined with attention. (These plans are reproduced as an inset to another page.) Mr. P'Anson handed the trowel and mallet with which His Majesty performed the ceremony. This was not without a humorous incident or two, for did we not see His Majesty turn to his Queen and smile at the apparent insufficiency of the mortar? This, however, was duly spread, and the upper half of the stone, which had been cut in half previously on account of its enormous size, was hoisted on to the lower. His Majesty then struck it three times with the mallet, and pieces of the silver were scattered here and there, and said "I declare this stone to be well and truly

and charge to acquit yourself in that office with all faithfulness and sincerity, endeavouring that the affairs and business of the said Hospital may be well ordered and managed, and promoting the weal and advantage of the poor wounded, sick, maimed, diseased persons harboured in the said Hospital. To this end your Majesty is now admitted a governor."

A copy of the Charge and a Governor's Staff were then handed to Her Majesty by the Treasurer, which she accepted with obvious grace and pleasure. The staff was in miniature, of silver, and enamelled in green and emblazoned, instead of the long wand which is usually given to the Governors. This is the subject of our large illustration, reproduced by kind permission from the *Graphic*.



HIS MAJESTY DECLARES THE STONE WELL AND TRULY LAID. [Reproduced by kind permission from the Sphere.]

laid, in the Name of the Father, and of the Son, and of the Holy Ghost." Loud cheers greeted the performance of this ceremony, for it was the keynote of the day, the point of time from which St. Bartholomew's may date the rebuilding of its youth, the restoration of its prestige, the paving of the way for new paths of usefulness and greatness.

AFTER the stone had been laid the Treasurer obtained the consent of Her Majesty the Queen to receive her charge as the first lady Governor of the Hospital. Mr. Cross then read the charge aloud, thus:

"Your Majesty having been elected and chosen a governor of St. Bartholomew's Hospital, it is your duty

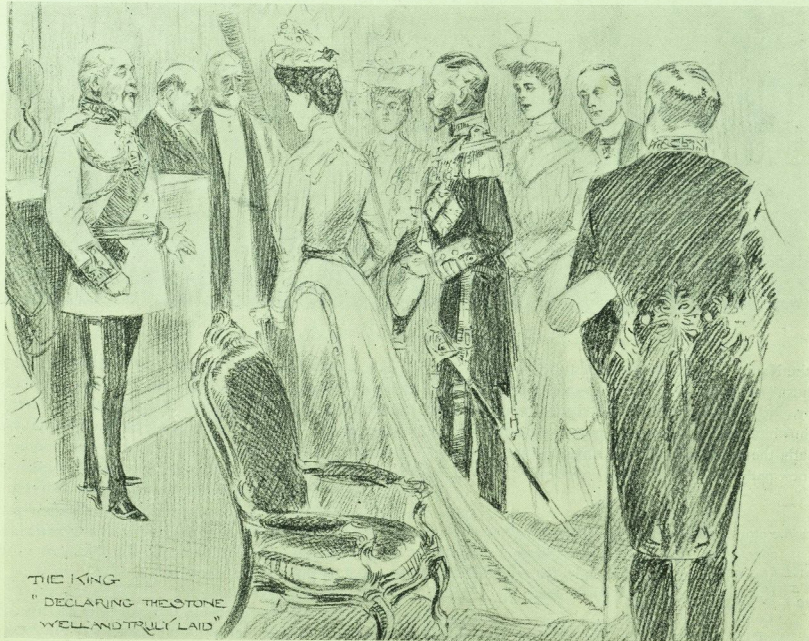
All eyes were for the moment now turned to a group of the Nursing Staff, whence Miss Isla Stewart, the Matron, came forth and proceeded to the Royal platform. Here she presented on behalf of the Nursing Staff of the Hospital one most lovely bouquet to Her Majesty and another to the Princess of Wales. Miss Stewart made her obeisance and retired down those difficult steps with the utmost grace and decorum. Even this speaks well for the care and precision with which every detail of the ceremony was carried out; for we observed the Matron rehearsing her part of the ceremony on the previous evening.

It was now Madame Albani's turn, and she ascended the platform and sang in her own inimitable way Sir Edward Elgar's setting of the National Anthem. She was supported



From Black and White.

successful ceremony than which none can ever have been more gratifying to those whose time, forethought, and energy had been spent for the past month in arranging every detail with such exactness and precision. No ceremony can ever have been more loyal or more Royal.



THE KING
"DECLARING THE STONE
WELL AND TRULY LAID"

[Reproduced by kind permission from Black and White.]

by Miss Katherine Jones. At the conclusion of the Anthem the King and Queen greeted Madame Albani most graciously, and then retired from the pavilion amidst great applause. Mr. A. H. Hogarth, on behalf of the students of the Hospital, presented a handsome bouquet to Madame Albani, which she accepted with obvious delight.

SIR WILLIAM TRELOR then announced that His Majesty had most literally and practically emphasised his own words concerning his deepest personal interest in the work and fortunes of the Hospital by promising a donation of £1000 towards the Appeal Fund. How like our King! What a Patron! What a real friend! This announcement was received with the applause it deserved.

MADAME ALBANI, still all bows and smiles, came forward to fill in the trying interval and sang "Home Sweet Home." The gratitude of the Stewards, who were holding the exits by instructions, for that song cannot be expressed in words; for in a minute, from a threatening mass of humanity, all became quiet, and all were spell-bound again in their seats. Madame Albani ceased, and so ended a most

It only remains now in this description of the ceremony to give the names of those who formed the party to welcome their Majesties in the ante-room. The Lord Mayor and suite, having welcomed their Majesties to the City, preceded them to the Hospital, where they were received by the Prince of Wales, who presented to their Majesties Sir Trevor Lawrence, Mr. Alderman Alliston, Sir William P. Treloar, and Sir Ernest Flower, as representatives of the Governors; Dr. Gee and Mr. Langton as representatives of the Medical Staff; the Right Rev. the Bishop of London, supported by the Rev. W. Ostle, the Hospitalier; and finally Mr. Cross, the Clerk

THE accompanying sketch by the *Black and White* artist details one of the prettiest incidents in the whole ceremony. It was with this formality that Her Majesty was admitted a Governor, and is the subject of our beautiful double page inset sketch by the *Graphic* artist.

AFTER leaving the Pavilion tent their Majesties, accompanied by the Prince and Princess of Wales, proceeded by way of Little Britain to the Hospital Square, where all convalescent patients were brought, some lying on couches, others in chairs, etc. The Royal party drove slowly round the south and west sides of the square, and so out of King Henry VIII's gateway, and appeared to notice every patient and everything. The Queen, on this side, drew His Majesty's attention to some particular patient, and both were bowing right and left to acknowledge the loyal greetings. This was a sight that those inside the pavilion would gladly have seen, and it is very unfortunate that we have not been able to obtain a small sketch of this subject for reproduction in the JOURNAL. However, there is a fine photograph of it in this week's *Sphere*.

THE Treasurer and Governors of the Hospital are to be congratulated most heartily upon the complete success of the day. All praise is due to Mr. Cross, the Clerk, and Mr. P'Anson, the Architect, for the care and energy which they displayed in arranging all the details for accommodation and all the incidents of the ceremony. Everything went well and without a hitch.

SIR ERNEST FLOWER too, as Secretary to the Appeal Fund, must not be forgotten. Much of the success of the day was due to his forethought and zeal.



[Reprinted by kind permission from Black and White.]

THE daily press, on the morning of July 7th, gave very full and, for the most part, very interesting articles upon the ceremony.

The *Times* account extended over two and a half columns. It began:—"Complete success attended the ceremony of the laying of the foundation stone of the new building of St. Bartholomew's," and ended:—"Then in a few minutes the pageant had passed, leaving memories behind it which will live for ever in the hearts of all who minister or are ministered unto within the walls

of St. Bartholomew's Hospital." The *Standard*, in addition to a leading article which pleaded long and earnestly on behalf of the City Hospital, gave nearly three columns of description of the ceremony and of the new building.

THERE was an excellent and well-written account in the *Daily Telegraph*, which laid great stress upon His Majesty's presence and gracious gift as an example to be followed by the citizens of London.

THE sketches in the *Daily Graphic* were quite good with this exception, that the artist ascribed to our nurses an incorrect and, we are told, a very vulgar form of head-gear.

* * *

The evening papers all had notices with full details of the ceremony. The *Globe* said:—"To-day St. Bartholomew's Hospital, which for nearly eight centuries has been closely associated with city life—through epochs which have left their indelible mark in English history—entered upon a new sphere of usefulness."

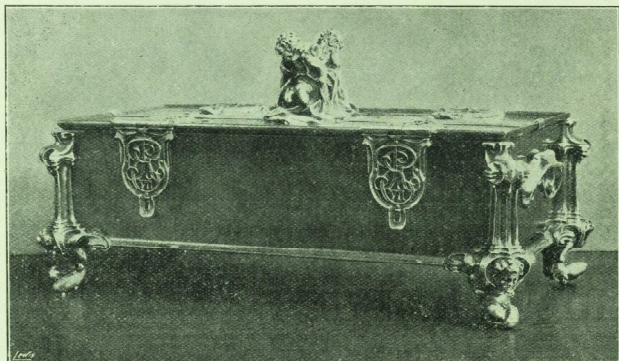
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MOST of the weekly illustrated papers are to contain sketches or photographs of the various incidents of the ceremony. We are greatly indebted to the *Graphic*, *Black and White*, and the *Sphere* for leave to reproduce some of their illustrations.

THE floral decorations, which were abundant and well chosen, were the generous gift of Messrs. Wills and Segar. The roses which adorned the reception-rooms were a handsome present to the Hospital from Sir James Blyth, while Sir Trevor Lawrence supplied from his own houses the beautiful orchids, of which he presented one basket to the Princess of Wales and another, of the variety *Odontoglossum crispum Alexandra*, to Her Majesty the Queen.

* * *

THERE were two guards of honour drawn up in the neighbourhood of the ceremony; one, of the Honourable Artillery Company, under the command of Captain H. T. Hanson, was mounted at the Royal entrance to the pavilion; the other, furnished by the London Rifle Brigade, was stationed at the Little Britain entrance to the Hospital under the command of Captain E. D. Johnson.



THE CASKET PRESENTED TO HIS MAJESTY. (Photographed by Lewis, Birmingham.)

THE pavilion tent itself was a great success, as may be gathered from the following description in the *Morning Advertiser*:

"Anyone privileged to take part in the proceedings of yesterday must readily admit that no more convenient structure could have been designed and erected for the purpose for which it was applied than that in which the King declared the stone of Bart.'s new building to be 'well and truly laid.' Neither could the work of revitalising an honoured and useful institution have been commenced under conditions more promising or more calculated to result in ultimate success."

* * *

THE pavilion and the anteroom were very tastefully draped and decorated by Messrs. Thomas Wallis and Co., who also generously supplied the furniture and upholstery free of charge.

* * *

THE band of the Coldstream Guards (by kind permission of Colonel A. E. Codrington, C.B.) played through a fine programme of music before the arrival of their Majesties the King and Queen. The band was under the able direction of Lieutenant J. Mackenzie Rogan.

* * *

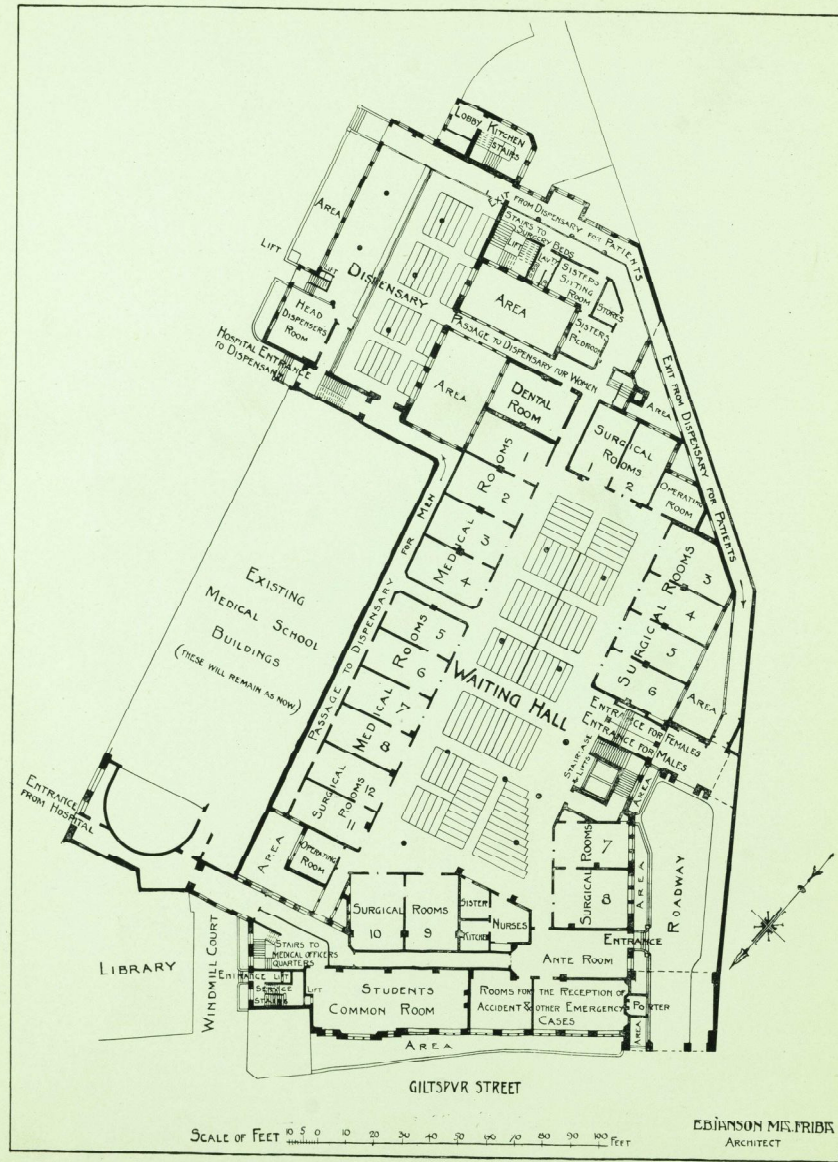
THE only regrettable incident in the whole ceremony that has come to our notice was the sudden appearance of tar from unknown quarters on some of the seats. By this several beautiful dresses, of priceless value, were completely ruined.

It has since transpired that tar was used on the outside of the tent, and that the great heat of the sun melted it and caused it to drip through on to the seats below.

We hope that the persons responsible will be made to smart for such carelessness to the extent of replacing the tarred dresses.

* * *

ST BARTHOLOMEW'S HOSPITAL
OUTPATIENTS' DEPARTMENT



GROUND PLAN.

ST BARTHOLOMEW'S HOSPITAL
OUTPATIENTS' DEPARTMENT



MADAME ALBANI sent a very grateful note of thanks for the bouquet which was presented to her on behalf of the Students' Union.

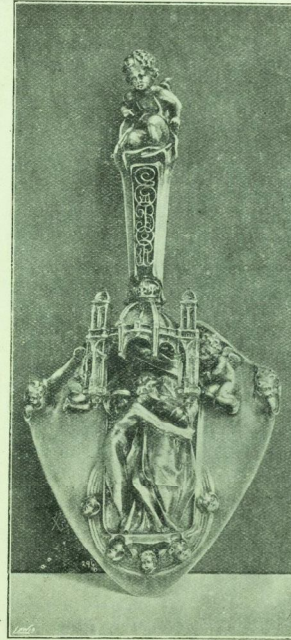
* * *

We were delighted to see that His Majesty was pleased to confer the Order of Merit for Art, Science, and Music upon Madame Albani after her performance.

* * *

THE tools—trowel and mallet—for the performance of the ceremony were the gift of Mr. Walter Gilbert, of the

as they feign Dan Cupid to have been, full of delightful health, a lively joy, decked all with flowers and wings of gold, fit to employ"—tying the hands of death, the reaper, and overpowering him. Life is attended by two little figures representing Love and Sympathy. Above all this arises a rich sheltering canopy, surmounted by the Royal crown in gold, and from this again springs the handle of the trowel, enriched by the titles of His Majesty, and surmounted by a little figure releasing itself from the thorns and pains of affliction. We reproduce on this page



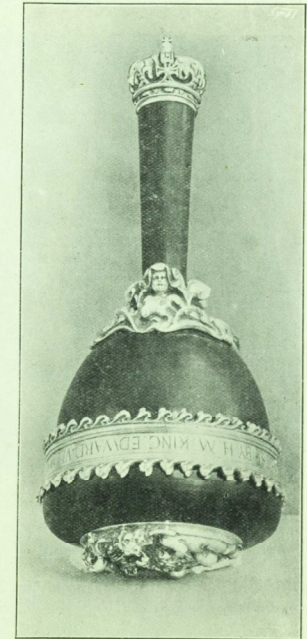
THE TROWEL.

[Photographed by Lewis, Birmingham.]

Bromsgrove Guild, designed and wrought by himself, with beautiful and original workmanship, and were presented to His Majesty in a handsome silver casket embellished with the figure of Love bearing another's burden and rising superior to Pain.

* * *

THE ornamentation upon the trowel represents the defeat of Death by Life, when helped by Sympathy and Love. There is the figure of Life—"A fair young lusty Boy, such



THE MALLET.

[Photographed by Lewis, Birmingham.]

some photographs of these tools, taken by Messrs. Lewis and Co., Birmingham, and we are indebted to them for leave to reproduce them.

* * *

All the bouquets were handsome. Miss Stewart presented one of Malmaison carnations to Her Majesty, and another of dark red roses to the Princess of Wales. Madame Albani's was made up chiefly of white roses.

* * *

AFTER the ceremony was over, and their Majesties had left the Hospital Square, all the Hospital staff were collected into the Square to be photographed in their academic robes,—and it was a fine sight! We reproduce a photograph, taken at the same time by Mr. Glenny, the well-known Hospital "snap-shotter." The larger photo can be obtained from the London Stereoscopic Co.

* * *

It was very unfortunate that certain members of the staff should have been in such a hurry to get away, for it was the wish of the junior staff, who had taken considerable

The twenty-six stewards are to be congratulated upon the efficient way in which they carried out their work. They had some little difficulty in persuading the spectators to keep their seats after the ceremony was over until Madame Albani rose to sing. Then all was peace!

* * *

It is with great regret that we hear of Sir Trevor Lawrence's indisposition, which has compelled him to take a thoroughly well-earned holiday. This is all the more unfortunate, as he will thus be prevented from presiding at the Annual Prize Distribution on Monday, 18th inst., when



THE HOSPITAL STAFF. [From a photograph by Mr. Glenny.]

trouble to arrange the photograph, to have a second photograph taken of themselves, together with their chiefs.

* * *

We also noticed that certain members of the Medical School, who did not belong to the Hospital staff, crept into the group.

* * *

THE great variety of the academic robes at the ceremony was a pleasing feature, and they were in no respect second in beauty to the civic and municipal robes. We have never seen a hospital dressed *en fête* before, and we readily admit that for general effect it was finer than a similar function at the University, where there is apt to be some monotony in the academic garb. At a hospital there are Doctors, Masters and Bachelors from the many universities, and each of the Royal Colleges has a variety of gowns for its different degrees; but we looked in vain for anyone wearing the gown of the Society of Apothecaries.

* * *

the Bishop of London—whom we always think of as one of the best friends of the Hospital—will be amongst us again to distribute the prizes.

* * *

In addition to the £1000 which His Majesty subscribed to the Appeal Fund during the ceremony, the Prince of Wales sent a cheque for £500 on the following day. In another column we publish the letters which confirm these two royal donations.

Description of the New Building.

By Mr. E. B. P'ANSON, M.A., F.R.I.B.A.

THIS building, which will be erected shortly, now that the Foundation Stone has been duly laid, will consist of a basement, ground floor, and four stories, with a frontage to Giltspur Street of about 144 feet; it will be faced with stone and designed to harmonise in style with the present Library and other buildings of the

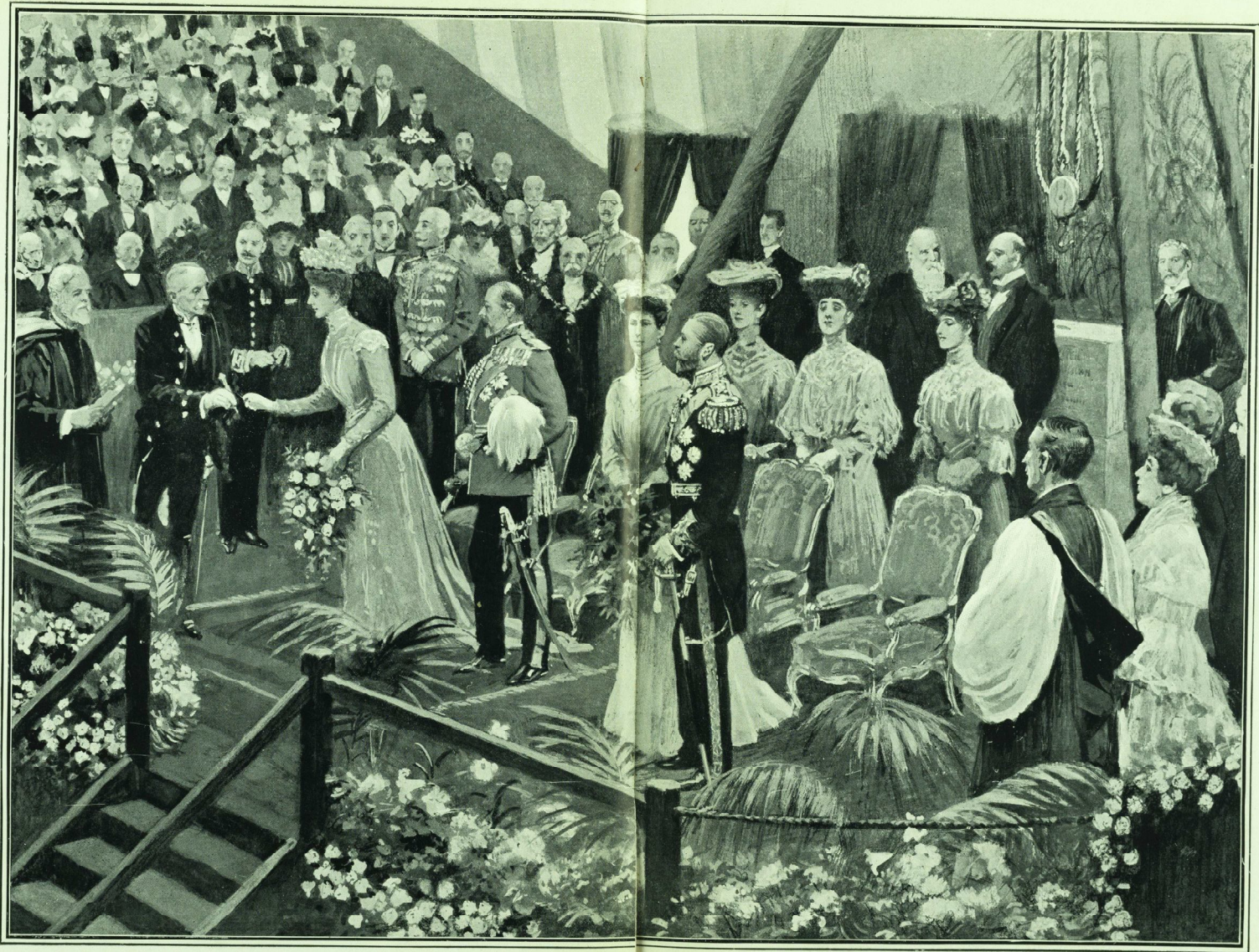
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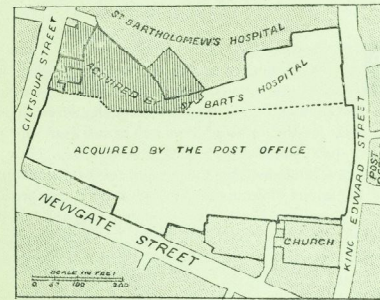


THE TREASURER PRESENTS HER MAJESTY WITH HER WAND OF OFFICE.

Reproduced by kind permission of the Proprietors of the 'Graphic.'

Hospital. It will contain accommodation for the Casualty and Out-patients' Departments, with rooms for ten beds for emergency cases, the Special Departments, the Dispensary, the Resident Medical Officers' Quarters, with a common room and luncheon room for students, the hospital kitchen, and other conveniences.

It will occupy altogether an area of about 1 acre, and will be erected partly on the land purchased from Christ's Hospital and partly on the land now occupied by the Dispensary, Post-mortem Room, etc., as shown by the darkly-shaded area in the accompanying plan.



From the Graphic.

The Resident Medical Officers' Quarters, with a common room and luncheon room for students will be on the Giltspur Street frontage. There will be rooms for fifteen resident medical officers arranged on the first, second, third, and fourth floors, with kitchen, servants' rooms, etc. Each medical officer will have a sitting-room and a bedroom, and there will be a few spare rooms. On each floor there will be a bath-room, a room for brushing clothes and boots, and other conveniences. The resident medical officers' quarters, and also the common room and luncheon room will be in covered communication with the ground and basement floors of the present Medical School buildings, and this part of the building will be aërially disconnected from the out-patients' department by a cross-ventilated passage.

The waiting hall for casualty cases and out-patients will be in the rear of the resident medical officers' quarters. It will be 140 feet long and 45 feet wide, which is more than twice the size of the waiting hall in the present surgery, and it will seat 850 people. Separate entrances for males and females will be in the centre of its west side, and a road will be constructed from Giltspur Street up to them. The staircase and lifts to the upper floors will adjoin the entrances. Surrounding this central hall twenty good-sized rooms will be provided for the house physicians, house surgeons, and others who see the casualty patients, and a dental room

and two small operating rooms will also be provided. All these rooms except two will be top lighted.

Rooms will be provided for the sister and nurses who are on duty in these departments.

Accident and other emergency cases will be received in rooms at the north-west angle of the building. There will be a separate entrance near Giltspur Street, and also a corridor for the conveyance of such cases to the wards of the Hospital.

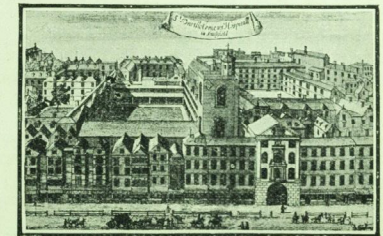
The Dispensary will be at the south-east angle of the block, and will occupy nearly the same position as at present, and so will be in very close connection both with the out-patient departments and with the wards of the Hospital. It will have separate entrances from the waiting-hall for male and female patients, and the exit corridor therefrom will terminate on the road which is to be constructed from Giltspur Street up to the out-patients' entrances.

On the first floor rooms will be provided for the treatment of medical and surgical out-patients, and also there will be rooms for ten surgery beds for emergency cases, with a separate staircase and lift. On this floor also, over the dispensary, there will be a Chemical Laboratory in connection with, and approached from, the Medical School.

Accommodation will be provided on the second and third floors for the eight special out-patient departments as follows:—On the second floor for Diseases of Women and for the Diseases of the Eye, Throat and Ear. On the third floor there will be the Skin, Dental, Orthopædic, and Electrical Departments.

On the fourth floor there will be a clinical lecture-room, and provision will be made for baths and isolation-rooms in the basement.

It is proposed to do away with the Hospital kitchen in the basement of the east wing, and to construct a new kitchen on the top floor at the south-east angle of this block. This kitchen will have a separate entrance and staircase, and so will be quite cut off and disconnected from the other parts of the building.



This is a view of the Hospital at the beginning of the 18th century, from an old print. We are much indebted to the *Sphere* for leave to reproduce it.

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THE following Address to their Majesties was read by His Royal Highness the Prince of Wales, President of the Hospital:

TO THE KING'S AND QUEEN'S MOST EXCELLENT MAJESTIES.

May it please your Majesties,

As President of the Royal Hospital of St. Bartholomew, and on behalf of the Governors of that ancient foundation, I desire to convey to your Majesties, with our loyal duty, our attachment and devotion to your persons and to the Throne. I have to express our very grateful appreciation of the warm and unflinching interest your Majesties have ever shown in the welfare and progress of the Institution, as well as our deep sense of the honour your Majesties have done the Hospital in consenting to lay the foundation stone of its new buildings, especially as Her Majesty the Queen is our first Lady Governor and the first donor to our Appeal Fund.

Founded in the year 1123, St. Bartholomew's has carried on a great work of mercy and charity on the same spot for close upon eight hundred years. It has had its vicissitudes; but, thanks in great measure to the favour of eleven of His Majesty's predecessors on the Throne, it has maintained its position, and overcome all difficulties. Since the Charter granted by King Henry VIII in the year 1547, the record of the Hospital has been one of tranquillity, and progress, rendered remarkable, however, by the connection with it of many names illustrious in the history and advance of medical science.

At the present day St. Bartholomew's contains 740 beds, inclusive of 70 in its country branch at Swanley. During the last fifty years the Hospital has given gratuitous relief to more than seven millions of the sick poor. The students working daily within its walls average about five hundred, and in the great School attached to it, more than six thousand students have received medical education during the last half century, and have carried the fame of their "alma mater" all over the world.

The rapid advances of medical science during recent years have compelled us, acting on the advice of our eminent Medical Staff, to contemplate the entire rebuilding of the Hospital as funds may become available. With the sanction of your Majesty, our President for thirty-four years, we have issued an appeal to the public to enable us to carry out the rebuildings referred to. To the City of London and its wealthy citizens this appeal should come home with peculiar force, for the Hospital in its present development is in great measure the creation of the inhabitants of what has been termed the "wealthiest square mile in the world."

We are most anxious to avoid the necessity of adding one more to the innumerable annual appeals which beset the charitable. This we hope to be able to do if the

public will help us to carry out the necessary rebuildings and additions. St. Bartholomew's has not asked for help for more than one hundred and fifty years, and has now provided a large sum out of its own resources for the inevitable extension of the Hospital.

We, the Governors, in again most earnestly thanking your Majesties for your presence here to-day, trust that it may be regarded by the public as showing your Majesties' desire that the rebuilding of this great and ancient Institution may not be impeded and crippled for lack of funds.

THE King, in reply to the Address, said—

"The Queen and I have great pleasure in being present to-day to lay the foundation stone of the new building of this famous Hospital, and we thank you heartily for the loyal address which our dear son, as President, has presented on behalf of the governing body.

"You have reminded us of the antiquity of this foundation and of the favour shown to it by many of our Royal predecessors. I recollect the lively satisfaction which I felt in holding the Presidency of this Hospital for so many years, and I shall continue to take the deepest personal interest in its work and fortunes.

"We are happy to see that those who are responsible for carrying on the excellent work have shown by their scheme for rebuilding the Hospital their intention that the future of St. Bartholomew's shall not be unworthy of its fine traditions.

"The names of the famous men educated here prove that an institution of this kind is not merely a refuge for the suffering, but a school for the advancement of the science and practice of medicine, and in this way the influence of this and other great hospitals of this country extends beyond merely local limits to foreign countries, and to the Colonies and dependencies of our Empire.

"We confidently believe that our subjects, and especially the citizens of London, will not fail to show interest in the progress of the scheme for the rebuilding of the Hospital, nor allow an efficient undertaking to be hindered by want of the necessary funds." (Loud cheers.)

St. Bartholomew's Hospital.

THROUGH changing years from old to new,
Times hopeful and times dreary;
The House of St. Bartholomew
In Smithfield stood, and daily drew
Within its walls the weary.

To Rahere centuries ago
Bartholomew appeared,
And bid him cross the Alpine snow,
And back again to London go
To build a hospital to show
That he both loved and feared.

'Twas when he sick with fever lay
In Italy 'midst colours gay,
And soothing southern breeze,
On Tiberine Isle, the same they say,
Whence Greeks once chased the plague away,
With physic learnt in bygone day
From wise Hippocrates.

Rahere obeyed the Saint's command.
To aid a house so nobly planned,
Men gladly gave away.
From Henry, who bestowed the land
Where beautified by Time's sure hand
(Though once rebuilt) it still doth stand,
Unto our King to-day.

Tho' Rahere long hath won his rest,
And centuries have past,
Our King still helps men sore oppress,
And citizens still give their best,
In love which is above all blest,
And will for ever last.

ETHNE MOORE.

* * *

THESE verses were written by Miss Moore for the day of the King's visit, the Secretary of the Appeal Committee having suggested that a poet should be asked to celebrate the occasion. The vision of Rahere is mentioned in the *Liber fundacionis*, and forms the subject of one of Hogarth's paintings on the staircase of the Great Hall.

Concerning the Appeal Fund.

By SIR ERNEST FLOWER, M.P.

THINK everyone will understand that it is no easy task to raise a large sum of money in these hard times. Indeed one has only to try to raise money for some philanthropic purpose to learn how truly hard the times are. The man who was thought to be a millionaire will under such circumstances frankly reveal to our sympathetic ears a story of biting poverty and summary retrenchment—painful indeed to listen to—until we remember that after all our millionaire is looking uncommonly

well and manages to maintain at all events a decent exterior.

Now we are looking out for a millionaire; anyone who finds him will be most warmly thanked by the Appeal Committee. A great opportunity is open to a wealthy citizen of London to immortalise himself at this juncture, and I am still in hopes that someone may come forward and undertake to defray the cost of one part of the great scheme for the rebuilding of St. Bartholomew's.

In the meantime, in the absence of millionaires, we have perhaps done as well as could be expected in the short six months which have elapsed since the Mansion House Meeting inaugurated the Appeal.

Especially gratifying has been the response from some of our Students in the Hospital. A great many who have taken cards have worked assiduously in the not very pleasant task of asking their friends for contributions, and their combined efforts have raised a very respectable sum. I hope, however, that this is only just beginning, and, as there are some 350 cards still to come in from students, I have every reason to believe that the ultimate result will be satisfactory to the Appeal Committee and a grateful proof of the affection which the Students feel for their Hospital.

The Nurses' League is also busily collecting for the New Nurses Home; and some old Bartholomew's men are collecting too. I must say that I wish more former Students had felt able to comply with my request to take a collecting card, but I hope that it is not now too late to appeal to them through the JOURNAL to render us this assistance.

It may interest the readers of the JOURNAL to know that the poor people themselves have not been backward in contributing. We have already taken a very respectable sum in the boxes at the three entrance gates and hardly a day elapses but postal orders for a small amount or even a few stamps come with expressions of gratitude for suffering alleviated at the Hospital.

One word as to the future. If this Appeal is to be a success—as we all hope—it will only be by a strong and combined effort on the part of our friends.

The fact that no appeal has been made for 150 years means that there is no regular clientele to whom the Hospital can appeal for subscriptions, and people have got into the habit of looking upon St. Bartholomew's Hospital as a very rich Institution and not in need of the gifts of the charitable.

We have, therefore, in the first place to convince the public of the absolute necessity of the step which has been taken.

I have every confidence that if all the good friends of this great Institution are touched by the spirit which animates my colleagues and helpers in this Appeal success will crown the great effort in which we are engaged.

Acknowledgments.

THE EDITOR wishes to take this opportunity of expressing his gratitude to the Editors of *The Graphic*, *Black and White*, and *The Sphere* for their great courtesy in giving their kind permission for the reproduction of the illustrations which are appearing in their respective issues of this week, and also for allowing the free use of their blocks and electro-plates. Without this courtesy and friendly help, we should not have been in a position to give such an interesting and well-illustrated account of the great ceremony, as we trust this number of the JOURNAL will prove to our readers.

We are also indebted to Mr. E. T. Glenny for kindly taking the photograph of the stone which appears on the cover in the place usually occupied by Henry VIII gateway. Mr. Glenny also took the photograph of the Staff which we have reproduced on page 8.

The remaining photos were taken by Messrs. Campbell and Gray, of Cheapside, or by Thomas Lewis, of Birmingham.

And in conclusion may we hope that all our readers who have not already done something to help the Appeal Fund will forthwith send in a donation, or better still, take one or more collecting cards? or, if they do not feel able to take any active steps, let them at least speak of the Appeal Fund and the urgent need of money to their friends and acquaintances.

The following is the additional list of St. Bartholomew's men who have subscribed to the Special JOURNAL Fund for the Pathological Block.

<i>£ s. d.</i>		<i>£ s. d.</i>	
Amount previously acknowledged	630 13 6	Sidney Gask, Esq.	5 5 0
H. Rundle, Esq., F.R.C.S.	5 5 0	J. L. Jeaffreson, Esq.	5 0 0
R. A. Dunn, Esq., M.D.	5 5 0	E. G. Drury, Esq.	5 5 0
E. M. B. (in memory of G. E. B.)	10 0 0	H. Morley Fletcher, Esq., M.D.	5 5 0
N. Macfadyen, Esq., M.B.	1 1 0	Collected by W. Bruce Clarke, Esq., F.R.C.S.	40 10 0
J. F. Steedman, Esq.	5 5 0	" F. T. Hancock, Esq.	18 10 0
Professor Howard Marsh, F.R.C.S.	30 0 0	" W. S. Hodge, Esq.	2 12 6
Samuel West, Esq., M.D.	20 0 0	" E. G. P. Bousfield, Esq.	14 15 0
J. R. Manning, Esq.	5 5 0	" W. Odell, Esq., F.R.C.S.	5 5 0
W. H. Hurlley, Esq., D.Sc.	5 0 0	" G. T. Langridge, Esq.	4 1 0
G. A. Grace-Calvert, Esq., M.D.	5 5 0		
T. Rudolf Smith, Esq., F.R.C.S.	5 0 0	Total	£855 9 0
C. H. Fowler, Esq.	1 1 0		

Subscriptions from St. Bartholomew's men to the General Fund already acknowledged ... £5959 3 7

We regret that there is no space for the additional list.

Further Subscriptions are earnestly requested.

FUNDS URGENTLY NEEDED.

The Smallest Contributions will be gratefully received.

DONATIONS FROM THE KING AND THE PRINCE OF WALES.

The following letters have been received by the Treasurer:—

BUCKINGHAM PALACE, July 6th, 1904.

Dear Sir Trevor Lawrence,—I am commanded by the King to send you a cheque for £1000, which His Majesty wishes placed to the building fund of St. Bartholomew's Hospital in commemoration of his having this day had the pleasure and satisfaction of laying the first stone of the new building of the Hospital, an Institution in the welfare and progress of which His Majesty has always taken, and continues to take, the greatest interest.

Very truly yours,

D. M. PROBYN.

MARLBOROUGH HOUSE, PAUL MALL,

July 6th, 1904.

Dear Sir,—I am directed by the Prince of Wales, President of St. Bartholomew's Hospital, to forward you the enclosed cheque for £500, in commemoration of the occasion of the King having laid the foundation-stone of the new building of the Hospital.

I have the honour to be, dear Sir,

Yours very faithfully,

W. CARINGTON,

Comptroller and Treasurer.

St. Bartholomew's Hospital



JOURNAL.

VOL. XI.—No. 12.]

AUGUST, 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,

AUGUST 1st, 1904.

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

Editorial Notes.

THE Special Number of the JOURNAL concerning the laying of the foundation stone by His Majesty the King is our apology for the late appearance of the August number. It may interest our readers to know that we published 6000 copies of the special number, and that we sent a copy to every Bartholomew's man, whether or not a subscriber, in the hope that all will recognise their duty and become subscribers; for the JOURNAL is at present the only permanent link between past and present, and it is such a link as this that we want to strengthen.

THE annual distribution of prizes took place on Monday, July 18th, in the Great Hall, and was a great function. We were delighted to have the Bishop of London among us again, and his speech was very entertaining. We publish a full account with the Warden's report in another column.

WHAT struck us most forcibly in the report is that while Bartholomew's men past and present have gained no fewer promotions and distinctions than usual in the academic field, yet the present generation has achieved very little success in athletics this year. This is a deplorable state of affairs for the largest London School, and requires further investigation. Does it mean that we have no athletes at the Hospital? This we can repudiate without any further questioning; we have quite our fair share of athletic men, and all our clubs ought to be able to pick thoroughly strong and representative teams. Then does it mean bad management on the part of the clubs, or want of enthusiasm on the part of the men? But, from what we have seen of the working of the clubs lately, we can certainly modify both these charges. The clubs have been badly managed in the past, and there has been a lack of enthusiasm. But we think and we sincerely hope that we are right in our opinion that the times are changed. Each club at the present time is keenly alive to its best interests, and there seems to be a wave of greater enthusiasm spreading all over the Hospital. Therefore we conclude that during the past year we have been suffering from a reaction only. We had accustomed ourselves to look for success without troubling about ways and means. Now let us hope that this has been but a temporary period of failure. We can see the dawn of success ahead. Let every Bartholomew's man, past and present alike, do something to hasten the dawn.

THE British Medical Association meeting at Oxford this year was a great success. We were glad to see that the St. Bartholomew's Oxford Club was well represented by several members of the Staff.

IN spite of the weather, the annual Summer Concert on July 1st went well. An account appears on another page. We are sorry that our reporter was not more favourably impressed by the orchestra. The worst fault we could find with it was the great length of its performances, and this was especially noticeable in Haydn's symphony.

WE intend to revive the old heading "Round the Fountain" for our "By the Way" column, and we should be glad if any of our readers will send us little fragments of humour overheard in the Hospital and elsewhere.

THE Square is very empty and deserted nowadays at 1.30, and this is our best gauge for estimating the number of men still about the Hospital. There was a general exodus during the last two weeks of July, and even those who are left are eagerly seeking for the one thing needful at this time of year—a *locum tenens*.

WE are glad to hear that the west block, which is now closed for cleaning and repairs, is to be fitted with electric light, and may we suggest that the present would be a good opportunity for making some means of more rapid communication between Radcliffe and the Resident Staff Quarters or the Surgery?

SINCE the visit of His Majesty the King on July 6th we have been satisfied with nothing less than royalty. On one very hot Saturday afternoon it was rumoured that the King of Italy was going to visit some of the wards. In spite of the heat a photographer, whom all of us know and some dread, rushed off to his lodgings to get his camera. He arrived with more haste than temper to find it was not the King of Italy, but his physician.

WE publish detailed accounts of the various Decennial Club Dinners in another column, but we are sorry to see that these clubs do not receive more support from their country members. All the clubs have a large number of members on their books, and we should have thought that every member in England could have made a point of being present at least every other year.

The Old Students' Dinner in October cannot be compared with these dinners, because at that it is impossible to say who out of 3000 men will or will not be present, whereas at a Contemporary Club dinner one expects to find a good many men of one's own year, who are undoubtedly bound together by even closer ties and associations than those of the Alma Mater; and it would add greatly to the charm and usefulness of these dinners if several contemporaries were to arrange a party beforehand.

These dinners have served a great purpose in the past, and it would be a great pity to let them die out for the want of a little energy on the part of the members. They

are always held on the same day each year,—the Sixth Club and Eighth Club on the last Wednesday of June, and the Seventh Club on the first Wednesday in July.

WE beg to draw the attention of our readers to the fact that the Athletic Club held their sports for the first time on the Club's ground at Winchmore Hill this year, and that they were a great success. A full account appears under the Club news.

THE Inter-Hospital Sports were held at Stamford Bridge on July 9th, and were very exciting as far as three hospitals were concerned. London obtained 49 points, St. Bartholomew's 46, and Guy's 45; the rest got 3 points among them. The attendance was miserable in spite of the perfect weather; but then Stamford Bridge offers no attractions. The *Globe* correspondent remarked, "London beat the usual winners, St. Bartholomew's, for the possession of the shield." That is some consolation for us!

PRaiseworthy energy has manifested itself this year among the various clerks and dressers. Mr. Bowlby's dressers set the example, and challenged the 2nd XI to play a cricket match. The dressers won a very exciting match by 3 runs, thanks chiefly to the hard hitting by Messrs. O'Neill, Coalbank, and Gosse, and a neatly-compiled single by Mr. Burroughes, the captain.

MR. BOWLBY'S dressers defeated Sir Dyce Duckworth's clerks at tennis after several good matches.

DR. GEE'S clerks, past and present, played a scratch team of the Hospital 2nd XI, and made 277 runs for 8 wickets, and easily disposed of their opponents for 105. It remains for Dr. Gee's clerks to play Mr. Bowlby's dressers, but then for which team will Mr. Burroughes play? He made 1 for Mr. Bowlby's dressers, and 92 for Dr. Gee's clerks. We leave the choice to him.

THIS kind of cricket is to be encouraged, especially as it is not too serious, and allows the veterans, who have not handled a cricket bat for several years, to turn out and enjoy a day at the wicket or "in the country" as the case may be.

THE Medical School *Calendar* for 1905 has just been published. We notice more than one improvement. But let us remark first that a new Out-patient Department for the teaching and treatment of Children's Diseases will be opened in October next. It will be under the charge of Dr. Garrod and Dr. Morley Fletcher. Again, the instruction and advice to those about to enter the medical profession have been carefully revised, abbreviated, and rendered more intelligible to the uninitiated.

MR. H. T. BUTLIN has been elected a Vice-President of the Royal College of Surgeons.

DR. G. C. TAVLER has been appointed Medical Officer of Health to the Finchley Urban District Council.

MR. E. C. WILLIAMS has been appointed Obstetric Assistant in the University of Liverpool.

WE regret very much that we have been compelled to hold over several papers and communications till the next number of the *JOURNAL*, including Dr. Andrewes' excellent paper "Concerning the Pathology of Common Honesty," and Dr. West's paper on "Posterior Basic Meningitis."

THE following is the additional list of Bartholomew's men who have subscribed to the Special Fund for the Pathological Block instituted by the *JOURNAL*.

	£	s.	d.
Amount already subscribed			855 9 0
L. St. Vincent Welch, Esq.		2	0
Lewis Jones, Esq. (Sialkot)		1	0
F. S. Maton, Esq.		5	0
W. H. Horton, Esq.		1	0
Lawrence Humphrey, Esq., M.D.		5	0
Collected by J. E. Calverley, Esq., C.M.G., M.D.		2	12 6
" C. D. M. Holbrooke, Esq.		5	1 0
" L. B. Cane, Esq. (including £25 from J. Skelding, Esq.)		27	1 0
" H. C. Nance, Esq., F.R.C.S.		12	0 6
" H. G. Smith, Esq.		6	10 0
" G. H. H. Almond, Esq.		2	0 0
" H. E. Flint, Esq.		6	2 0
" V. J. Duigan, Esq.		1	6 6
" N. E. Waterfield, Esq.		5	5 0
Total	£	937	11 0

WE regret that there is no space at our disposal for the additional list of subscribers to the General Fund. The amount already acknowledged is £5959 3s. 7d.

The Annual Prize Giving.

THE Annual Prize Giving was held on July 18th in the Great Hall of the Hospital. This function was in every way a success, many more visitors being present than in previous years. The Bishop of London distributed the prizes.

MR. Alderman Alliston, Senior Almoner, in the absence of the Treasurer through indisposition, presided, and was supported on the platform by many members of the Hospital Staff.

In his opening remarks Mr. Alliston regretted the absence of Sir Trevor Lawrence, and then called on the Warden to read his report, which is as follows:

MR. Chairman, My Lord Bishop, Ladies and Gentlemen,—The prosperity of the Medical School during the past year

has been fully maintained. The number of students who entered during the year was 133. In the previous year the number was 129.

The total number of students who worked at the Hospital was 601.

It is very gratifying to be able to report that St. Bartholomew's Hospital still heads the list amongst the metropolitan schools in the most important section, namely, in the number of students who entered for the full course.

During the past year there have been changes in the Medical Staff. Dr. Hensley and Sir Lauder Brunton have been appointed Consulting Physicians, and Professor Howard Marsh, Consulting Surgeon.

DR. Hensley was a member of the active staff for thirty-three years, serving twenty-three years as Assistant and ten years as full Physician. His quiet and humorous manner won the esteem of his colleagues and of the students, and the value of his opinion on medical matters was well recognised by the profession. We regret that he found it necessary, owing to ill-health, to resign his appointment earlier than was expected, and we offer him our best wishes for success in the new work which he has undertaken in the south of France.

THE retirement of Sir Lauder Brunton was also a great loss to the School. He came to the Hospital as Assistant Physician in January, 1875, after an education at the University of Edinburgh, and he held this position for twenty years, and then became full Physician for nine years. During this period of twenty-nine years he did much original work, and his lectures on Pharmacology will long be remembered by students who had the privilege of attending them. The book which he issued as the result of these lectures naturally became a standard work, and his appointment as Fellow of the Royal Society was an appropriate reward for the numerous discoveries which he made. The Medical School offers him its best wishes for the future, and trusts that his health may be maintained in order to carry on his arduous labour for the benefit of medical science.

PROFESSOR Marsh, who was closely associated in his student days with Sir James Paget, became Assistant Surgeon on February 27th, 1873, and held this post for eighteen years. He was then a full Surgeon to the Hospital for twelve years, and resigned his active work in order to become Professor of Surgery in the University of Cambridge. Thus for a second time the Chair of Surgery was given to a Bart.'s man, the first Professor having been Sir George Humphry. By his retirement the School has lost one of its most energetic teachers, but we hope that the close link which will again be formed between the University of Cambridge and St. Bartholomew's Hospital will influence many graduates to complete their studies at the School from which their genial Professor has been chosen.

LASTLY, it is with deep regret that we have to report the death of Mr. W. J. Walsham, who served on the active staff

for twenty-two years—sixteen years as Assistant and six years as a full Surgeon. For many generations of Bart's students Walsham has been a very familiar figure. As a teacher, whether in the dissecting room, the out-patient room, or the wards, he had the power of instilling into the minds of the students a real enthusiasm for their work. This, combined with a characteristic energy of expression, always made his demonstrations interesting, and he therefore became one of our first and most popular teachers. His theory and teaching of Surgery remains as one of the best and most widely read books in surgical literature. It has been used by students in many schools and in many parts of the world in the past, and it will continue to be used in the future. His premature death has robbed the School of one of its most distinguished members and the students of one of their best friends.

We welcome the following gentlemen in their new appointments:

Dr. Samuel West and Dr. Ormerod as full Physicians, Mr. Bowlby and Mr. Lockwood as full Surgeons, Dr. Calvert and Dr. Morley Fletcher as Assistant Physicians, Mr. Bailey and Mr. Harmer as Assistant Surgeons, the latter also as Surgeon-in-Charge of the Throat Department; Dr. Talbot as Casualty Physician, Dr. Horton-Smith and Dr. Horder as Medical Registrars, and Mr. Gask as Surgical Registrar.

The following chief assistants have been appointed in the special departments—

For Diseases of the Throat:—Mr. F. A. Rose.

For the Dental Department:—Mr. B. Stevenson.

A new department has been started for teaching the diseases of children under the charge of Dr. Garrod and Dr. Morley Fletcher.

In the Medical School Dr. Hensley has resigned the Lectureship on Forensic Medicine, and has been succeeded by Dr. Herringham. Mr. Eccles has been appointed Joint Lecturer on Anatomy.

Dr. Calvert and Dr. Morley Fletcher have become Demonstrators of Practical Medicine, Dr. Thursfield Demonstrator of Pathology (Medical), Messrs. Forbes and Jennings Junior Demonstrators of Pathology, Mr. Faulder Junior Demonstrator of Anatomy, Dr. Bainbridge Demonstrator of Physiology and Demonstrator of Pharmacology, and Dr. Talbot Assistant Curator of the Museum.

The title of Secretary of the School has been changed to Dean, and Mr. Waring is thus the first Dean of St. Bartholomew's Hospital.

Many distinctions have been conferred upon St. Bartholomew's men during the year.

Sir William Church has been elected for the sixth successive year President of the Royal College of Physicians. Mr. Marsh has become Professor of Surgery in the University of Cambridge. Three gentlemen who were educated at this School have been elected to fill the

vacancies on the Council of the Royal College of Surgeons, namely, Mr. Bowlby, who is Surgeon to the Hospital, Mr. Gilbert H. Barling, Surgeon to the Birmingham General Hospital, and Mr. Eve, Surgeon to the London Hospital; Mr. Langton has been elected President of the Medical Society.

At the Royal College of Physicians Dr. Klein will give the first Horace Dobell lecture; Dr. Camidge has been Arris and Gale Lecturer; Dr. Norman Moore has been appointed Fitzpatrick Lecturer, Dr. Rivers Croonian Lecturer, and Dr. Morrison Legge Milroy Lecturer for the coming year.

Mr. Rawling has been one of the Hunterian Professors at the Royal College of Surgeons.

To this list of distinctions, which could easily be extended, I have great pleasure in adding the name of Major R. Bird, who has been appointed Surgeon to the Viceroy of India, and in this capacity has recently visited and operated upon the Ameer of Afghanistan.

In examinations the School has fully maintained its reputation.

At the University of London:—Four men have taken the degree of Doctor of Medicine, one the degree of Master of Surgery.

In the intermediate M.B. examination Mr. J. M. Hamill took first class honours, with Gold Medal in Physiology and Histology, and Mr. Guiseppi and Mr. Quick took first class honours in Anatomy.

At the University of Cambridge:—Three men have taken the degree of Doctor of Medicine, and Dr. Bainbridge received the Raymond Horton Smith Prize for the best thesis presented during the year. Two men have received the degree of Master of Surgery, twenty-two men have become Bachelors of Surgery, and three have received the Diploma of Public Health.

At the University of Oxford:—Two men have taken the degree of Doctor of Medicine, two the degree of Bachelor of Medicine and Bachelor of Surgery, and two the Diploma of Public Health.

At the Royal College of Physicians:—Dr. H. J. Gow has been elected a Fellow, and Messrs. S. W. Curl and J. G. Forbes, Members.

At the Royal College of Surgeons:—Sixty-seven have completed their final examinations, ten have passed the Primary Fellowship, and thirteen have become Fellows.

Two men have entered the Indian Medical Service, and Mr. E. C. Hodgson was awarded the second place.

Five men have passed into the Royal Army Medical Corps, and four into the Royal Navy. Of the latter, Mr. W. P. Yetts was awarded the first place in November, 1903, and afterwards the Gold Medal on leaving the Haslar Hospital, and in May, 1904, Mr. H. A. Kellond-Knight entered first.

The Hospital has had the great distinction of receiving

His Majesty the King, Her Majesty the Queen, and their Royal Highnesses the Prince and Princess of Wales on the 6th of July, on the occasion of the laying of the Foundation Stone of the new Out-patient Department.

This department will not only provide proper accommodation for out-patients in the general and special departments, but also will contain new quarters for the resident staff and midwifery clerks, new dining rooms and smoking-rooms for the students, and a new chemical laboratory.

As it will be erected on the new property which has been purchased from the Governors of Christ's Hospital, the building will not in any way interfere with the future work of the Hospital and School. The latter, moreover, will derive considerable benefit by the addition of these buildings, which are to be erected immediately, and will be ready for use in the course of about eighteen months.

In this connection we are pleased to report that the appeal which has been made for the rebuilding of the Hospital has been very warmly supported by many St. Bartholomew's men. Up to the present time the sum of £7008 7s. 7d. has been subscribed or collected by the latter, and in addition a special fund has been organised for a new pathological block, which is urgently needed to meet the requirements of modern science. The sum of £855 9s. has been already subscribed to the fund, and it is hoped that a sufficient amount will shortly be collected so as to enable a still further addition to be made to the School of St. Bartholomew's Hospital.

Further, it gives me pleasure to report that the concert which was given by Signorina Ravogli at the Queen's Hall realised £609 for the Appeal Fund.

During the past year two additional prizes have been founded: 1, the Willett medal in Operative Surgery; and 2, the Walsham prize in Surgical Pathology.

The Willett medal was founded by the subscribers to the Alfred Willett Testimonial Fund, and is of the annual value of £3 3s., and will be awarded to the student who passes the best examination in Operative Surgery for the Brackenbury Surgical Scholarship.

The Walsham Prize has been founded by Mrs. Jeanetta Tuck in memory of the late Mr. W. J. Walsham, Surgeon to the Hospital, and is of the annual value of about £7 7s. It will be awarded to the student who passes the best examination in Surgical Pathology for the Brackenbury Surgical Scholarship.

A new Students' Union has been formed, and great improvements have been made in the domestic arrangements and catering for the men who reside in the College.

The Students' JOURNAL has increased its circulation from 1200 copies per month to 2000, and of the special issue in commemoration of the Foundation-Stone ceremony 6000 copies were printed.

In conclusion, the Medical Officers and Lecturers desire to thank the Treasurer and Governors of the Hospital for

the interest they take in the welfare of the School, an interest which is necessary to the School and necessary also to the great Hospital to which it is attached.

Mr. Alliston congratulated the Medical School on its continued prosperity, and made feeling reference to the loss to the Medical School by the death of Mr. Walsham and by the retirement of Sir Lauder Brunton.

The Bishop of London distributed the prizes as under—
The Jeaffreson Entrance Exhibition in Arts:—A. J. S. Fuller.

The Junior Entrance Scholarships in Science:—(1) T. L. Bomford.

(2) The Preliminary Scientific Exhibition:—H. H. King. The Senior Entrance Scholarships in Science:—(1) G. C. E. Simpson; (2) F. W. W. Griffin, J. J. Paterson, equal.

The Shuter Entrance Scholarship in the Subjects of the Cambridge Second M.B. Examination:—T. S. Hele.

After Entrance.

The Junior Scholarships in Chemistry, Physics, and Histology:—(1) P. Hamill; (2) R. L. E. Downer.

The Junior Scholarships in Anatomy and Biology:—T. L. Bomford, H. H. King, equal.

The Treasurer's Prize in Practical Anatomy:—A. J. Fuller.

Certificates of Proficiency to:—T. L. Bomford, W. W. Wells, R. H. B. Price, N. C. Davis, F. C. Searle, H. H. King, J. Ramsay.

The Foster Prize in Senior Practical Anatomy:—M. Fawkes.

Certificates of Proficiency to:—G. H. Dive, H. O. Williams, E. R. Jones.

The Harvey Prize in Practical Physiology (in memory of Dr. Williams Harvey, Physician to the Hospital, the discoverer of the circulation of the blood):—H. Blakeway.

Certificate of Proficiency to:—B. W. Cherritt.

The Senior Scholarships in Anatomy, Physiology, and Chemistry:—P. L. Guiseppi.

The Wix Prize:—C. A. Stidston.

The Hichens Prize:—H. D. Davis.

The Bentley Prize for reports of cases in the Surgical Wards:—J. R. R. Trist.

The Sir George Burrows Prize in Pathology:—E. H. Shaw, K. S. Wise, equal.

The Skyner Prize in Regional and Morbid Anatomy, including their reference to Scarlet Fever and Rheumatic Fever:—K. S. Wise.

The Matthews Duncan Prizes:—C. W. Hutt, J. H. Willis, equal.

The Kirke's Scholarship and Gold Medal in Clinical Medicine:—E. E. Maples.

The Brackenbury Scholarship in Surgery:—A. Hamilton.

The Brackenbury Scholarship in Medicine:—A. R. Neligan.

The Lawrence Scholarships and Gold Medal in Medicine, founded by the children of the late Sir William Lawrence, Surgeon to the Hospital, and father of our present Treasurer:—C. M. H. Howell.

The Bishop, who was received with much enthusiasm, said: Mr. Chairman, Ladies and Gentlemen,—There are several reasons which make it a special pleasure for me to be here to-day. In the first place, I have known Bart.'s for many years when Bart.'s did not know me. I have brought up many a patient in my curate days, and by the splendid and kind treatment that they received I understood why Bart.'s was so popular among the poor. Then again, I have been specially associated with St. Bartholomew's since the Mansion House Committee sat, and I am pleased to say that what I said at the Mansion House was approved in the Hospital in private. What I felt about the Hospital with which my predecessors have been associated for so long was that, when it stepped out before the public, that was the time for the Bishop to be at its side. In this long struggle, you will have, for what it is worth, my word and influence all through. Then again, I was pleased to be here to-day because an old Marlborough boy was to carry off the first prize this afternoon. We are very proud of that old school on the Downs. But it is no mere personal reason that has brought me here to-day. The reason lies in that essential unity which ought to exist between our two professions. I want to draw your profession and my profession closer together. In the first place we are both searchers after truth. Truth cannot contradict itself, and you in your researches are supplementing and helping on my work as I try to seek out the truth. And though you may sometimes think our profession a little conservative in its ways, it is essential that we should keep the truth, and we must be sure that the theory corresponds with what is proved by experience to be fact before we receive it. You may think us a little slow in taking in the new light of science, but you will find that where your theories have been proved to be facts the clergy have received them. I would welcome you in your researches as fellow workers in a great cause. I welcome truth from whatever quarter it comes. We want to find truth, and we want to help others to find truth. The founder of my profession and the founder of yours were the same person. Jesus Christ went about healing the sick; He is the prototype of the medical and surgical profession and the prototype of the ministry. And you, the students of to-day, I want you to feel that you are our brothers in humanity, that you are sent by the Great Head of the Church to heal the body as we are sent to heal the soul. There is one person that unites us—the sick man or woman whom we visit. I remember giving a young house surgeon advice about his operations, and he used to give me advice about my sermons. Certainly my sermons were better for his criticisms, but I cannot say anything about

his operations. I trust that in the years to come both professions may work together for the good of humanity.

Dr. Gee, in proposing a vote of thanks to the Bishop, reminded the audience that in early times Bishops of London regulated the Hospital, but Bishops have never been called upon to regulate it since the re-foundation by King Henry VIII. He was glad, therefore, to assure the Bishop that the regulation of the Hospital would not be added to his already arduous duties.

Mr. Bruce Clarke seconded, and the vote was carried with enthusiasm.

The Bishop said he would add no words, but that he hoped all in the Hospital would look upon him as an old friend.

Mr. Langton then proposed a vote of thanks to the chairman. He was glad to say that the Governors all took a great interest in the welfare of the School. The Hospital could not get on without the School, and the School could not get on without the Hospital. He would soon be going off the active staff but he trusted that the Hospital and the School would always act well and honourably and conscientiously one with another.

Sir Dyce Duckworth seconded.

Mr. Alderman Alliston, in conclusion, said he could assure his audience that the Governors would always take the greatest possible interest in the work of the School. He thought, on seeing the great number of ladies in the audience, that if some good Mephistopheles could take him back to the commencement of his career he could not but choose to be a medical student.

The Company then adjourned for tea and refreshments in the Square.

The Willett Medal.

AS the result of a meeting held at St. Bartholomew's Hospital in January, 1903, Mr. Harrison Cripps in the chair, it was resolved that a testimonial should be given to Mr. Alfred Willett on his retirement from the active staff of the Hospital, and subscriptions were invited for that purpose. A sum of over £250 was collected, and the committee settled that the testimonial should take the form of a silver medal, which should be known as the "Willett Medal," and which should be awarded each year to the candidate for the Brackenbury Surgical Scholarship who should obtain the highest marks in Operative Surgery.

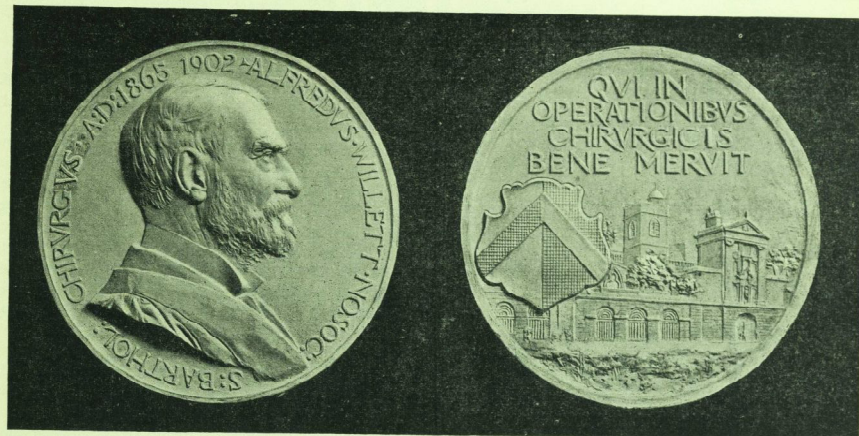
Mr. F. Rowcher was instructed to submit plans, and the medal as depicted on the next page was accepted.

The obverse shows an exceedingly good portrait of Mr. Willett, with gowned bust to the right, and around it is the following inscription: ALFREDVS . WILLETT . NOSOC : S : BARTHOL : CHIRVGVS . A : D : 1865-1902.

The reverse gives a view of portion of the Hospital buildings, showing the gate of Henry VIII and the tower

of the church of St. Bartholomew-the-Less, whilst suspended in the field to the left are the Arms of the Hospital. In the field over all is the inscription—"QVI . IN . OPERATIONIBVS . CHIRVCGICIS . BENE . MERVIT."

The medal is 2¼ inches in diameter, and Mr. Bowcher is to be congratulated on a very handsome and beautifully designed production. A gold medal of the same design will be presented to Mr. Willett.



The Summer Concert.

PROGRAMME

- | | | |
|----------------------|--|--------------------------------------|
| PART I. | | |
| 1. Overture | "Le Diadème"
The Orchestra. | A. Herman |
| 2. Song | "An Irish Melody"
Mr. Gilbert Holroyd | Stanford |
| 3. Part Song | "The Miller's Wooing"
Eaton Fanning | |
| 4. Songs | a. "Where e'er you walk"
Händel | |
| | b. "Phyllis is my only joy"
Dr. West. | J. W. Hobbs |
| 5. | "Chant sans Paroles"
Ballet music to "Rosamund"
The Orchestra. | Tschaikowski
Schubert |
| | PART II. | |
| 6. | Symphony No. 2.
The Orchestra. | Haydn |
| 7. Song | "Tell me, my heart"
Miss Musson. | Bishop |
| 8. Part Songs | a. "The Maiden of the Fleur de Lys"
E. H. Sydenham | Sullivan |
| | b. "I hear the soft voice"
Mr. Bell. | |
| 9. Songs | a. "The Kashmiri Song"
b. "When the Birds go North"
Mr. Bell. | Amy Woodford-Finden
Chas. Willaby |
| | 10. Chorus | "Twankydllo"
The Junior Staff. |
| "GOD SAVE THE KING." | | |

The Annual Concert given by the Junior Staff and Musical Society was held in the Great Hall of the Hospital

on Friday, July 1st. In spite of threatening weather there was a large attendance of visitors. Refreshments were served in the Library and under the archway in the Square.

The Summer Concert is one of the pleasantest of the annual Hospital functions, and this year, despite the uncertainty of the weather, proved no exception. The orchestra led off with a bright rendering of Herman's "La Diadème" overture. Mr. Holroyd has been heard to better

advantage than in "An Irish Melody;" it was not quite up to the high standard we have learned to expect of him. The Choral Society were excellent throughout, and reflected great credit on the training of Mr. Grandage, in whom we evidently have a capital conductor. The part songs were well chosen, and the rendering was particularly good in phrasing and expression. The lovely sextet from "Patience" was their last and choicest item. Dr. West sang two favourite songs in his usual finished and sympathetic manner, too highly appreciated by us all to need further comment.

The first part concluded with two orchestral selections which cannot be conscientiously praised. The rendering of Tschaikowski's delicate "Chant sans Paroles" was thin and unsatisfying, while the "Rosamund" music was not a success. We are told this was due to the fact that several of the orchestra cut rehearsals, and consequently forgot the "repeats." They acquitted themselves more creditably in Haydn's second Symphony, one of his brightest and most tuneful works.

Again we have to thank Miss Musson for her kind assistance at these concerts. We have never heard Mr. Bell in better voice than in the "Kashmiri Song," and we can hardly imagine a finer rendering of its haunting and passionate theme. His second song and the encore, which

was naturally emphatically demanded, were good, but could not eclipse his first effort.

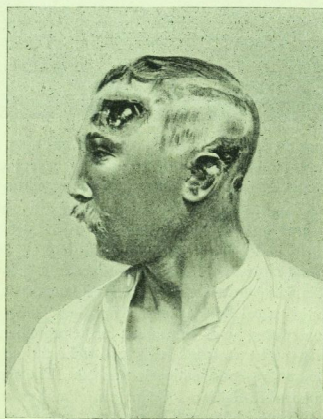
The programme closed with a chorus by the Junior Staff, a characteristic feature of these concerts. That old favourite of many Junior Staffs "Twanky-dillo" was given with great heartiness. As they modestly declined an encore the audience had to be satisfied with the National Anthem, and "so to bed" as Mr. Pepys hath it.

Electric Current Injuries.

By HENRY RUNDLE, F.R.C.S.

THE introduction of electricity with currents of high power, for lighting public and private buildings, its extension for motor and tram services, and for therapeutical purposes, has produced a class of injuries which were unknown until the last few years. The following cases present features of interest bearing on these accidents:

J. M.—, et. 29, an ex-soldier, strong and healthy, was admitted into the Royal Portsmouth Hospital on December



30th, 1902. Whilst employed as a labourer, in the construction of the light railway between Cosham and Horn-dean, he grasped a wire which had broken from its pole connection. He fell, and the left side of his head came into contact with the wire charged with a current of 500 volts. He stated that there was no immediate sensation of burning, but that in a few minutes his hands, and his head especially, became painful. He felt dazed, but did not lose consciousness. When brought to the hospital two

hours later he was suffering from shock; no paralysis. There were superficial burns with a seared line on the thumb and two fingers of the right hand, and three severe burns on the left side of the head, the anterior of which extended to the bone. The burns on the hands and two of those on the scalp healed quickly, but the healing of the largest and deepest of the scalp wounds was retarded by the exfoliation of a portion of the parietal bone, which was removed on April 20th. The man was discharged well on May 14th, 1903.

F. F.—, et. 26, was admitted on May 10th. Whilst stooping to fasten his bootlace, near an electric light column in the street, the door suddenly flew open, and a tongue of gas flame shot out. He was knocked down and rendered unconscious.

On admission he was still unconscious, and remained so for two hours. Respiration feeble. The right arm was extended and rigid. He was unable to raise the arm, or to bend either the elbow or wrist. The fingers were extended and rigid; right sterno-mastoid also rigid. There were no burns. The skin over the whole of the right arm was unduly sensitive. During the first few days after admission he suffered from severe headache. A gradual improvement took place in the state of the arm, and on May 26th (sixteen days after admission), when he was discharged, the following note was made: "Some stiffness of arm remains, but he is able to raise limb, to flex elbow, and to straighten hand; sensation normal over the whole of right arm."

I am indebted to a medical friend, Dr. R. B.—, for the following notes of his own case: "In the spring of 1902 I was working an X-ray apparatus on a foggy day, when the air was laden with moisture. One wire, (very slightly insulated), attached to one pole of the secondary coil of a 10 In. Rhumkoff coil, was touching the table, on which was a layer of condensed moisture. One of my hands rested on the table; with the other hand I touched the wire attached to the other pole. I immediately felt a very severe shock which knocked me backwards; the shock was accompanied by violent contractions of the muscles of the arms. I felt dizzy and faint, and was covered with a cold perspiration. The heart's action was slowed, and soon afterwards much increased, amounting to palpitation. I felt pain in the arms for three hours afterwards, and some soreness and stiffness of the arm muscles for a few days."

- (1) C. Allbutt, *System of Medicine*, vol. v.
- (2) Courthope Wilson, *The Times*, June 24th, 1904.
- (3) Gould and Warren, *International Surgery*, vol. ii.
- (4) *Brit. Med. Journ.*, January 15th, 1898.
- (5) *Lancet*, August 31st, 1895.
- (6) *Current from the Main*, Lewis, 1896.
- (7) *St. Bart's Hospital Journal*, May, 1901.
- (8) *Archives of the Roentgen Ray*, October, 1903.
- (9) *Lancet*, November 8th, 1902.

Remarks.—Electric current injuries may be divided into three classes—

1. Cases in which a fatal result is produced at once. It is stated (1) that a current of 1000 to 2000 volts will kill. In America, where electrocution has been adopted as the means of executing criminals, a current of 1500 volts has been regarded as capable of causing death. There are, however, many cases on record of persons having been exposed to higher voltages, without fatal consequences, whilst, on the other hand, lower voltages have caused death. Recently three deaths have occurred (2) within a month by electrocution caused by contact of the unfortunate individuals with the "live" rail, where electricity had been employed as the motive force. In these cases the "live" rail was raised by the insulators a few inches above the level of the other rails with the result that anyone falling struck the "live" rail first. Some protection should be made where electrified portions of lines run on the level through thickly populated districts, whereby accidental contact, which brings death with it, may be prevented. Electricity kills either by suddenly arresting respiration, or by stopping the heart's action. Biraud (3) thinks that death is probably due to asphyxia following the arrest of function of the medullary centre for respiration, whilst Oliver (4) showed by a series of experiments that in most instances the effect of the electric shock was felt principally by the heart. This organ immediately ceased to beat when very high pressure currents were used, whilst breathing might continue for a few minutes longer.

2. Cases in which the chief signs are burns and their consequences.

3. Cases which are followed by symptoms of a nerve character, whether tissue destruction has been present or not.

The first case related, "J. M.," suffered from burns followed by death of bone, but there were no other signs referable to electricity.

The second case, "F. F.," received an electric shock which threw him down, caused unconsciousness, and, by inflicting damage upon the nervous system, produced a temporary paralysis, with rigidity of the muscles of the arm. This state of muscular rigidity is a frequent effect of electric current injury. Kratter, in a paper (5) on the case of a workman who was killed by a shock from an electric current, received whilst he was occupied in straining telegraph wires, states, that if an electric current of 1500 volts acts upon rabbits some of the animals live and show typical symptoms, such as tetanic contraction of muscles. The gas flame in this case acted as the conductor. Different substances possess the power of conducting electricity in very different degrees. Much depends upon the voltage applied. Both gas flame and moist vapour act as conductors of electricity, but each has less conductivity than many metals.

This accident was caused by gas leakage. At a Board of Trade inquiry it was stated that there was no electric leakage, but that gas had escaped from a neighbouring pipe, which was found to be broken, the gas pipe and electric wire being in close proximity. When the electric light was switched on, the gas ignited and caused an explosion. The dangers from leakage of gas or electric currents are great. Hedley (6) states that this source of danger has hitherto been either under-estimated, or completely ignored, but it is nevertheless a very serious one, and in the absence of suitable precautions may lead to accidents of a grave kind.

In Case 3 (Dr. R. B.) the insulation of the wires, though it was incomplete, and the comparative weakness of conduction prevented that, which might have been a still more unpleasant experience. Workers with this form of radiation, know that the X rays themselves can do harm, especially after a long or frequently repeated exposure, or undue nearness of the focus tube to the skin. Many instances of injury to patients have been recorded, such as painful ulcers of an intractable character, some of which have been followed by fatal consequences. A case is reported (7) in which, although the skin became red soon after exposure to the Röntgen rays, the redness disappeared, and no ulcer occurred until six weeks later, when the patient had left hospital, and presumably less care was bestowed on the injured skin. A painful result of X-ray work to the operator, is a chronic dermatitis, which generally occurs on the backs of the hands. The position is accounted for from the fact that this part is usually brought nearest the tube. A dryness and wrinkling of the skin occasionally takes place, followed by troublesome warts, which are most common upon the knuckles (8).

There is a great similarity between lightning stroke accidents and those from electrical apparatus of various kinds. The former are rare in this country. I have never seen one. An interesting case is recorded (9), which occurred in the Transvaal in 1901. A non-commissioned officer was sleeping with three other men in a tent, when a thunderstorm of great severity burst over the country, and suddenly an electric discharge killed his companions. The man who escaped with his life experienced a throbbing, burning pain in his right elbow, and pin and needle sensations extending over the thigh and leg of the same side. These impressions lasted for a few minutes only. He lost the use of his arm and leg for half an hour, but consciousness never left him. He also had several skin wounds, varying in size, and corresponding to perforations in his riding breeches and socks. He made a good recovery.

As to treatment. For burns and their results, ordinary surgical remedies are required. For those who are apparently dead from the discharge of a high electrical current, artificial respiration should be used at once.

St. Bartholomew's Hospital Contemporary Clubs.

THE Sixth Decennial Club held its annual dinner on Wednesday, June 29th. We regret that we have been unable to obtain a full report; but we have heard that only thirteen of its members were present, and that those in authority are of opinion that the Club has outlived the purpose of its youth, and that it would be better for all the Contemporary Clubs to amalgamate for a general dinner during the Summer Term. Such a question as this can only be decided by the members of the Club itself.

THE Seventh Contemporary Club came of age on July 6th, and held its Annual Dinner at the Trocadero Restaurant under the able and genial chairmanship of Mr. Ernest G. Colville, of Ashford. At the first dinner of the Club held twenty-one years ago with its co-Secretary, Mr. Anthony Bowlby in the chair, there was a muster of 45 members. Since that date there have never been less than 50 present, the record being 91. On the present occasion 75 sat down, and these included the following:

G. F. Aldous.	A. K. Holt.
R. C. Bailey.	W. H. Jessop.
W. Balgarnie.	Owen Lankester.
Gilbert Barling.	L. A. Lawrence.
K. D. Batten.	T. M. Legge.
F. D. Bennett.	C. P. Lukis.
James Berry.	A. Lyndon.
T. H. Bokenham.	L. Mark.
A. A. Bowlby, C.M.G.	A. Maude.
R. D. Brinton.	J. H. Menzies.
Oswald A. Brown.	J. D. E. Mortimer.
J. Calvert.	H. Myddelton-Gavey.
Ernest Clarke.	Stephen Paget.
Oscar W. Clark.	C. A. Parker.
F. E. A. Colby.	W. B. Paterson.
E. G. Colville.	D'Arcy Power.
R. G. Cross.	H. M. Ramsay.
C. F. Cuthbert.	Hugh Rayner.
P. C. Dadd.	W. S. Richmond.
J. H. Drysdale.	C. H. Roberts.
W. McAdam Eccles.	J. P. Roughton.
F. A. Edelsten.	C. E. Shelley.
J. Elliott.	J. Anderson Smith.
W. N. Evans.	L. M. Snow.
F. C. Evill.	Holmes Spicer.
H. Morley Fletcher.	J. F. Steedman.
E. P. Furber.	Guy Stephen.
A. E. Garrod.	A. F. Street.
W. J. Gow.	F. Stroyan.
F. Edridge Green.	W. A. Sykes.
L. Guthrie.	H. H. Tooth, C.M.G.
R. J. Hamilton.	M. L. Trechmann.
C. O'Brien Harding.	G. L. Turnbull.
F. Heasman.	F. C. Wallis.
Charles J. Heath.	C. P. White.
W. F. Heath.	Edgar Willett.
W. P. Herringham.	F. Womack.
Philip Hicks.	

The toast of His Majesty was received with acclamation, all his good work for the Hospital on this auspicious day being thus duly acknowledged. The Chairman announced

that the sister hospital of Guy's were also holding a dinner in an adjoining room, and that a message of cordiality had been sent to its chairman, who had responded in felicitous terms. In proposing the toast of the evening, that of the Club, Mr. Colville drew the attention of the company to the fact that the attendance at the annual gatherings of the Club did not show much evidence of diminishing, and thus the close tie of friendship among the members was clearly brought out. He did not like to venture to say that the period from which the members were drawn was one of the best in the history of the School, but he verily believed it was. From 1875 to 1885 was the time which saw the birth of the Dramatic Club, a worthy representative being present in the person of Mr. Owen Lankester. Also the Musical Society was inaugurated, and still flourished. The Junior Staff commenced their annual entertainments, and they still continue them. The many athletic clubs of the Hospital were banded together in the Amalgamated Clubs, and this has now advanced, as he had seen in the excellent JOURNAL, into the Students' Union. Last, but by no means least, he believed that it was due to the initiative and energy of certain members of the Club who were on the Staff of the Hospital, that this day had seen the Foundation Stone laid by His Gracious Majesty the King of the first block of those new buildings which were to make the old Hospital again the first of its kind in the City, the Kingdom, the Empire, and the World. (Cheers.) It is needless to say that the toast was received with enthusiasm. Dr. Oscar Clark, of Gloucester, proposed the health of the Chairman, which was drunk with musical honours. Mr. Fred Wallis, as his wont is, took the pleasure of proposing the health of the Hon. Secretaries, Dr. Tooth and Mr. Bowlby. He averred that nothing could recommend this toast better than the simple fact that they were Dr. Tooth and Mr. Bowlby, and that the success of this evening, and the many others which had preceded it, was entirely due to these two gentlemen. Again the company toasted the officers and sang their praises. Mr. Bowlby, in his reply, stated that he considered that it was a most happy circumstance that the day of the dinner happened to coincide with the ceremony of the laying of the Foundation Stone of the new buildings. He felt sure that all present, each of whom had the welfare of the Medical School as well as of the Hospital at heart, would be gratified to hear that the first block to be erected, the foundation stone of which had been so happily laid that very morning, would contain most excellent quarters for the Resident Staff, a Dining Hall capable of seating 150 students, besides common rooms, etc. Thus those who did so much work within the wards, and who were acquiring their medical education, would be provided for not only far better than they had been in the past, but in a manner equal or superior to that in other institutions. He would particularly wish to draw the attention of those present to the Hospital JOURNAL, which might be a link between all old students, and should

The United Hospitals' Athletic Club.

THE United Hospital Sports were held at Stamford Bridge on Saturday, July 9th, in perfect summer weather. The only drawback to the success of the day was that St. Bartholomew's did not retain the Shield. This was partly owing to bad luck and partly owing to bad management in arranging our competitors for second place. Perhaps it is a good thing for us, for we have got into the habit of looking upon the Shield as our property and leaving the winning of it to chance. Next year we shall expect to see the committee arranging for first and second strings in every race with the utmost care and precision, and compelling the selected representatives to get fit and train properly for their events. We know that there is a great deal of promising material among the junior men of the Hospital. These want encouragement and practical advice, while the older men, who still can win races, want treating with tact. They too can be induced to train, in spite of the stiff limbs and creaking joints which they, metaphorically, thrust down the throat of an enthusiastic secretary. Having thus explained away our defeat, it remains to say that all the events were very exciting as far as London, St. Bartholomew's, and Guy's were concerned, but the other hospitals were nowhere. Orton, who was not feeling at all well, managed to win the 100 yards, but was only second in the 220 and 440. Candler ran splendidly and won the mile and three miles. Young won the weight with great ease, putting 37 ft. Our other representatives showed promise, but were not quite good enough to be placed. We shall expect more from them next year, because, come what may, we must have that Shield back again in the Library.

Notes on New Preparations.

Hovis Food (The Hovis-Bread Flour Co., Ltd., Macclesfield). We beg to draw the attention of our readers to the various articles of food manufactured by the above company. Their food for infants and invalids has already received well-deserved notice in our columns; we have also had opportunities of testing the various other products of their works, and take this opportunity of mentioning the excellent brown bread, which is well worth a trial.

The Clubs.

STUDENTS' UNION.

A meeting of the Union Council was held on Tuesday, June 21st, at 5 p.m., in College C1, Dr. Herringham, the President, in the chair.

The patterns of the Hospital hat-bands, blazers, etc., were again considered. A full report by the sub-committee

serve to bind them together. A special issue would appear containing an account of the proceedings of the day, and he thought it would be happy if every one present and their friends would begin to subscribe to the JOURNAL with this issue, if they did not do so already. Dr. Tooth paid a compliment to the energy with which Mr. Bowlby had whipped up members for the Club from the Junior Staff of the ten years of its formation, evidence of which was apparent by the large number of those present who had served in the resident offices. The shortness of the toast list enabled many old friends to chat with one another before the pleasant evening came to a close from the lateness of the hour.

THE Eighth Decennial Club held its tenth Annual Dinner on Wednesday, June 29th, at the Imperial Restaurant. The chair was occupied by Mr. McAdam Eccles. There were only forty-three present out of a total of 515 members on the books of the club, and those members who see this account in the JOURNAL will perhaps make a note of the fact that the dinner is held each year about the last week in June, and should this time not seem to be convenient, it may be that members, and particularly country members, would suggest to the Hon. Secretaries an alteration that would enable them to attend in larger numbers.

Among those present were no less than five members of the Staff of the Hospital, a matter of interest seeing that the club has been able to provide so many for this enviable position. These were Dr. Calvert, and Messrs. Waring, Eccles, Bailey, and Harmer. We regret that we have not received a complete list of those present at the dinner. After an excellent menu had been appreciated, the chairman proposed the health of His Majesty, trusting that he would be in the best of health and strength for the duty that he was so graciously to perform on July 6th. In proposing the prosperity of the club and the health of its members, Mr. Eccles much regretted the smallness of the attendance, but was able to point out that at least two were absent for the very good reason that they were being married, namely, Dr. W. Morley Fletcher and Dr. J. Sandilands, to both of whom the club's good wishes would go. He drew attention to the fact that this year was a crisis in the history of the Hospital, and he was glad to be able to state that the new Out-patient and Special Department block would be built without any interference with the work of the Hospital or the medical school. He hoped that at the next dinner a large number would be present, and would be able to hear that the new building was well under weigh.

Dr. John Atlee proposed the health of the Chairman, and the toast of the Hon. Secretaries having been duly honoured, the company dispersed in groups to continue the enjoyment of the evening in various ways.

appointed to inquire into the matter will be published as soon as possible.

It was decided that a representative of the students of the Hospital should be sent to the Inter-University Congress of Students to be held at Manchester, on June 30th and following days. Mr. Gauvain was selected as the representative.

It was announced that the Abernethian Society had decided to hand over the control of the Abernethian room to the Students' Union, but the details of the transfer were being considered by a sub-committee of the Abernethian Society elected for the purpose, and a report would be presented later.

Mr. Harmer acquainted the meeting with the arrangements that had been made for catering for students.

Mr. Harmer and Mr. Loughborough reported that suitable bicycle accommodation for students might be provided by the erection of a shed near the chemical laboratory. The secretaries were directed to call the attention of the Medical School Committee to the matter.

Mr. Gauvain laid information before the Council concerning the forthcoming visit of the King and Queen to the Hospital.

Suggestions from the suggestion book were considered.

CRICKET CLUB.

ST. BART'S v. ADDLESTONE.

This match was played at Addlestone, on Saturday, June 11th, and ended in an easy victory for the Hospital. For the Hospital Page and Bowen were chief scorers, getting 49 and 40 respectively.

SCORES.

ST. BART'S.		ADDLESTONE.	
W. B. Griffin, b Paine.....	2	J. C. Adams, c Nealor, b Page.....	61
W. S. Nealor, b Ottaway	33	J. H. Hichin, c Page, b Griffin.....	16
G. Viner, b Adams.....	25	A. H. Bell, c Page, b Gaskell.....	17
J. F. Gaskell, b Ottaway.....	6	R. S. Paine, c Griffin, b Gaskell.....	11
J. M. Smith, c Cobbet, b Pratt.....	29	F. Cobbet, c Page, b Gaskell.....	1
E. de Verteuil, b Adams.....	4	T. Snellgrove, b Smith.....	9
Tha Htoon'oo, c and b Adams.....	12	J. Hardwicke, c and b Page.....	4
Adams.....	12	A. Young, b Page.....	0
G. Bowen, b Paine.....	40	D. Horrocks, c De Verteuil, b Gaskell.....	1
L. F. K. Way, b Paine.....	0	C. Ottaway, c Bowen, b Nealor.....	11
G. F. Page, c Horrocks, b Ottaway.....	49	E. W. Pratt, not out.....	3
J. Postlethwaite, not out.....	19	Extras.....	10
Extras.....	23	Total.....	144
Total.....	242		

BOWLING ANALYSIS.

	Overs.	Maidens.	Runs.	Wickets.
Gaskell.....	25	6	68	4
Page.....	17	8	24	3
Griffin.....	9	2	33	1
Smith.....	2	0	4	1
Nealor.....	2	1	4	1

ST. BART'S v. ENFIELD.

This match was played at Enfield, on Wednesday, June 15th, the home team winning by 38 runs. For the Hospital Griffin batted well for 53 not out.

SCORES.

ST. BART'S.		ENFIELD.	
J. M. Smith, b Starkey.....	24	H. L. Toms, b Page.....	15
J. Morris, run out.....	0	W. Gifford, c Page, b Griffin.....	0
C. H. Cross, c and b Burns.....	2	M. Chambers, b Page.....	1
S. H. Andrews, b Burns.....	0	G. Neal, c De Verteuil, b Page.....	15
W. S. Nealor, c Toms, b Burns.....	8	S. Starkey, b Page.....	36
L. L. Phillips, b Starkey.....	1	Rev. W. Burns, c Griffin, b Smith.....	10
W. B. Griffin, not out.....	53	L. Fevez, l-b-w, b Griffin.....	7
J. F. Gaskell, c Starkey, b Gomm.....	10	M. Jenkins, run out.....	19
E. de Verteuil, c Gomm, b Toms.....	15	W. Bailey, c Nealor, b Griffin.....	17
G. F. Page, l-b-w, b Starkey.....	12	J. Gomm, c De Verteuil, b Page.....	31
J. Postlethwaite, c sub, b Gomm.....	5	W. Barrant, not out.....	5
Extras.....	0	Extras.....	12
Total.....	130	Total.....	168

BOWLING ANALYSIS.

	Overs.	Maidens.	Runs.	Wickets.
Page.....	21	3	59	5
Griffin.....	7	1	27	3
Smith.....	6	2	19	1
Gaskell.....	6	0	45	0
Nealor.....	2	0	6	0

ST. BART'S v. HAMPSHIRE.

Played at Hampstead, on Saturday, June 18th, in magnificent weather. The match resulted in an easy win for Hampstead, chiefly owing to the batting of Barnett and bowling of the veteran F. R. Spofforth.

SCORES.

HAMPSHIRE.		ST. BART'S.	
E. E. Barnett, c Viner, b Gaskell.....	127	J. M. Smith, b Spofforth.....	4
G. Crosdale, b Page.....	11	L. V. Thurston, st Crosdale, b Spofforth.....	21
J. S. Wheeler, l-b-w, b Gaskell.....	0	P. R. Parkinson, b Spofforth.....	3
Gaskell.....	0	W. B. Griffin, b Spofforth.....	0
E. L. Marsden, b Griffin.....	41	W. S. Nealor, c Herbert, b Wheeler.....	22
T. N. Farniloe, c and b Griffin.....	6	G. Viner, st Crosdale, b Wheeler.....	30
A. R. Trimen, b Page.....	29	A. H. Pinder, b Wheeler.....	1
H. R. Herbert, b Page.....	0	J. F. Gaskell, b Marsden.....	2
F. R. Spofforth, b Gaskell.....	10	E. de Verteuil, b Spofforth.....	1
S. C. Cossor, b Page.....	4	G. F. Page, l-b-w, b Cossor.....	4
H. F. Lott, b Page.....	4	L. L. Phillips, not out.....	0
S. S. Pawling, not out.....	4	Extras.....	16
Extras.....	6	Total.....	104
Total.....	241		

BOWLING ANALYSIS.

	Overs.	Maidens.	Runs.	Wickets.
Page.....	20	9	65	5
Gaskell.....	21	3	82	3
Griffin.....	8	0	49	2
Pinder.....	4	0	22	0
Smith.....	4	0	14	0

ATHLETIC CLUB—THE SPORTS.

For the first time in the annals of the club the sports were held at Winchmore Hill, and in spite of the prophecies of many were a great success. We have never seen more spectators at the sports before, and all the events were slightly better contested and not less exciting than usual; in fact, there was more enthusiasm generally. It was a beautiful day, and the ground looked green and refreshing in pleasing contrast to the uninteresting outlook on the Stamford Bridge ground, where the sports have been held in previous years. Among the spectators there were a good many members of the

nursing staff, in spite of the fact that the invitation only reached them at the eleventh hour. The Staff always back up the sports nobly, and this year was no exception to the rule. More students than usual honoured the club with their presence, but still it was a very small percentage of our number.

A very fair track had been prepared, although it was not on cylinders. There were several new events to add interest for the spectators and competitors—for instance, the tug-of-war, egg-and-spoon race, and the relay race, which was without doubt the most exciting event of the day.

Orton won all the sprints easily, but the other events were fairly divided among many competitors, as may be seen from the following list of events.

100 Yards Level (Challenge Cup presented by A. A. Bowly, Esq., C.M.G.).—1. W. H. Orton; 2. B. A. Keats. One Mile Handicap.—1. A. I. Candler (scr.); 2. A. R. Snowden (50 yds.).

Putting the Weight Handicap.—1. F. P. Young (scr.); 2. F. C. Trappell (5 ft.). Distance 36 ft.

440 Yards Level (Challenge Cup presented by Mrs. Harrison Cripps).—1. W. H. Orton; 2. B. A. Keats. Long Jump Handicap.—1. B. N. Ash (scr.); 2. L. F. Way (6 in.).

120 Yards Handicap.—1. W. H. Orton (scr.); 2. F. J. Gordon (6 yds.).

120 Yards Hurdle Handicap.—1. L. F. Way (owes 3 yds.); 2. A. H. Hogarth (owes 6 yds.).

Half-mile Handicap.—1. J. H. Becton (75 yds.); 2. A. R. Snowden (55 yds.). Throwing the Hammer.—1. R. C. Berryman (29 ft.); 2. H. T. Wilson (10 ft.).

Relay Race (teams of four from Hockey, Rugby, Association, Swimming, and Cricket Clubs; each competitor runs a quarter of a mile).—1. Association; 2. Swimming.

High Jump.—1. R. C. Berryman; 2. H. C. Waldo. Junior Staff Race.—1. R. B. Etherington-Smith; 2. A. H. Hogarth.

Sack Race.—1. P. Gosse. Egg-and-Spoon Race.—1. R. C. Berryman. Tug-of-War (teams representing respective years).—1. Sixth year; 2. Fifth year.

After the sports were over, Mrs. Bowly very kindly gave away the prizes, and so ended a very successful day. The best thanks of the Committee are due to all those members of the Staff who so kindly officiated as judges and starters, etc., during the afternoon.

SWIMMING CLUB.

ST. BART'S HOSPITAL v. BLOOMSBURY HOUSE.

At the beginning of this match, played at the Holborn Baths on June 13th, play on both sides was very loose; this was probably due to the slippery ball, but soon after the start Trappell scored a goal for us and then our opponents scored with a shot which Hanschell should have saved. The Hospital team, however, got more together and added two goals and we had the game all our own way. Trewhy scored very neatly from a corner shot. Three more goals were added before time, the lion's share of the score falling to Trappell, who scored four, Trewhy and White being responsible for the remaining three.

Team.—J. G. Watkins (goal); R. C. P. McDonagh, H. M. Hanschell (backs); C. F. O. White (half-back); F. Trewhy, A. Ryland, F. C. Trappell (forwards).

ST. BART'S HOSPITAL v. QUEEN'S WESTMINSTER R. V. C.

Played on June 15th. Our opponents were two men short, so we gave the services of Ryland to them and played six a-side. The combination of the opposing team was weak, but our team was well together and played a very sound game. Trewhy and Trappell each scored early in the game. Carter played a strong game at back and Ryland made several good long shots which were saved by Hanschell. Before half time the Hospital had scored two more goals. Shortly after restarting Watkins made a great effort, swimming up the bath and scoring with a telling shot. Before time four more goals were added by Trewhy, Trappell, Watkins, and White, leaving the Hospital victors by 9-0.

Team.—J. G. Watkins (goal); R. C. P. McDonagh, H. M. Hanschell (backs); C. F. O. White (half-back); F. Trewhy, A. Ryland, F. C. Trappell (forwards).

ST. BART'S v. EALING.

This match, played at Ealing on July 8th, resulted after a close game in a victory for the home team by 2-1.

The Hospital pressed for the first few minutes, but Ealing, getting more together, managed to score a goal. At once our opponents began to press again, but our backs were equal to the occasion. The game was very even till just before half time when Ealing scored again. After half time the Hospital made a great effort and Watkins especially showed much dash; he carried the ball right up several times but failed to score, but very soon one of our forwards scored a goal for us. Ealing then made the running, but Hanschell was equal to every occasion, saving several shots in fine style. When time was called our opponents were left victors by the above score.

LAWN TENNIS CLUB.

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

This match was played at Winchmore Hill on July 9th, and resulted in a win for the Hospital by 5 matches to 4.

After the match the two teams returned to the Hospital, and dined together in the Hall, where an excellent dinner was provided, and the evening ended very pleasantly with refreshment in Mr. V. G. Ward's room. Team:

J. G. Slade. } B. B. Riviere. } W. H. Woodburn. }
P. Black. } N. Waylen. } V. G. Ward. }

Consultations.

JUNE 16TH.—Mr. Eccles showed a case of a tumour of the nose in a man et. 76. The patient first noticed that there was some obstruction in the right nostril twenty months ago; his breathing was interfered with, especially at night; there was a little pain; fourteen months ago bleeding from the affected nostril occurred; two months later an operation was performed on the nose at another hospital; the obstruction in the nose again appeared about six weeks afterwards, and has increased up to the present time. The right nostril was occupied by a small growth, and there was a small ulcer in the skin just below the inner angle of the eye, and a soft mass could be felt in the posterior nares.

Mr. Eccles thought that the tumour was malignant, probably arising in the muco-periosteum, covering a turbinate, and not from the antrum; its exact site of origin, however, was difficult to make out. He thought the prognosis was bad, and was afraid that a complete removal of the growth was not possible. An operation to relieve symptoms might be done.

Mr. Bowly thought the case a serious one except for the long history, and if the growth was one arising from the mucous membrane of the upper part of the nose it was not so liable to affect the lymphatic glands. He would take out a piece and examine it microscopically. He would slit the nose and remove as much of the growth as possible, and then scrape its base. He was afraid that the whole of it could not be removed.

Mr. Bailey agreed with Mr. Bowly, but he was rather adverse to operating on the man at this advanced age.

Mr. Harmer did not feel sure as to the origin of the tumour. He would anaesthetise the patient and try to find its attachments, and thought something should be done to relieve the patient's symptoms.

Two days later Mr. Eccles operated on the patient; the nose was slit, and two large masses of soft growth removed from its interior, apparently springing from the muco-periosteum of the front of the upper turbinate. The ulcer was also removed with a portion of the surrounding skin. Microscopically both growths proved to be carcinoma.

JUNE 23RD.—A girl of 15 was shown by Mr. Bowly. She was suffering from a tumour of the nose with secondary involvement of the glands of the neck and axilla. The duration of the disease was about three months, and the chief interest in the case lay in the early involvement of the lymphatic glands in connection with sarcoma. The primary growth filled up the nostril and projected

into the pharynx. Mr. Bowly thought the case was one of sarcoma of a very bad form, and very unfavourable for operative interference.

Mr. Langton was of opinion that the growth was sarcomatous, and originated in the superior maxilla. Nothing could be done.

Mr. Eccles and Mr. Bailey both concurred in this opinion.

JUNE 30TH.—Mr. Eccles showed a man of 77, an engineer, with a pulsating swelling in the region of the left subclavian artery. Pain had been noticed six weeks before in the thoracic wall on the left side, and a crop of herpes appeared just below the left nipple. There was now present a swelling both above and below the clavicle, and pulsation could be seen in both situations; a bruit could be heard over the artery; there was little or no difference in the radial pulsus. Mr. Eccles thought the artery was dilated, and possibly a true sac was forming seeing that the swelling had increased during the past few weeks while the patient was under observation. He also thought there was something under the artery, such as a mass of enlarged glands. On account of the patient's advanced age and the comparatively rapid increase in size of the swelling he was not inclined to operate.

Mr. Langton was doubtful as to the exact nature of the condition. He did not think it an ordinary aneurysm; the artery was dilated, but it could be displaced from over the swelling. The opposite subclavian artery was also enlarged. He would not advise anything to be done.

Mr. Cripps was of the same opinion as Mr. Langton. He thought the swelling might be something in the nature of an osteoid thickening of the first rib. He would not operate.

Mr. Bruce Clarke agreed with the previous speakers. He commented on the rapid increase in size of the swelling, and advised that the case should be watched.

Mr. Bowly, while agreeing that there was no aneurysm present, mentioned that these enlargements of arteries in old people were liable to undergo cure, or at any rate to remain stationary.

Mr. Waring thought there were two conditions present, a dilatation of the artery and a swelling due to enlarged glands. The glands might be secondary to some malignant growth in the abdomen.

Mr. Bailey thought there might be some growth in the vertebrae, the artery was dilated in a fusiform manner, and he agreed that nothing should be done yet.

Mr. Bailey showed a very interesting case of locomotor ataxia with Charcot's disease of three large joints, viz. both wrists and the right elbow. The wrists had been affected some time, but the elbow had only been attacked about six weeks, and during this time the whole joint had become disorganised, and the elbow and forearm very greatly swollen. The patient, a man of 48, only complained of the great weight of the arm; there was no pain. In 1888 he had been treated in the electrical department for paralysis of the right side. No surgical treatment was suggested. The patient has since died.

Round the Mountain.

THE sudden appearance of fish in the fountain has set the ultra-scientists a-thinking. We have heard two theories proposed, each with staunch supporters. (1) "*Ex nihilo nihil fit*," the theory of abiogenesis. (2) "All is not gold that glitters;" or, how to become rich—through a doctor. But we know that the fish were the free-will offering of a grateful patient's friend after he had dined sumptuously on beer and gin. He was asked for flying fish and alligators, but he only brought gold fish and carp, and half the number he promised—for diplopia was his disease.

From another point of view the fish are useful. They afford an opportunity for the more youthful patients to become initiated as disciples of Isaac Walton, and to get practice for "stickleback" hunting in the Serpentine.

However, it is the fish or the near approach of an angling holiday that has stimulated our poet's muse to sing. We found him asleep at midnight in the Square dreaming thus—

REVERIE.

I hear the roar of distant falls
Which echo up and down the dale,
I hear the rustle of the birch
Which scorns the hill and hugs the vale;
I see the deep and silent pool
Where lurks my friend behind a rock,
I see the shining gleam of white
Where lies my luring Highland "Jock."

I wake, and hear the roar of wheels
That never cease by night or day,
I hear the rustle of the plume—
Of even's breeze the sport and play.
I see the fountain's silent pool
Where myriad chimneys leave their trace,
I see a score of golden tails,
And hear the porter say—a case.

G. H. H. A.

But speaking of diplopia, we heard a physician, while examining a difficult nervous case, ask this question, "Do you ever see double?"

Patient (mindful of an occasional night out, replied with some hesitation).—Er—very seldom, sir!

Correspondence.

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

DEAR SIR.—I should like the counsel and advice of your readers on the following case:—I am M.O.H. of a small urban district. One day in May I received from the other medical gentleman practising in the place a notification of diphtheria. The man affected was an ex-urban district councillor, and one prominent in local affairs, and therefore likely to be acquainted with the law. On the same day on which I received the notification, whilst driving through the town, I met the patient, who was walking. I got out of my trap, and told him it was very dangerous for him to be out, and that he should isolate himself. His reply was, that he could not stay indoors, and that his doctor advised him that he might go out, as there was no danger. About half an hour later I met him again, and then told him he was rendering himself liable to a prosecution. He continued to frequent public places, and attended his chapel two days after the notification. In due course, at the council's next monthly meeting, I reported the case; and it was decided to prosecute him for wilfully exposing himself whilst suffering from an infectious disease. The defence at the hearing was, 1, that the exposure was not wilful as he was obeying the instructions of his medical adviser; and 2, by the doctor, that the case was no longer contagious. The medical gentleman, in his evidence, stated that he first saw the case on the day previous to the notification, and found the patient had then been ill four days with a sore throat. He was doubtful whether it might not be a case of diphtheria. On the following day he again saw him at the surgery, and came to the conclusion that he was recovering from a mild attack of diphtheria. There was not then, and had not been on the previous day, any membrane on the fauces. He told the patient that any spoons, cups, etc., that he used must be boiled, and that he must not kiss his

children; but yet that he might go abroad and mix with his fellow-creatures, and continue living with his family. An extract from an 1895 edition of *Parker's Practical Hygiene* was read, in which it was stated that, in a large percentage of cases of diphtheria in which the faucial exudation was examined three days after the commencement of the disease, no bacilli were discovered. Relying on this he concluded there was no danger. Nevertheless the patient was advised not to kiss his children, etc. No bacteriological examination was made. The defendant was convicted and fined £3 odd, including costs. Now, sir, what I want to know is this—

1. Is not a medical officer of health legally bound to enforce the isolation of infectious disease even though in opposition to the opinion of another medical man? It is a ticklish point when you take into consideration the unfortunate jealousies and party feeling excited in a small community.

2. Is it possible for a case of diphtheria, however slight, to be free from infection within five days of the commencement of the attack? I can imagine that were antitoxin used it would curtail the period of infection. In this case it was not employed. Even had it been would not five days have been too short a time?

3. How is the contagion of diphtheria conveyed? The medical gentleman in question allows his patients suffering from this disease to sleep in the same bed with other children, mix generally with the other members of the family, and presumably to attend a crowded and stuffy chapel, saying there is no danger.

Personally I take it that three weeks' strict isolation is the minimum, and that the contagion can be conveyed by the breath, either by the process of coughing, sneezing, or even perhaps breathing, in close proximity to another person. If this is not so, what is the good of disinfecting a room after a case of the disease? Is it necessary or not?

I must really apologise for the length of this effusion, hoping that the disturbed state of mind in which I find myself will be my justification.

I am, Sir, yours etc.,
H. M. S.

Reviews.

FRACTURES OF THE SKULL. By LOUIS BATHE RAWLING, F.R.C.S. (Publishers: Young and Pentland, pp. 02.) Price 3s. 6d. net. This is a small book comprising the three Hunterian Lectures delivered before the Royal College of Surgeons in 1904.

The author starts in the first lecture by giving a critical survey of the various theories of the causation of fractures of the skull and fractures of the base in particular, as have hitherto figured in the text-books. The chief point brought out is that direct violence is responsible for a far greater proportion of all basic fractures than is usually supposed, and the author contends that most basic fractures are the result of forces applied directly around the basic level. This contention is well supported by numerous observations, and representations of specimens illustrating the point are shown.

The second and third lectures are devoted to hemorrhages and to injuries to nerves, and they are of importance in that suggestions as to lines of treatment are carefully considered.

Mr. Rawling is much to be congratulated on this excellent little book; it is the result of much painstaking study, and, like most good things, has the merit of being short. The general get up, the printing and illustrations are excellent, and if there is a fault to be found it lies in the fact that there are one or two misprints, one in particular on page 9, which completely upsets the meaning of the sentence.

BIOGRAPHIC CLINICS, vol. ii. By GEORGE M. GOULD, M.D. (London, Keegan, Limited.) 5s.

Fourteen distinguished literary persons of the nineteenth century suffered from sick headache brought on by reading and writing; such sick headaches are not infrequently due to eyestrain, therefore the medical profession has been guilty of criminal neglect in wilfully refusing to recognise the fact.

The syllogism does not obey the rules of logic, but it is a fair representation of the author's reasoning. We cannot feel surprise at the unflattering reputation given to his first volume on the subject, which we were happily spared from reading; the present one "makes us tired" as the Americans say, and yet we feel no doubt that there

is a germ of truth in the author's contention; uncorrected errors of refraction are a potent cause of ill-health, there is no doubt of that fact, and it has been widely recognised in this country, and we should imagine in America also. But eyestrain, according to the author, plays a large part in the manufacture of criminals and epileptics, and of practically all neuroasthenical and hysterical patients. It is too much of a demand on our faith; we want something more than Dr. Gould's fiery rhetoric, some plausible show of reasoning or scientific evidence. If Dr. Gould wishes to secure attention let him take his two volumes and sit down quietly for some six months; let him strike out, first of all, every adjective in his book; that alone will reduce the size of the present volume by many pages; then let him take out all the padding of quotations which, as he himself laments, add nothing to our knowledge, and he will find that he will be able to publish a volume of some 100 pages which will be possibly of some value to the world. One curiosity possesses us. What is Dr. Gould's own error of refraction, and how far has he corrected it? We fancy he would write a better book if he would consult a colleague.

HUSBAND'S FORENSIC MEDICINE, TOXICOLOGY, AND PUBLIC HEALTH. Revised by BUCHANAN and HOPE. 7th Edition. Pp. 724. Price 10s. 6d. net. (Edinburgh: Livingstone, 1904.)

This concise manual on the expansive subject of public medicine can be safely commended to the unexamined student and to the general practitioner, who has often to suggest legal advice in his professional calling. The revisers would be wise, therefore, to hand the proofs of the eighth edition to a legal authority (cf. pp. 179, 205). The recent changes in the scale of remuneration for medical witnesses and the Cremation Act, 1903, are unnoticed. References might be more freely given, as aid from many sources has been freely received. A full note on the circumstantial testimony founded upon the vital reactions of the moribund would be suggestive. In an elementary work the more important and indisputable facts might be indicated by the dogmatism of a heavier type; by small print the fallacies which still abound in these matters might be minimised. The coroner's office is well summarised. A skilled witness is a variety of common, not expert, witnesses. The revised pages on bloodstains are among the best in the book. Infanticide is carefully dealt with. The tabulation of facts and the micro-photographs are valuable features. Food poisoning is well described. As usual, many occupation diseases and "human trade-marks" are not recognised or, in fact, obsolescent with the reign of the Machine and the Factory Laws. Ventilation is clearly discussed; the lot of the steamer passenger might be dealt with. It should be noted that certificates of death do not so much certify the mortal fact as the medical cause, and that for the instruction of the Registrar-General, the unreliability of that statistician's figures is deservedly examined. The dietetic causation of the continued appalling infant mortality is duly enforced. There is an excellent note on clothing.

It would be well to separate more clearly the stated requirements of the English and the Scottish forensic systems. Considering the book is a decided representative of the Edinburgh school, it is a reasonable question to ask, Who is "Dr. T. L. Brinton" (p. 693)? For its reliability, size and price the book is the best of its kind.

A MANUAL OF SURGICAL DIAGNOSIS. By JAMES BERRY, B.S., F.R.C.S. (J. & A. Churchill.) 6s. net.

As is only to be expected from the author's long experience in teaching, this book is an excellent one, and can confidently be recommended to the student as a companion to his ordinary textbook. The habit of looking at any subject from more than one point of view is so obviously one to be cultivated that such a book as this is to be considered almost a necessity.

The first forty pages, constituting Part I, are in the form of general considerations. Part II deals with diseases, and Part III treats of injuries. To consider one or two points in detail. In the instruction in note-taking, for the question "What is the matter with you?" is much better substituted "What do you complain of?" as the former almost invariably in our experience leads to the retort, "Oh! doctor, that is just what I want you to tell me." Page 33: The broad distinction in the diagnosis between lymphadenoma and leukaemia is surely the presence of increase in the number of white corpuscles in the latter with very slight change in the number in the former. Page 25: It should be made quite clear that it is only intra-thoracic aneurism that can be diagnosed by the X rays. Page 29: The first paragraph is a little ambiguous; the anesthetic "*per se*" has no influence in producing an X-ray burn.

"Gottiferous" and "verbal surplusage" we should like to see replaced by honest Anglo-Saxon.

Apart from these few criticisms we must congratulate Mr. Berry on this production.

The index, too, is full and accurate, and printer's errors are conspicuous by their absence.

MANUAL OF SURGERY. By A. THOMSON, M.D., F.R.C.S.ED., and ALEXANDER MILES, M.D., F.R.C.S.ED. Vol. ii. (Young J. Pentland, London and Edinburgh, 1904.) Pp. 723. Illustrations 156, with Index. Price 2 vols. 21s.

The first volume of this work on general surgery appeared some months ago. The second volume completes the work, and deals with "regional surgery." The book is convenient in size and print, being in series with the Students' Manuals, to which Mr. Waring's *Manual of Operative Surgery* also belongs. The woodcuts are numerous, and illustrate a number of valuable pathological specimens and cases of clinical interest. The woodcuts are not, however, equally well reproduced; several come out indistinctly, so that it would be difficult to comprehend what they represented without careful perusal of the text. In spite of this matter, which will probably receive more careful attention at the hands of the publishers in future editions, the book is sure to serve the purpose of students before and after qualification.

The surgical opinions expressed are those which the authors themselves hold, and which are based on their own observations. At the same time they acknowledge indebtedness to the writers of a number of valuable monographs on special subjects, which they have been careful to consult. Thus have they compiled a work which, without losing the characters of direct authorship, possesses all the advantages—to the student—of representing current surgical opinion. One particularly good feature of this volume is the *resumé* on surgical anatomy which appears at the head of each chapter.

We feel we can safely recommend this book to students and others seeking a new work on general surgery.

Examinations.

Mr. Sydney Scott has passed the examination for the degree of M.S.(Lond).

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Appointments.

FINZEL, H., M.R.C.S., L.R.C.P., appointed Assistant House Surgeon to the Walsall and District Hospital, Walsall.

TAYLER, G. C., M.D. Cantab., appointed Medical Officer of Health to the Urban District of Finchley.

WILLIAMS, E. C., M.B., B.S.(Lond.), M.R.C.S., L.R.C.P., appointed Obstetric Assistant in the University of Liverpool.

New Addresses.

BAKES, J. A. P., Finbar House, 802, High Road, Tottenham, N.

BREMIDGE, R. H., 148 A, Sloane Street, S.W.

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WILLIAMS, E. C., 175, Brownlow Hill, Liverpool.

WINDER, M. G., Roberts' Heights, Pretoria.

Birth.

ROBINSON.—On June 27th, at the Grange, Bletchingly, the wife of C. A. Robinson, M.B., B.C., of a son.

Marriages.

HARTLEY—PERRIN.—On July 6th, at St. Mary's, Harrow on the Hill, by the Rev. F. Wayland Joyce, M.A., assisted by the Rev. P. J. Dale, M.A., John Dawson Hartley, F.R.C.S.Eng., elder son of Stephen Hartley, to Margaret Young, second daughter of William Perrin, of Sudbury Court, Harrow.

SOWRY—CADDICK.—On June 23rd, at St. George's Church, Newcastle, Staffs, by the Rev. S. O'Connor Fenton, M.A., Vicar of the Parish, and the Rev. Heywood Harris, M.A., George H. Sowry, M.B., B.S.(Lond.), F.R.C.S.(Eng.), younger son of T. A. Sowry, of Leeds, to Stella, eldest daughter of John Caddick, Brampton Lodge, Newcastle, Staffs.

WOODBRIDGE—ROBINSON.—On the 22nd July, at St. Andrew's Church, Plymouth, by the Rev. W. E. Burroughs, Elliot Wilson Woodbridge, M.B.Lond., of Barnstaple, N. Devon, to Jessie Margaret Robinson, of Horncastle, Lincolnshire.

Acknowledgments.

The *Gazette of Guy's* (2), *The London, St. George's, St. Thomas's, St. Mary's and Charing Cross Hospitals; Middlesex Hospital Journal; The Practitioner and a Special Number; The Hospital; British Journal of Nursing* (4); *The Student; Durham College of Medicine Gazette; The Brooklyn Medical Journal; Medical Review; Climate; L'Echo Medical du Nord; Giornale della Reale Societa Italiana d'Igiene.*

St. Bartholomew's Hospital



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NOTICE.

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

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,

SEPTEMBER 1st, 1904.

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

Editorial Notes.

THERE is very little scope for writing any notes of interest for the September number of a hospital journal. Nothing happens in August or September, so there is nothing to be said. However, we are more lucky than our predecessors in having some one thing of real importance and interest to speak about, and that is the forthcoming "History of St. Bartholomew's Hospital, 1123 to 1905," written by Dr. Norman Moore.

THE writing of the history of the Hospital could have been entrusted to no more trustworthy pen. The readers of the JOURNAL have had several opportunities lately of seeing what interesting things Dr. Moore has to say about the early history of the Hospital in his articles concerning "Rahere's Original Charter" and "Thomas of St. Osyth." This month too we publish another interesting article.

* * *

IT is surprising that so few old Bartholomew's men or present students know anything of the history of their Hospital. St. Bartholomew's is one of the most ancient institutions in London. It was in existence seventy years before London had a mayor, and had flourished for more than a century before there was a parliament of King, Lords, and Commons. The history of its physicians and surgeons is an account of the progress of medicine and surgery from the revival of learning to the present day.

* * *

EVERY Winchester, Westminster, and Eton boy knows something of the history of his school, and surely every alumnus of St. Bartholomew's ought to know something of the history of his Hospital.

However, for the future there will be no excuse for ignorance. We feel convinced that every reader of this JOURNAL will take the present opportunity of becoming a subscriber to the first edition of Dr. Moore's book. He will thus have the twofold satisfaction of possessing a most valuable and interesting souvenir of his student days and also of rendering substantial aid to the Appeal Fund, to which all the proceeds of the book will be devoted. The necessary subscription forms with details of publication accompany this number of the JOURNAL.

* * *

THE book will be published by Messrs. C. Arthur Pearson, Ltd., before Christmas of this year, and will contain numerous illustrations and sketches by Mr. Howard Penton.

* * *

The Chair of Medicine at Oxford University is no longer vacant. The King has been pleased to approve the appointment of Dr. William Osler, D.Sc., F.R.S., to be Regius Professor of Medicine in the University of Oxford in succession to Sir John Burdon-Sanderson, Bart. We congratulate Dr. Osler and the University, for Dr. Osler's experience of organisation gained at the Johns Hopkins University cannot fail to be of the utmost service to the Oxford Medical School, which prides itself upon its efficiency rather than upon its size.

Dr. W. P. S. BRANSON has been appointed Assistant Physician to the East London Hospital for Children at Shadwell. We offer him our most hearty congratulations.

We also congratulate Dr. J. G. Forbes on his appointment as Assistant Physician to the Metropolitan Hospital.

The following nominations have been made for appointments to the Junior Staff:

HOUSE SURGEONS.

October, 1904.—G. H. Colt, H. J. Birkett, C. T. Plowright, W. L. Cripps, J. Burfield.

April, 1905.—W. H. Hamilton, R. H. Bott, B. B. Riviere, A. D. White, W. J. Cumberlandge.

MIDWIFERY ASSISTANTS.

Intern, October, 1904.—H. U. Gould.

Extern, October, 1904.—N. Macfadyen.

January, 1905.—A. H. Hogarth.

OPHTHALMIC HOUSE SURGEON.

October, 1904.—L. Noon.

The Old Students' Dinner will be held in Great Hall, on Monday, October 3rd, at 7 p.m. Dr. Samuel West will be in the chair. Tickets should be obtained from the Honorary Secretary, Dr. Herringham, 40, Wimpole Street.

By an oversight we omitted to record the elections at the Royal College of Physicians in the last number of the JOURNAL. Sir William Church has been re-elected President for the sixth year in succession, and to his already long list of degrees has been added D.Sc.Oxon.

SIR DYCE DUCKWORTH has been re-elected Treasurer, and Dr. Norman Moore appointed Censor, of the said Royal College.

We congratulate Dr. Shruballs on the paper which he read before the British Association at Cambridge in the section of Anthropology concerning the "Physical Condition of the People." He compared the physical characters of hospital patients with those of healthy individuals from the same areas, and made suggestions as to the influence

of selection by disease on the constitution of city populations.

We believe that the Abernethian Society has now definitely made over the control of its room to the Council of the Students' Union. If that is so, we trust that the Council will take up a strong line in preventing the destruction of its papers and furniture, and will employ a servant to keep the rooms clean and in decent order.

The Special JOURNAL Fund for the Pathological Block amounts to £949 *os. 6d.*, while Bartholomew's men have subscribed £7152 *3s. 1d.* towards the General Fund. We regret that we have no space at our disposal for publishing the additional list of subscribers.

The Staff of St. Bartholomew's Hospital in Early Times.

By NORMAN MOORE, M.D.,
Physician to the Hospital.

SINCE the foundation of St. Bartholomew's Hospital, in 1123, many changes have been made in the administration and in the buildings, but these have not altered the intention with which the Hospital was begun and in which it has always continued. It was founded for the benefit of poor men afflicted by sickness or wounds, and the difference between the Hospital in the twelfth century and in the twentieth is that the patients are now more numerous and show a greater variety of disease and injury. Patients have been here from the beginning, and their good is the main object for which the staff of the Hospital exists. Besides the physicians and surgeons, all those important persons who administer the property and control the expenditure of the Hospital, the sisters and nurses who have so useful a part in the work of the wards, the porter, the beadles, the door keepers, the box-carriers, the scrubbers, all these are to be regarded as so many attendants of the patient, as the circumference of a circle of which he is the centre. He remains the same from the time when Rahere ruled here to the present day, when the Hospital flourishes under the presidency of His Royal Highness the Prince of Wales. The details of the work of this circle around the patient have, of course, varied with the increase of knowledge and the changes of the times. In the twelfth century it was the duty of part of the staff to pray for the benefactors living and departed, so that several chaplains are included in the list. In our day a constant addition to the knowledge of medicine, which is of use not only to the patients in the Hospital, but to sick and injured men all over the world, is a recognised beneficent duty which had not been thought of in the twelfth century.

Thus the list of the staff in the twentieth century would require explanation were it read by a man of the twelfth who had never heard of pathologists and demonstrators.

One of the earliest documents which names members of the staff is a charter of the year 1216.

Sciunt presentes et futuri quod ego Ricardus clericus filius Walteri filii Algari Caritatis intuitu pro salute anime mee et pro salute animarum patris mei et matris mee et omnium fidelium defunctorum concessi et presenti carta mea confirmavi donationem et concessionem et confirmationem quam dictus Walterus fecit et carta sua confirmavit Deo et beate Marie et fratribus hospitalis Sancti Bartholomei de Smetefeld de quadam terra et managio cum omnibus pertinentiis suis: Quod idem Walterus habuit et tenuit in parochia Sancti Nicholai apud piscenariam Habendum et Tenendum dictis fratribus in omnibus libertatibus sicut carta patris mei testatur: quam dictis fratribus fecit de predicta terra et managio et omnibus pertinentiis suis Hanc autem concessionem et presentis carte mee confirmationem Ego dictus Ricardus ut rata sit et stabilis maneat in perpetuum sigilli mei testimonio roboravi. Hiis testibus: Magistro Waltero de Londoniis: Thoma: Willelmo tunc capellanus dicti hospitalis: Salomone de Basinges tunc maiore: Constantino filio alufi: Constantino Juvene: Alwredo clerico: Benedicto le seinter tunc vicecomite: Willelmo filio Aliz: tunc aldermanno: Thebaldo de Feringdon: Willelmo filio eius: Hugone clerico.

Richard the cleric, son of Walter, son of Algar, for the welfare of his soul and for the welfare of the souls of his father and mother, and of all the faithful departed in this charter confirms a gift which his father, Walter, son of Algar, made to the brethren of the Hospital of St. Bartholomew, of Smithfield, of land in the parish of St. Nicholas by the Fishmarket.

Richard, the grantor, may have belonged to the family of Hugh, son of Ulgar, who is mentioned as an important man in the City, in the phrase: "In warda Hugonis filii Ulgari," in a record of Henry I's reign preserved at St. Paul's. This conjecture as to his relationship is supported by the fact that Walter, son of Hugh, son of Algar, made a grant to St. Bartholomew's in the time of Adam, the third Master (1147—1166).

The date of Richard FitzWalter's charter is 1216, the first year of King Henry III. This is clear from the fact that Salomone de Basinges was mayor in that year (Stow, ed 1633, p. 528). He had been one of the vicecomites or sheriffs in the seventeenth year of King John, as is shown in the list prepared by Mr. L. Owen Pike from the records of the Exchequer, and published in the thirty-first report of the Deputy Keeper of the Public Records in 1870. That list has no record of the sheriffs for the first year of Henry III, though in the seventeenth year of King John, which extended from May 28th, 1215, to May 18th, 1216, since his years were reckoned from Ascension day (on which he was

crowned) to the following eve of the Ascension, Salomone de Basinges and Hugo de Basinges are recorded as sheriffs "de dimidio anno." Henry III's reign began on the day of his coronation, October 28th, 1216, and this charter shows that Stow's statement is accurate that in the first year of Henry III Salomone de Basinges was mayor, and Benet Scinturer (Benedict le Seinter) one of the sheriffs. The witnesses, Master Walter, of London, Thomas and William, then chaplains of the said Hospital, were members of the staff of 1216. Constantine, son of Alulf, had been sheriff (Thirty-first Report, p. 308) in the last year of King Richard I (1198—99), and William, son of Aliz, had been sheriff in the third year of King John (1201—2). Theobald de Feringdon and William, his son, if the expansion (marked throughout the list or witnesses by italics) of the contraction be correct, show that this local name existed in the city long before the times of William de Farendone (sheriff in 1280—81) and Nicholas de Farendone, to whom the name of the existing wards of Faringdon within and Faringdon without is attributed by Stow.

A charter of a somewhat later year of Henry III, with another list of the staff, is preserved at St. Paul's, and has still attached to it the early oval seal of the Hospital with a noble figure of the apostle, his right hand raised in benediction and his left holding a staff surmounted by a cross. This seal was used by Stephen, who was elected Master in 1166, and it continued in use till the reign of Edward I or Edward II. William le Rous, elected Master in 1327, used (in 1331) another seal of a design in the taste of the Perpendicular period, in which the apostle, under a canopy, holds aloft a flaying knife, the implement of his martyrdom—while on each side of his pedestal are shields with the three lions passant guardant of the royal arms. This seal continued in use as long as the ancient constitution of the Hospital remained, and is affixed to the deed preserved in the Public Record Office by which, on June 25th, 1534, John Breerton, Doctor of Laws, Master of the Hospital, and three of the brethren—John Chewny, Richard Lemyng, and Thomas Hyclyng—acknowledged the royal supremacy.

The second charter of the reign of Henry III, containing some names of the staff, records the sale to William Joyner of a quit rent paid to the Hospital from land and buildings upon it in Melke Street and in Hunilane. For this he paid them nine marks in silver.

The terms of the deed are those in common use at the time, but the first two lines contain the name of a Master of the Hospital, and are also interesting from their mention of sisters as part of the corporate body.

Sciunt presentes et futuri quod ego Hugo Procurator Hospitalis Sancti Bartholomei Londoniarum, et fratres et sorores eiusdem loci vendidimus et quietamclamaverimus extra nos et successores nostros Willelmo Joynier et hereditibus suis. The deed ends with the names of those present.

Hiis testibus. Domino Roberto Capellano: Elia:

Waltero de Hatfelde: Osberto de Campendene: Radulfo Rufo: Ade: loci fratribus: Thoma de Haverhulle tunc Aldemanno: Ricardo Rengeri: Joco filio Petri: Thoma Lamberti: Thoma filio Ricardi: Ada Le Taillur: Ricardo Derekur et multis aliis.

Here are the names of Hugh, the Master, and six of the eight brethren: Robert, the chaplain; Elia, Walter of Hatfield; Osbert, of Campendene; Ralf Rufus, Adam.

This charter, of Henry III's reign, almost refutes the well-known line of Borbonius—

"Omnia mutantur nos et mutamur in illis;"

for did not the President of the College of Physicians, so lately our Senior Physician, often come to St. Bartholomew's from his house near Hatfield, and do not we know Milk Street and Honey Lane, near Cheapside, as well as Hugh and his brethren six hundred and eighty years ago.

Thomas de Haverhull was sheriff in 1203-4, the fifth year of King John. Richard Renger was sheriff in 1221-2, and mayor in 1224. Joco, son of Peter, was sheriff in 1212-13. He appears as a witness in a great many charters of the reigns of John and of Henry III, and the land in King Edward Street between the lodge of Christ's Hospital and the Church passage was given by him to the Franciscans. Thomas Lambert was sheriff in 1221 and 1222.

Constantine, son of Alulf, who is a witness in the former charter, and who often appears in the same company of witnesses, met his death in 1222. He had headed a crowd of citizens in a disturbance said to have arisen in disputes about a wrestling match, and justified his conduct before Hubert de Burgh, the chief justiciar, in the Tower. Hubert handed him over to Falcausius, who took him out to the Elms, in Smithfield, next morning and hanged him. The absence of his name suggests that the charter is after 1222, while the fact that Richard Renger is not described as mayor makes the year 1224 improbable. It is probable that 1223 is the date of the charter.

William Joynier was sheriff in 1222, and was elected mayor in 1239, but King Henry deposed him. He was a benefactor of the Franciscan Monastery next St. Bartholomew's.

Hugh was procurator, as the master was often designated, at some time between the death of Alan, the fifth master, in 1211, and the appointment of Bartholomew the chaplain as master by the Bishop of London in 1241.

In the list of Masters made on the Hospital in the reign of Henry VI Hugh is placed as fifth master in the reign of Henry II, but all the charters which bear his name show that he belonged to the end of the reign of John and the early part of the reign of Henry III. He was, in fact, a contemporary of William who is stated to have been procurator from 1212 to 1240. In the list no year is given to Hugh either of accession or of death, but he is described as

"Primus magister capellanorum," and to have succeeded the "primus magister secularis secundum formam electionis." The day of his death is mentioned as April 15th, and was probably taken by the Rediturius from the Martyrology of the Hospital, in which were recorded the days of the obits of all whose anniversaries were commemorated in the Hospital Chapels of the Holy Cross, of St. Catharine, of St. Andrew, and of St. Nicholas. For part of the time between 1212 and 1241 it is possible that the Hospital had two contemporary procurators. One may have been absent in Rome or elsewhere, and the other have then acted for him. I have hitherto been unable, after much investigation, to determine any time when William was certainly not procurator, or when Hugh certainly was not in office in their common period.

The list of Masters of the Hospital, finished by John Cok in the reign of Edward IV, has never been printed, and may appropriately end this contribution to the history of the staff of St. Bartholomew's. The list is headed: "Nomina Magistrorum Hospitalis Sancti Bartholomei nuncupati in Honore Exaltacionis Sancte Crucis Fundati." In the original list sometimes the years of Our Lord, sometimes the regnal years, and in some cases both are given. I have, in general, translated only the names and designations.

1. Raberus: Founder: in the time of King Henry I—in his twenty-third year—then founded the place—1123.
2. Hagno: cleric: in the time of the rule of King Stephen—the second year—1137.
3. Adam: trader: the first Master of the Regular and Lay brethren—in the time of King Stephen—the twelfth year—1147.
4. Stephen: procurator: the first secular master according to the form of election—the twelfth year of Henry II—1166.

Adam had been appointed by Thomas of St. Osyth, the Prior. Stephen was elected in accordance with the provisions to the deed of composition between Thomas and the Hospital.

5. Hugh: procurator: first Master of the Chaplains, who died April 25th.
6. Alan: priest: procurator A.D. 1182—in the time of King Henry II. He died 1211.
7. William: procurator: 1212—1240.
8. Bartholomew: chaplain: 1241—1270.
9. John de Eylesburyc: custos: 1270—1271.

Between 9 and 10 a name is probably omitted.

10. John de Walton. 1282.
11. John de Camerwell 1283.
12. Geoffry Fynston 1284—1287. He was deposed by Master Hugh de Colingham and Master Thomas de

Bowstede, comissioners of Richard, Bishop of London.

This was Richard de Gravesend, Bishop of London, 1280—1303.

13. Thomas de Wyttester: otherwise called Enefelde: rector of the church of Downham 1287—died June 17: 1298.
14. Hugh de Rothwell: procurator: 1302.
15. Adam de Rothing: 1305.
16. John Terfelde: 1311.
17. William de Acton: 1314—resigned 1323. died June 30: 1330.
18. Simon Dowell: 1323—resigned 1327. died August 18: 1330.
19. William Rows: 1327—died March 30: 1337.
His name is often written le Rows.
20. Thomas Littington, otherwise London: 1330—died September 3: 1340.
21. Thomas Willy: 1340—died July 2: 1342.
22. Lawrence Cranden 1342—died March 5: 1345.
23. Walter Basingboone: 1352 resigned the mastership October 31: 1354 and died June 7: 1360.
24. Stephen of Maydenhythe: 1354—died June 15: 1373.
25. Richard Sutton: 1373—resigned December 4: 1386 at St. Martin's le Grand.
26. William Wakering: 1389—died December 7: 1405.
27. Thomas Lakenham: 1406—died August 31: 1412.
28. Dominus Robert Newton: 1413—resigned May 31: 1415.
29. Dominus John Bury: rector of the church of Messendon in Hertfordshire "sed statim professus" July 4: 1415 and then created Master by the Bishop of London. Died September 28: 1417.
30. Dominus John White: Canon and Rector of Pater-noster Church in London "sed statim professus" 1417—resigned February 19: 1422, and died January 20: 1427.
The expression professus refers to joining the Augustinian order.
31. Dominus John Wakering, otherwise Blakberd: one of the brethren of the Hospital of St. Bartholomew. On March 2: 1422, he was elected Master "per viam Spiritus sancti," in the first year of King Henry VI. "Cessit magistratum" November 16: 1466.
An election "per viam Spiritus sancti" is one in which all present with one voice immediately acclaim a particular person.
32. John Needham: Bachelor of Laws: December 3rd, 1466 "per viam Spiritus sancti electus fuit," and on December 17 was confirmed and installed.

The historical materials for this list which John Cok drew up in the reigns of Henry VI and Edward IV were, for the earlier masters, a register, no longer existing, of the time of Edward I, and original charters, then in possession

of the Hospital, and for later times the Martyrology of the Hospital, which is not now extant, and the recollections of his own long life. It is clear that no regular historical record or chronicle of the Hospital was kept.

From other sources the list of masters may be continued to the end of the old constitution of the Hospital.

33. John Barton: Master in the second year of Richard III. 1484—5.
 34. Thomas Crewker: Master: Vicar of Little Wakering, in Essex, 1487—1509 died.
 35. Robert Beyley 1509—1516 died.
 36. Richard Smyth, D.D., 1516—1525 died.
 37. Alexander Colyns. 1524—5 died.
 38. Edward Staple: Bishop of Meath. 1528—1532 resigned.
 39. John Brereton: Doctor of Laws. Master in 1534.
- Of these, the names Robert Beyley, Richard Smith, Alexander Colyns, I have only seen in the extracts from episcopal registers printed in the *Novum Repertorium* of the Rev. G. Hennessy (London, 1898), a work in which there are many additions to the contents of Newcourt's well-known *Repertorium*.
- In Brereton's time the income of the Hospital from its estates was a little more than three hundred pounds a year. King Henry VIII granted the Hospital, and most of this income, in 1546 to the Lord Mayor and citizens.
- It was the good repute which St. Bartholomew's had under its ancient masters as a place of relief for the sick poor which made the citizens petition the king against its destruction, and forced him to restore its estate to the Hospital.

Obituary.

CHARLES RUSSELL KEED, M.R.C.S., L.R.C.P.



It is with inexpressible grief that we record the death from perforative appendicitis of Charles Russell Keed, on August 16th. He was taken ill while yachting in Norfolk, and was admitted on August 13th to the Norfolk and Norwich Hospital. Laparotomy was performed, but in spite of every possible assistance he never rallied. His friends will best remember poor Keed for the unfailing sweetness of his disposition. Not once during the many years in which he was at Bart's was he known by his intimates to have been out of temper or out of patience. Always cheerful and friendly himself he it was who would smooth over any slight differences that might arise among his little group of intimate friends. Of few men, indeed, can it be said that they "had not an enemy in the world," but no one ever knew our friend without liking him, while we, his intimates, held him in very real and deep affection. A thorough "sportsman" and enjoying life to the full he yet used his very considerable mental gifts for the perform-

ance of a great deal of steady first-rate work at his profession.

To us who knew how he always looked forward to his cruise on the Broads in August, the pathos of his early end while enjoying his favourite pastime is increased.

The deepest sympathy of all of us must go out to his mother and relatives.

Case of Puerperal Septicæmia treated by injections of Antistreptococcus Serum; Recovery.

By VINCENT HOWARD.



J—, æt. 25, multipara, was delivered of a male child on June 13th, 1904. Her husband was a farm labourer, and they inhabited a wretched two-roomed hovel. She was attended in her confinement by a district nurse.

Lactation was established on the 3rd day, and the lochial discharge was said to be normal as regards quantity and appearance, and there was no putrefactive smell.

She got up on the tenth day, and the nurse saw her on the 11th day, when she was not feeling very well. On the 12th day I was called to see her, as she was said to have had a shivering attack. On my arrival she was looking very ill, in a profuse perspiration, with a coated tongue, and complaining of pain in the lower part of the abdomen. Her pulse was 140, temperature 103.2° F. On palpation her uterus was found to be large, tender, and boggy; lactation and lochia were both suppressed. She was delirious, and her face had an anxious expression.

The urine was scanty, and contained a considerable amount of albumen. The temperature rose to 104.8° F. at 11 a.m. on the 26th June.

She was ordered an intra-uterine douche of perchloride of mercury, 1—2000, every four hours, and a mixture as follows:

R. Ext. Ergot Liquid, ʒij.
Zinci Sulph., gr. xvi.
Acid Sulph. Dil., ʒj.
Tr. Digitalis, ʒj.
Syr. Aurant, ʒj.
Aq. ad, ʒviij.
Ft. Mist. st. ʒj 4tis horis.

On the 28th 10 c.c. antistreptococcus serum (Burroughs Wellcome and Co.) was injected subcutaneously into the abdominal wall at 4.30 p.m.

On the 29th a similar dose of serum was injected at 11.45 a.m., and again at 8.30 p.m. The temperature now fell; the pulse frequency was lessened, and the perspirations were not so profuse. The patient also became less delirious.

On the 30th a further injection of 10 c.c. was given at noon. The temperature continued to fall, and the pulse frequency varied from 100 to 85 pulsations a minute. On

July 1 the tenderness and enlargement of the uterus were much less.

On the 2nd, in consequence of a rise in temperature, accompanied by headache, phenacetin gr. v were given every four hours for twenty-four hours. On the 3rd the temperature was 98° F. There was no tenderness of the uterus, and the swelling had quite disappeared; the lochia returned as a greyish discharge.

On the 9th and 11th there was a slight rise in temperature with increased pulse frequency, but this was no doubt due to an overloaded rectum, a copious enema of soap and water relieving her.

The diet during her illness consisted of an egg beaten up in half a pint of milk every two hours, besides two pints of beef-tea in each twenty-four hours.

With the exception of the healing of a large bed sore which had formed over the sacrum, convalescence was uninterrupted.

The points of interest in this case appears to me to be—

- (1) The fact that the symptoms did not appear till the eleventh day after delivery.
- (2) The quick abatement of symptoms after the third injection of serum.
- (3) No adequate cause of infection beyond the fact of her miserable and dirty surroundings could be found for the attack.

A Clinical Lecture on Posterior Basic Meningitis, with an Account of four recent Cases in the Wards.

By SAMUEL WEST, M.D.



THE meninges or membranous coverings of the brain are two—the dura mater and the pia mater and arachnoid.

The dura mater forms the lining membrane of the skull, and acts as the internal periosteum. It also divides the cavity of the cranium into compartments which give support to the brain, and in the substance of which the intracranial venous sinuses lie.

The dura mater is but rarely the seat of primary disease, and when it is inflamed the condition is described not as meningitis, but as pachy-meningitis.

The term meningitis is generally restricted to inflammation of the pia mater and arachnoid, the delicate membranes which immediately invest the brain. In contradistinction to pachy-meningitis these inflammatory affections of the pia mater are often called lepto-meningitis.

The brain lies loose within the cranium except for the septa formed by the dura mater and its attachment to or continuation into the spinal cord. Between the dura

mater and the soft membrane which covers the brain is a large lymph-space—the arachnoid cavity,—which may be roughly compared with a joint and its synovial membrane. The visceral layer of this space is formed by the arachnoid. The pia mater closely invests the surface of the brain, dipping down into its sulci and carrying with it the vessels which supply the cortex. Between the pia mater and arachnoid is another space—the sub-arachnoid space—crossed by numerous strands of delicate connective tissue, which divides it into irregular loculi or spaces. This is a large lymphatic reservoir filled with cerebro-spinal fluid. It communicates freely with the lymphatic sheaths of the nerves and vessels and with the ventricles of the brain, but is not in communication, or at any rate not in any direct communication, with the arachnoid space.

There is one other lymphatic space at the base of the brain which is of great importance. The cerebellum lies upon the pons and medulla; if it be gently lifted up a membrane will be seen extending from the cerebellum on each side to the pons and medulla below, enclosing the fourth ventricle. From this space three openings lead. One below, and in the middle line, the foramen of Majendie, which communicates with the subarachnoid space of the spinal cord. The other two laterally placed, the foramen of Luschka, leading into the subarachnoid space of the brain, which has been already described.

From the fourth ventricle, the iter a tertio ad quartum ventriculum leads to the third ventricle and to the lateral ventricles, into which the choroid plexuses project. The choroid villi are probably secretory or excretory structures, for they are richly supplied with vessels and covered with spheroidal epithelium. It is therefore supposed that they are concerned with the secretion of cerebro-spinal fluid, which flows out into the lateral ventricles and thence into the third and fourth ventricles, from which, by the apertures mentioned, it passes into the subarachnoid space of the brain and of the spinal cord. And if these foramina be closed, as they may be, by inflammatory exudation the fluid will accumulate in the ventricles, and thus lead to hydrocephalus. When inflammation, in whatever way it may be produced, affects the meninges at the base of the brain the exudation which results collects in the subarachnoid lymphatic spaces. Thence it spreads along the sheaths of the nerves which pass out from the base of the brain, thus causing irritation or compression of them. Posteriorly the inflammation is likely to produce partial or complete obstruction of the lateral openings from the fourth ventricle, and thus to interfere with the passage of lymph outwards, leading to its detention and accumulation in the fourth and lateral ventricles.

The soft meninges are closely applied to the brain on its surface or convexity, and but loosely at the base.

The results of inflammation in these two regions might reasonably be expected to differ, and meningitis has long

been divided into two clinical groups, viz. meningitis of the convexity and meningitis of the base. Meningitis of the convexity would presumably lead to irritation of the cortex of the brain, producing in the motor areas the signs of motor irritation, and in its most marked form leading to convulsive movements or fits. Meningitis of the base, on the other hand, would produce irritation or pressure on the cranial nerves, and by the accumulation of exudation lead to the signs of general cerebral compression. It was also taught that meningitis of the convexity was generally non-tubercular, and that of the base tubercular. Further observation has, however, shown that there are two well-marked groups of meningitis of the base, an anterior and a posterior. The anterior, in which the inflammation involves especially the parts from the optic commissure onward and outwards into the Sylvian fissure, is generally tubercular. The posterior, extending from the optic commissure backwards, is generally not tubercular.

The distinction between these two forms has been fully worked out of recent years, and for which we are largely indebted to the labours of Barlow, Lees, and Gee.

It is of the posterior basic form of meningitis that I wish now to speak.

There has been recently in the wards a very characteristic and typical case of this affection. The patient died, and the record is completed by a full account of the pathological condition, and I am able to show you the brain, which is here upon the table.

CASE 1.—On Jan. 7th, 1904, a child, Henry T—, nine months of age, was admitted into the hospital. It was the youngest child in a family of six, all of whom were living and well. A full term child, and breast-fed for the first few months, it had had good general health, and had cut six teeth without trouble.

On Jan. 2nd the mother noticed that the child was very drowsy and cried a great deal. This continued for three days, until the 5th, when the head began to be drawn back and the body to be "curled up." The following day the child developed a squint, and on Jan. 7th, the fifth day of illness, the baby was brought to the hospital and admitted.

It had continued to take food well, had not vomited, nor had any convulsions. The patient was a well-nourished baby. It lay in bed on its side in the knee-elbow position—"curled up," as the mother described it—with the head stiff and greatly retracted, the arms flexed, the hand under the head, the thumbs folded into the palms, and the legs drawn up and bent at the knees. The limbs were stiff and resisted extension. Kernig's sign was present in both legs, but most marked in the right.

The child took notice of nothing, but resented being moved, and cried out as if in pain. The anterior fontanelle was open and somewhat depressed. The right eye was drawn inwards, causing internal strabismus. The pupils were equal, moderately contracted, and reacted readily to light; and the eyes followed a light moved before the face. Ophthalmoscopic examination showed the fundus to be normal. There was constant grinding and champing movement of the jaws and mouth.

The temperature was 101.2°; the respiration 40 and regular; the pulse 150, rapid and regular, of moderate volume and force.

Physical examination of the chest and abdomen revealed nothing abnormal. The urine was healthy and the bowels open.

Jan. 8th.—The condition was much the same. The temperature showed great daily oscillations, from 103° or so to 99°. The grinding of the teeth was very marked.

Jan. 9th.—The child was more irritable, and at the same time appeared less conscious. It kept its eyes for the most part closed.

A lumbar puncture was made, but only a few minims of clear blood-stained fluid obtained, and this proved to be sterile.

Jan. 11th.—The pulse had become irregular at times. The respirations also were irregular, but were not grouped. The retraction of the head was less marked; the fontanelle still depressed. Kernig's sign still present.

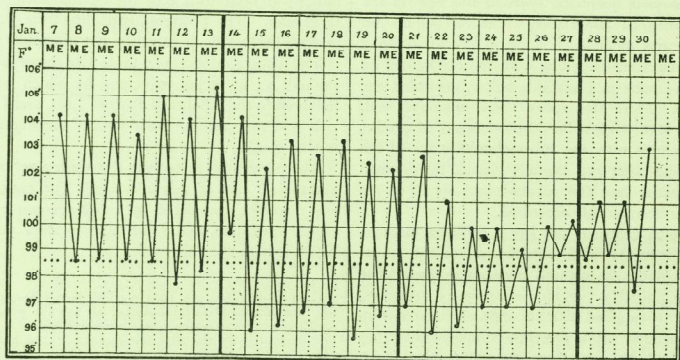
Jan. 13th.—The temperature had varied greatly, and reached 105° (in rectum) during the night; but it dropped to 101° after sponging. The retraction of the head was less marked, and the squint had disappeared, while the pulse and respiration had become regular again. Kernig's sign was still present. The fontanelle was level with the scalp.

Another lumbar puncture was made, and this showed a few intracellular diplococci, which grew readily on blood-agar.

The symptoms showed some improvement. There was less retraction of the head, fewer grinding, champing, and sucking movements. The pulse and respiration were regular and the squint quite absent.

Jan. 16th.—The child vomited for the first time, and continued henceforth to do so two or three times each day to the end.

Jan. 25th.—During the preceding week the temperature had gradually fallen to normal, and the pulse and respiration with it.



There had been, however, a gradual increase in drowsiness, and with this a decrease in irritability, until the patient had become almost unconscious. The anterior fontanelle had become quite tense. The retraction of the head gradually returned, together with the rigidity of the limbs. Kernig's sign, which had been absent for a time, returned again. The movements of the mouth and jaws continued, but were less marked. The pupils were contracted but equal, and some spasm of the left eye-muscles brought back the internal strabismus.

Jan. 27th.—Unconsciousness had increased. The anterior fontanelle was very tense. The pulse was irregular, and the respiration occurred in groups of four or five, with an interval of several seconds. The sucking movements were absent. The child did not take its food and had to be nasal-fed. The retraction of the head continued, but the rigidity of the limbs had passed away. The internal strabismus became more marked, both internal recti being in a state of spasm.

The condition remained from this time much the same, except that unconsciousness increased until the child's death, which occurred from exhaustion on Jan. 31st, after an illness of thirty days' duration.

The character of the temperature chart is that of extreme hectic. During the last week the temperature fell to a lower level and became nearly normal, and though it was associated with some general improvement for the time, this was not maintained. As death approached the temperature gradually rose again.

The pulse and respiration were very rapid throughout; but the rate of both was characterized by great and irregular variations. The pulse fell once or twice to about 60, but, as a rule, varied between 120 and 180. The respiration too were once or twice as low as 28, but in general ranged from 50 to over 76. As the end

approached both pulse and respiration became more rapid, and at the last were 168 and 70 respectively.

Post-mortem examination.—Brain and spinal cord:—The convolutions were flattened, and there was an excess of cerebro-spinal fluid. At the base of the brain greenish pus was seen occupying a diamond-shaped area, extending from the optic chiasma in front to the middle of the cerebellum, covering the circle of Willis and the medulla oblongata. Similar greenish pus was present on the sub-arachnoid space of the spinal cord throughout the whole length. On the vertex several very small purulent foci were present on both sides, the largest being at the top of the right Sylvian fissure. There was nothing else worthy of note in the body, except that the right middle ear contained a little pus, and that both lungs had numerous small broncho-pneumonic patches.

The specimen is preserved in the Museum.

I have also had three other cases under observation about the same time, of which I will give an account before speaking of the disease in general.

CASE 2.—Henry C. P., set. 2, admitted on October 14th, 1903.

He had been in good health until the commencement of October, when he became drowsy and irritable. Three days later he began to have retraction of the head, and as he got gradually worse he was brought to the hospital and admitted, having been ill for ten days. There had been no vomiting, no fits, and no squinting.

On admission the child lay on the side, with the head extremely retracted, the arms flexed, the hand under the cheek, the knees drawn up, and the legs flexed. He was very drowsy and irritable. Pulse 120, resp. 36, temp. 101.6°. The legs and neck were very rigid, and Kernig's sign was present. The eyes and discs were normal. Except for the nervous symptoms all the other organs appeared to be normal.

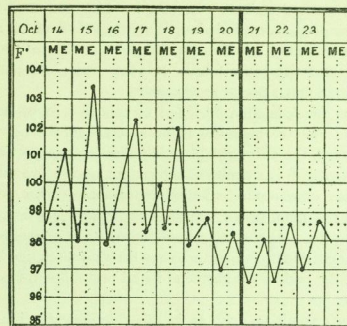
On Oct. 16th the condition was the same. The temperature oscillated widely during the day from 103° in the evening to 98° in the morning. The child had vomited once or twice.

On Oct. 19th temperature fell to normal, and did not rise again subsequently.

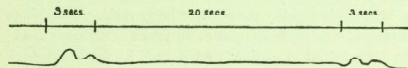
On Oct. 21st the vomiting was very troublesome. It was independent of food, the vomit being shot out of the mouth by a kind of explosion without any warning. The eyes were noticed today to be staring, and the child seemed to be almost blind. The rigidity of the legs was extreme. The pulse had become slower, and was irregular both in force and frequency. The most marked change was in the respiration. These were of a very peculiar periodic type. Two deep sighing inspirations were taken very slowly, and separated by an interval of about three seconds. Then followed a pause of about twenty seconds, when a similar group of two respirations occurred. During this period no change took place in the patient's condition. The pupils were widely dilated all the time, and remained unaltered, and there was no coincident

change in the character or rate of the pulse. The child was unconscious, and seemed quite unaffected by the peculiar breathing.

By Oct. 31st the general attitude of the child had altered. It lay now with the head in a condition of extreme retraction, but the



arms and legs, instead of being flexed as they were on admission, were now extended, and the body was in a condition of marked opisthotonos. The peculiar respiratory phase continued. A tracing of it was obtained, which is appended. The pulse was slow and irregular, and altogether the child's condition seemed very grave and almost hopeless.



On Nov. 3rd the opisthotonos and rigidity were extreme, the vomiting frequent, but the respirations were beginning to lose their peculiar rhythm, though still irregular.

On Nov. 7th marked improvement had taken place. There was no more sickness. The retraction of the head and rigidity of the limbs was less. The child though irritable could be roused, and would put out its tongue on being asked to do so. The sight appeared to be returning, as the child followed a light readily. The pulse and respirations were becoming regular.

On Nov. 13th a lumbar puncture was made but the characteristic organism was not obtained.

By Nov. 16th great improvement had taken place though there was still some retraction of the head and rigidity of the limbs.

The mental condition had improved so far that the child would speak a few words—and laughed occasionally—but it was often irritable and cried out without special cause. It was also spiteful and would bite and spit viciously.

From this time improvement though slow was continuous. The sleep was somewhat disturbed for which a little bromide was required from time to time. As the child got better and began to move and sit up the weakness of the neck and back muscles became obvious, and at first the erect position was not only fatiguing but seemed painful.

By Jan. 5th the child began to sit up a little of its own accord.

By Jan. 19th he could walk with assistance.

By Jan. 25th he ran about the ward freely; was very lively and bright.

When sent to the Convalescent Home on Feb. 10th recovery seemed to be complete. He has been seen since on several occasions and is apparently quite strong and well.

CASE 3.—Henry R.—a well-nourished child, ten months of age, was in its usual health until Feb. 15th, when it became drowsy and very irritable. Its head was drawn back and it cried much when the head was touched or the body moved. It vomited once.

Feb. 16th.—It was very restless and irritable with fits of screaming, lasting 5-7 minutes each time, the attacks recurring about every half an hour. Its eyes were tightly closed.

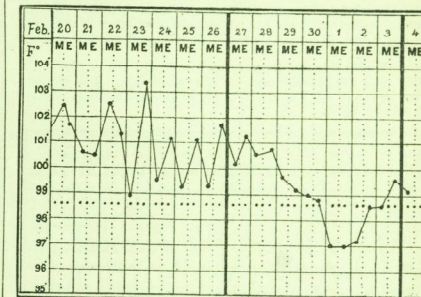
Feb. 18th.—In the middle of the day it had a severe convulsion,

and this was followed by the attack of screaming. The child was apparently quite unconscious. The eyes were noticed to be staring. The condition remained much the same till the admission on Feb. 20th.

The child was one of four, all the others healthy. It had been breast-fed for four months and had been in excellent health.

Condition on admission.—The child lay on its side with limbs flexed, and head retracted. It seemed unconscious, but resented being touched or moved. The anterior fontanelle was very tense. There was slight rickety beading of the ribs and enlargement of the bone at the ankle and wrist.

Pulse 120, regular; resp. 40, regular; temp. 102.4°. There was a serous discharge from both nostrils. There was marked internal strabismus. The pupils were equal and reacted to light. The fundus oculi was normal.



Kernig's sign was absent and so were the patella-tendon reflexes.

Feb. 22nd.—The fontanelle being very tense and the child unconscious an attempt was made to draw off some fluid from the lateral ventricle by means of a small needle but without success.

Feb. 24th.—A great deal of nasal discharge occurred.

Feb. 26th.—Lumbar puncture was made and the *Diplococcus intracellularis* found.

Up to the present time, May 18th, the child has continued in much the same general condition. It began to vomit on March 3rd and has vomited almost every day since, sometimes six or eight times in the day, but the food has been on the whole well retained, and the nutrition has not greatly suffered. The breathing has been at times irregular and grouped, three deep respirations being followed by a pause of some seconds, and attempts were made to obtain tracings, but without success, for the characteristic grouped respirations did not last long at a time, and were only observed during the night.

On March 25th a discharge of two drachms or more of pus occurred from the right nostril, and again on March 28th.

On April 12th the gums were lanced with some relief.

Great variation has occurred from day to day in the condition of the fontanelle, in the amount of retraction of the head, in the irritability and crying, in the squint and vomiting.

The temperature, which oscillated at first between 103° and 99° each day, on March 1st became normal, and with a few slight interruptions has continued normal since.

The child is still under observation, but seems on the whole to be slowly improving. It lies still, taking no notice of anything around it, wishing only to be left alone, crying and resenting disturbance, vomiting from time to time, but retaining its strength.

The prognosis, though doubtful, admits of hope. The child has been treated throughout with half drachm doses of Liquor Hydrargyri Perchloridi.

June 18th.—The child has become very fat and well. It is very active, rolling about in bed; but it seems quite unable to support the weight of its head, so that it cannot sit up. If it be sat up, its head falls and it cries out as if in pain. Its favourite movements, when feeling active, is pushing its head along on the bed with its legs and arms, and it is often seen with its head low down in the pillow or bed and its buttocks raised.

One other peculiarity remains to be noted. The child is apparently quite blind, without even sense of light. Ophthalmoscopic

examination was frequently made during the illness and no optic neuritis was ever found; but now the discs are in the condition of complete white atrophy.

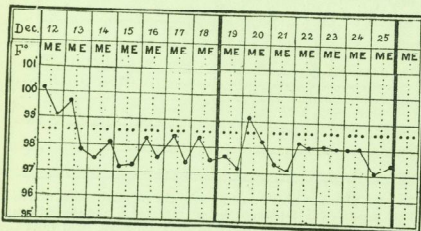
CASE 4.—E. C.—, aged two years and a half, was admitted into the hospital on December 14th, with the history of sudden acute abdominal pain and a fit. The abdominal symptoms were so acute that the child was admitted as a case of intestinal obstruction, but they all passed off under ordinary treatment.

Two days later the child developed a squint, due apparently to paralysis of the right external rectus, and it vomited occasionally after food.

Dec. 18th.—The eyes became staring, the head retracted, the squint more marked, and the pulse irregular. The temperature was normal.

Dec. 28th.—The general condition remained much the same, but the child took no notice of anything and seemed blind. Ophthalmoscopic examination showed no lesion in the fundus. The respiration was regular but very slow. The pulse was both slow and irregular.

Shortly after this date improvement set in and was continuous. The eyesight gradually returned after a few days. The temperature, which was 102° on admission, fell to normal the next day and did not rise again.



On Feb. 2nd a note is made that the child did not like being sat up, because the head was weak and drooped forward. Strength in the neck gradually returned, and on April 14th the condition was as follows:—

The child was well nourished, physically well, bright and intelligent, could speak well, though it did not respond readily. The internal squint was well marked, but though there was some hypermetropia this did not appear to explain the squint adequately. With this exception the child appeared to have little the matter with it until it was placed on its feet. Then it was found that the child could hardly stand without being held up. With some assistance it could be made to walk a little. There was no obvious paralysis in the legs. On the contrary on attempting to walk it threw the legs forcibly out with a sort of high prancing action, the movements being very inco-ordinate. The knee-jerks were somewhat exaggerated in both legs, but there was no extensor toe-reflex. There was no evidence that the spinal cord was affected, so that the lesion causing inco-ordination of this kind lay higher up—possibly in the cerebellum.

This case is interesting as showing the curious latent way in which some of these cases develop, and on account of the curious inco-ordination of movement in the legs left behind after an attack which, in itself, was not apparently severe.

It is evident that posterior basic meningitis is a peculiar and very characteristic affection.

It attacks especially infants, and no less than three quarters of the cases occur within the first year of life. Though recorded at the ages of four, five, and six years, the affection becomes rarer and rarer after the period of infancy.

The disease is the result of infection by a special diplococcus, which can often be obtained during life by lumbar puncture. The organism was demonstrated in two out of the four cases described. In one, in which the condition was unsuspected on admission, it was not looked for, and its absence in the other may perhaps be accounted for by the fact that the acute febrile or acute stage was passed before the lumbar puncture was made.

As the attack is often preceded by catarrh it is probable that the infective organism gains access from the nose or ear, through the cribriform plate and middle ear respectively.

Nasal catarrh is a common antecedent, and in two out of these four cases a purulent discharge from the nose was a marked symptom, which persisted for some weeks in varying intensity. On the other hand otorrhoea is uncommon; though occasionally, when there has been no discharge from the ear, the middle ear has been found post-mortem to contain pus.

Though vomiting may, as in other cranial affections in children, be an early symptom, the most common and conspicuous sign of the disease is retraction of the head, which continues throughout the attack, but shows great variations in degree from day to day. Associated with the retraction of the head is rigidity of the limbs and body. The position into which this rigidity throws the body varies; sometimes it is one of extreme flexion, at other times of extreme extension. The child may lie "curled up" in what has been called the knee-elbow position; more often the limbs are straight, not infrequently the body is arched, sometimes to the extent of extreme opisthotonos. It is noteworthy that the condition may vary during the illness, as in the first two cases, where on admission the attitude was one of extreme flexion, which subsequently passed into one of extension, while towards the end the rigidity disappeared altogether from the legs and arms, and was replaced by complete flaccidity, the retraction of the head, however, continuing as before.

The hands are often clenched, but the position of tetany is rare.

Champing, biting, or sucking movements of the mouth and tongue are usual, and occasionally the child thrusts its fingers into the mouth as if it were teething. This and the age of the patient may explain some of the attacks having been referred to teething. Epileptiform fits are rare. Attacks of slow transient stiffening of the already rigid limbs is often observed, but anything of the nature of convulsions is unusual.

The fontanelle may be tense and bulging, but is as often flat or retracted, and its condition varies greatly from day to day.

Contraction of the orbicularis palpebrarum is common, and give the eyes a peculiar staring appearance, which is very suggestive.

Nystagmus is not uncommon, and though a squint is

often present, it is a variable and intermittent condition, and is not associated with paralysis of the eye-muscle.

The pupils are generally contracted, but are equal and react to light.

The sight is usually affected during the acute stage, and may be completely lost, so that no notice is taken if the finger be placed before the eye or a bright light passed before it. The loss of sight, however, is transient, and if the patient recovers is ultimately completely restored. Optic neuritis is hardly ever seen.

In Case 4, though there was never any optic neuritis the sight is, I fear, permanently lost, for the discs have passed into a condition of white atrophy. This must be very rare.

The child often lies as if asleep, but even when the eyes are open takes no notice of what is passing around. Yet it can be easily roused, and resents disturbance by crying and irritability. Except in quite the latest stages, or when hydrocephalus has developed, it is not comatose. Crying and even screaming fits are frequent. In many cases these are due to the pain produced by movement of the head and rigid limbs, but often occur independently of this in attacks for which no cause is obvious.

The pulse varies in rate and rhythm. Almost always accelerated and standing so far in relation to the fever; it may also be very rapid or very slow. The respirations vary also in a similar way, and like the pulse are often accelerated to a greater extent than the temperature alone can explain.

The most remarkable change in the breathing is that in which the respiration occurs in periodic phases or groups. An excellent instance occurred in one of the cases recorded, from which the tracing is taken. The breathing then occurs in groups of two, three, or more slow respirations, separated by an interval of rest of some seconds duration. This has often been described as Cheyne-Stokes breathing, but it ought to be clearly distinguished from it. It resembles Cheyne-Stokes breathing in the pauses which occur in regular periodically-recurring phases, but it is distinguished from it by the absence of the characteristic crescendo and diminuendo in the rate and depth of breathing. The prognosis, too, is entirely different, for, while Cheyne-Stokes breathing is in brain cases a terminal symptom, and practically always of fatal significance, this form of breathing is not incompatible with recovery, as in the case from which the tracing was obtained.

The intermittent flushings and pallor of the face, as well as the alternating dilatation and contraction of the pupils, so common in tubercular meningitis, are rare.

Vomiting is an almost constant symptom. It stands in no relation to food, and occurs in peculiar paroxysms without obvious cause, and may continue throughout the disease.

General wasting is marked, and is more than the vomiting alone can account for. But, as soon as the disease becomes stationary, the nutrition rapidly recovers.

The temperature is markedly hectic in character, and though it may reach 104° or 105° some time in the day, it does not long remain at that height, but rapidly falls, it may be, to normal or even below normal, to rise again shortly as high as before. Just before death the temperature may fall very low or rise very high, but, except in such cases, hyperpyrexia is not met with.

The temperature may be taken as an index of the patient's condition, and is of use in prognosis. As long as it is raised the disease is progressive, and any apparent improvement is illusory. When it becomes steady at or below normal the disease is stationary and recovery possible. The fourth case is a good illustration of these facts.

It will be interesting now to consider how far the symptoms can be explained by the pathological lesions.

The fever is due to the inflammation, and its hectic character is common to many septic infections.

The drowsiness or unconsciousness is due to the general rise in pressure within the cranium produced by the effusion, and its fluctuations depend upon variations in the amount of effusion, and therefore of pressure. Profound unconsciousness is to be referred to hydrocephalus, the result of mechanical obstruction by the inflammation to the communication between the lateral ventricles and the lymphatic reservoir at the base of the brain.

The retraction of the head is in part explained by irritation of the upper cervical nerves at their origin from the cord, but as it may be present when this part of the cord is free from inflammation, there must be some other cause. There are physiological reasons for referring it to irritation of the corpora quadrigemina and superior vermiciform process.

The rigidity of the body muscles may be attributed to irritation of the surface of the cerebellum. The tonic spasm of the limbs to irritation of its lateral lobes, and opisthotonos to irritation of the middle lobe, while the nystagmus and contracted pupils may be the result of irritation of its cortex.

The movements of the tongue and jaws producing the champing or sucking movements observed may be connected with irritation of the tip of the temporo-sphenoidal lobe.

In anterior basic meningitis, which is usually tubercular, most of the characteristic symptoms of the posterior basic form are absent, viz. retraction of the head, rigidity of the limbs and body, the staring eyes, nystagmus, and transitory blindness. If these symptoms are present in tubercular meningitis they are of late development, and appear when the inflammation has spread backwards and involved the posterior part of the base in the region of the medulla and cord.

Besides this in tubercular meningitis other symptoms,

the result of inflammation of the cortex of the brain and of the nerves in the anterior fossa are present, which are not often met with in the posterior form, *i.e.* fits, ocular paralysis, optic neuritis, and paralysis of the face and limbs.

Lastly, as compared with anterior basic or tubercular meningitis, the duration is longer and the prognosis less grave.

Whereas tubercular meningitis ends usually in three weeks or so, the average duration of posterior basic meningitis even in fatal cases is considerably longer unless hydrocephalus sets in early, the average duration being about eight weeks.

While in tubercular meningitis practically every patient dies, in posterior basic meningitis 50 per cent. recover. Recovery is, however, generally incomplete. Some of the patients become hydrocephalic, some are left mentally defective in various ways, others have defects of special senses, *e.g.* of hearing or sight, others have difficulty in learning to stand or walk. Where, as in older children, walking has already been acquired, recovery may be marked by curious defects of gait or movement. Of this the fourth case is an interesting example, the gait being of a very peculiar ataxic character. We propose to keep this case under observation, and I hope to show you the child again in a year's time.

There is not much that can be said of a definite kind in regard of treatment. All the general treatment adopted in other forms of meningitis is available here. Of drugs that which seems to have most influence is mercury. It was under the action of relatively large doses of the *Liquor Hydrargyri Perchloridi* that three of the four cases recovered.

Note.—In the museum there are several good sketches, and Dr. Thursfield has an interesting series of photographs and lantern slides, to show the retraction of the head and the curious positions of the patients. There are also two preparations of the brain which show excellently the pathological lesions.

A very good account of the disease can be found in Clifford Allbutt's *System of Medicine*, by Barlow and Lees. Dr. Gee's original papers may be seen in our *Hospital Reports*.

A Vision of the Second M.B.

ONE sultry night in June, exhausted with intellectual effort, I fell asleep among my books and coloured diagrams. And as I slept there appeared to me from the mists of Dreamland a huge skeleton, draped in Gray, and leading by the hand a little child. Its bones were picked out in scarlet, with muscular attachments innumerable, and fluttering around it were a swarm of

relations. Within the dark cavities of its frame lay a seething mass of long names, some fanciful, some descriptive, and many ridiculous. Its grinning skull was indented in a thousand places with so-called points of interest.

I shuddered, and instinctively grasped my coloured chalks.

"Ah, ha!" it chuckled, "you fear me!"

"Yes," I whispered, "who are you?"

"I am Anatomy. And this," indicating its small companion, "this is my little brother, Practical Anatomy, with whom you possibly have a nodding acquaintance."

I bowed in humility, and gazed upon the younger brother. This was, in fact, a richly injected, full-time fetus, and in its hand it held a large two-edged scalpel, while from its body issued the strong and characteristic perfume of the dissecting-rooms.

"Try and look upon us as friends," remarked the skeleton with ill-concealed irony. And so saying they disappeared.

Presently there was a flash of lightning, and I beheld advancing toward me a gigantic green Starling, filled with airy theorisations, and expectorating catch-words at every step. Catching sight of my prostrate form the inscrutable bird gave a hiss of displeasure, not unlike the cryptic words "Cybulski's photohematochrometer."

"Who are you," I asked?

"Without wishing to dogmatise, but taking into consideration the general facts of the case and the various theories which have more or less insufficiently explained them, I feel tempted to say that I am Physiology; and this with due respect to the pleasing treatises of my friends, Sir Michael Foster and Professor Halliburton, to whom (by the way) I am indebted for several valuable suggestions. Finally, I would like to express my warmest thanks to the various animals whose gratuitous services in the vivisection laboratories and elsewhere have been of incalculable—"

But here he was most rudely interrupted by a loud shriek of agony from the background, and there left into view a Himalaya doe-rabbit, connected by a muscle-nerve tracing to a decapitated frog. They sprang towards me with inarticulate cries of pleasure.

"I do not know you," I cried.

"That's just the point," they answered, smiling sarcastically, "you don't know us. We are Practical Physiology."

Whereupon the frog (very immodestly, as I thought) proceeded to expose its sciatic nerve and cut frozen sections of the rabbit's spleen, while the latter unfortunate creature inserted a T-shaped cannula into the frog's carotid, and wildly tested its own saliva for bile pigments.

A brilliant play of colours resulted; the ILEO-TIBIAL band struck up *Valse Amoureuse*; and the Starling proved the existence of perpetual motion by a series of highly reprehensible experiments with calomel on a cat.

Meanwhile, in the smoke and hubbub that surrounded me, I distinctly saw the fetus and the skeleton at a side-

table, horribly drunk, playing Bridge with the New Cunningham and the much-attenuated tail of the Caudate Nucleus. The air became filled with the spirits of unsuccessful medical students and the *debris* of exploded theories. Something small and cold touched me on the face; it was a disarticulated vomer.

"You will be ploughed," it said, drawing attention to its shape, and laughing at its own witticism, "and I shall plough you! Adieu!"

Thereupon I awoke.

My landlady thinks it must have been the bottled beer on the top of the sardines.

N. G. H.

The Clubs.

REVIEW OF THE CRICKET SEASON.

The cricket season of 1904 has not left us with much to look back upon with satisfaction. Out of fifteen matches played three were won, three drawn, and the rest lost. Our defeat by Charing Cross in the Hospital Cup was the most disappointing, and only bad batting on an equally bad wicket was responsible for the disaster. Our prospects seemed bright in the early part of the season, as the holding of the whole team was good, and there appeared to be some promising bats.

W. S. Nealar, who captained the side, only once gave us a glimpse of his true form against the Past, but seemed to be out of form in most of the matches.

G. Viner is a much better bat than his average would imply. He played several excellent innings during the season, and next year we expect some big scores from him.

De Verteuil came into the team this season, and has showed good form with the bat, especially in the later matches. His fielding, however, needs improvement.

G. F. Page bore the brunt of the bowling the whole season through, and acquitted himself admirably. In the Charing Cross match he almost won the game, and had we another good bowler to support him there would not be so many defeats to record. His hard hitting was of great value to the side on several occasions, and if only he could restrain himself, he would be a dangerous bat.

J. Gaskell bowled well at times, but had few wickets to suit him. Our great want at present is a reliable wicket-keeper and a couple of good bowlers. It seems strange that in a hospital of over 500 students only thirty men play cricket. The team this year, with one or two exceptions, was keen, but inability or disinclination to practice regularly was a great factor in our non-success.

ST. BART'S v. DUNSTABLE GRAMMAR SCHOOL.

The above match was played at Dunstable, on Saturday, June 25th, and ended in a victory for the school and masters by 35 runs.

ST. BART'S.		THE SCHOOL.	
J. M. Smith, b Thring.....	5	L. C. R. Thring, b Page.....	69
W. B. Griffin, ct Thring, b	15	C. D. K. Seaver, b Page.....	15
Brown.....	15	J. R. Fosalma, b Eckstein ..	6
G. Viner, c Aphorp, b Brown	9	E. E. Aphorp, c Griffin, b	17
J. W. Bean, run out.....	15	Page.....	17
A. H. Pinder, c Aphorp, b	1	A. F. Morcom, c Bean, b	4
Morcom.....	1	Eckstein.....	4
W. S. Nealar, c Morcom, b	17	W. F. Brown, c De Verteuil,	13
Brown.....	17	b Page.....	13
E. de Verteuil, b Morcom ..	10	J. M. Gaskell, c Pinder, b	10
J. M. Eckstein, c Haswell, b	10	Page.....	10
Brown.....	10	C. H. G. Smith, b Bean.....	11
Tha Htoon'oo, b Marcom ..	3	R. E. Bakes, b Phillips.....	0
L. L. Phillips, b Marcom ..	4	P. Haswell, b Bean.....	0
G. F. Page, not out.....	20	W. D. Clements, not out ..	0
Extras.....	0	Extras.....	11
Total.....	121	Total.....	150

BOWLING ANALYSIS.

	Overs.	Maidens.	Runs.	Wickets.
Page.....	22	7	57	5
Eckstein.....	13	1	46	2
Bean.....	4	1	11	2
Phillips.....	1	0	0	1
Griffin.....	5	0	32	0

ST. BART'S v. WELLINGBOROUGH MASTERS.

The Hospital journeyed to Wellingborough on Saturday, July 2nd, and were beaten by a very strong team of the school masters by 43 runs. For us H. O. Scoones and G. Viner batted well, scoring 68 and 44 respectively.

SCORES.

ST. BART'S.		WELLINGBOROUGH MASTERS.	
H. O. Scoones, c Mules, b	68	P. A. Fryer, b Page.....	20
Sewell.....	44	F. N. Bird, l-b-w, b Griffin...	23
J. W. Bean, c Manning, b	17	C. H. Tovey, b Page.....	13
Henfrey.....	17	H. B. Simpson, c Thurston,	14
L. V. Thurston, run out.....	0	b Page.....	14
G. Viner, st Manning, b	44	A. G. Henfrey, c MacLean,	0
Simpson.....	44	b Page.....	0
W. B. Griffin, c Manning, b	10	F. A. S. Sewell, c and b	20
Edwards.....	10	Griffin.....	20
W. S. Nealar, c Tovey, b	2	R. E. Ware, c and b Thurs-	7
Sewell.....	2	ton.....	7
E. de Verteuil, b Edwards...	0	F. E. Manning, b De Ver-	53
Tha Htoon'oo, st Manning...	1	teuil.....	53
b Sewell.....	1	C. C. Simpson, not out.....	13
W. H. Hamilton, not out ..	1	W. H. Edwards, not out.....	17
G. F. Page, b Edwards.....	0	F. J. Mules, did not bat.	0
G. K. MacLean, b Sewell ..	0		
Extras.....	11	Extras.....	19
Total.....	154	Total.....	199

BOWLING ANALYSIS

	Overs.	Maidens.	Runs.	Wickets.
Page.....	18	3	75	4
Griffin.....	17	2	59	2
De Verteuil.....	1	0	1	1
Thurston.....	1	0	11	1
Scoones.....	1	0	4	0
Viner.....	1	0	9	0
Nealar.....	1	0	15	0

ST. BART'S v. LONDON COUNTY.

Played at the Crystal Palace on Saturday, July 9th, and won by the home team easily, chiefly owing to our dropping 9 catches. For London County L. S. Wells and P. G. Gale batted well, and for us De Verteuil batted well for 78.

LONDON COUNTY.		ST. BART'S.	
R. Powell-Williams, st De	3	W. S. Nealar, b Wells.....	10
Verteuil, b Gaskell.....	3	W. B. Griffin, c Todd, b	17
P. G. Gale, c Griffin, b Viner	101	Wells.....	17
J. M. Campbell, b Gaskell ..	1	J. M. Smith, c Wells, b	0
B. Nicholson, b Gaskell.....	19	Gamble.....	0
L. S. Wells, st Kerr, b	110	G. Viner, b Wells.....	11
Gaskell.....	110	J. W. Bean, c Wells, b	7
J. H. Todd, b Viner.....	9	J. Gamble.....	7
P. R. Waterer, not out.....	9	G. F. Page, b Gamble.....	12
A. F. Todd, b Viner.....	0	A. H. Pinder, c Nicholson,	0
H. M. Alexander, not out ..	12	b Gamble.....	0
E. S. Wolmsley, } did not		C. D. Kerr, c Todd, b	1
H. R. Gamble, } bat.		Gamble.....	1
		E. de Verteuil, c sub, b	78
		Wells.....	78
		J. F. Gaskell, c Todd, b	16
		Gamble.....	0
		L. L. Phillips, not out.....	0
		Extras.....	2
		Total (for 7 wkts.)	270

BOWLING ANALYSIS.

	Overs.	Maidens.	Runs.	Wickets.
Gaskell	23	3	88	4
Viner	3	0	14	3
Page	23	1	75	0
Griffin	11	1	37	0
Bean	7	2	17	0
Pinder	2	0	14	0
Smith	4	0	18	0

ST. BART'S v. THE "OCCASIONALS."

Played at Winchmore Hill on Wednesday, July 13th, and the Hospital being very poorly represented, ended in a win for the visitors by 104 runs. For the Hospital P. A. With batted well for 41.

SCORES.

THE "OCCASIONALS."		ST. BART'S.	
A. S. Bull, c Snowden, b Page	77	W. S. Nealor, c Cox, b Clegg	4
G. W. Clegg, c sub, b Page	50	E. N. Snowden, run out	0
C. Higham, c Nealor, b Page	0	P. A. With, c Bull, b England	41
L. B. Tappenden, b Page	26	B. A. Keats, c Clegg, b Tappenden	8
E. Cox, b Way	0	L. F. K. Way, b Clegg	7
H. Lenn, c With, b Keats	26	L. L. Phillips, b Clegg	7
C. W. Le May, b Page	0	A. H. Pinder, b Clegg	12
W. T. Russell, c Way, b Page	10	G. F. Page, st. Cox, b Clegg	0
G. E. Ford, c Symes, b Keats	10	A. J. Symes, not out	5
H. G. Napper, c Phillips, b Keats	0	R. C. P. Berryman, b England	0
H. England, not out	2	C. E. A. Adam, b England	0
Extras	14	Extras	11
Total	210	Total	104

BOWLING ANALYSIS.

	Overs.	Maidens.	Runs.	Wickets.
G. F. Page	26	3	99	6
B. A. Keats	6	0	12	3
L. F. K. Way	8	0	33	1
A. H. Pinder	10	1	33	0
C. E. A. Adam	3	0	12	0

ST. BART'S v. EAST MOLESEY.

The above match took place at East Molesey, on Saturday, July 16th, and ended in a draw decidedly in favour of the home team. For Bart's De Verteuil and Pinder batted well for 50 not out and 36 respectively.

SCORES.

MOLESEY.		ST. BART'S.	
W. Dove, c Graham, b Page	2	W. S. Nealor, b Bonnard	2
C. S. Dorey, b Pinder	1	G. Viner, run out	28
Y. Kirkpatrick, retired hurt	2	K. Thorburn, c Lark, b Bonnard	6
R. S. Linn, b Keats	116	A. H. Pinder, c Handsombody, b Lucas	36
R. F. Lark, b Page	17	E. de Verteuil, not out	50
F. Handsombody, b Pinder	45	G. F. Page, b-by, b Lucas	0
H. L. Beardsley, not out	60	P. A. With, not out	22
E. Potter, not out	3	H. E. Graham, } did not bat.	
C. Bonnard, } did not bat.		R. A. Keats, } did not bat.	
H. B. Vogel, } did not bat.		A. J. Symes, } did not bat.	
H. W. Smith, } did not bat.		J. Morris, } did not bat.	
Extras	11	Extras	14
Total (5 wks.)	257	Total (5 wks.)	158

BOWLING ANALYSIS.

	Overs.	Maidens.	Runs.	Wickets.
Pinder	21	1	77	2
Page	25	5	103	2
Keats	16	1	36	1

BATTING AVERAGES.

	No. of innings.	Not out.	Highest score.	Total runs.	Average.
W. B. Griffin	12	2	75	274	27.4
E. de Verteuil	14	3	78	239	21.72
G. Viner	12	0	44	198	16.5
W. S. Nealor	13	0	60	213	16.38
P. A. With	7	1	41	90	15
J. Eckstein	7	0	38	104	14.05
A. H. Pinder	10	1	36	117	13
J. M. Smith	8	1	29	90	12.85
G. F. Page	14	2	49	153	12.75
Tha Htoon'oo	9	1	34	79	9.87
J. F. Gaskell	10	1	34	79	9.87
L. L. Phillips	6	2	7	16	2.22
G. K. MacLellan	6	1	3	4	0.8

The following played less than 6 innings:

J. Postlethwaite	2	1	19	19	19
J. W. Bean	3	0	17	39	13
L. V. Thurston	2	0	21	21	10.5
I. F. K. Way	3	0	7	10	3.33

* Signifies not out.

BOWLING AVERAGES.

	Overs.	Maidens.	Runs.	Wickets.	Average.
B. A. Keats	16	3	48	5	12
G. F. Page	255	56	788	48	16.41
Tha Htoon'oo	27.5	6	67	4	16.75
J. F. Gaskell	147	25	510	26	19.61
W. B. Griffin	101	14	374	15	24.93
J. M. Smith	29	3	106	4	26.4
J. Eckstein	62.5	11	191	5	38.2
Also bowled.					
G. Viner	4	0	25	3	8.33
A. H. Pinder	53	5	177	3	59
J. W. Bean	11	3	28	2	14

THE PAST TENNIS SEASON.

We cannot speak very enthusiastically of the past lawn tennis season; but we may say that the team was on the whole better than that of the year before. The only old members playing this year were Black, Slade, and Kiviere, and of these Slade was only able to play during the first part of the season. However, useful new members were found in Gordon, Woodburn, and Waylen, and the same team was played in almost every match, which, at all events, was an improvement on the year before, when the same pair hardly played together twice during the season.

Eight matches were played, and of these four were won and four lost. In conclusion, we must hope for the infusion of much new life and energy into the club next year, in order to avert the death which has threatened to put an end to its existence during the last few years.

Round the Mountain.

ROUND very hot afternoon in August a famous physician "from across the other side" came hurrying into the Square, wiping the heat from his brow. He soon found the Medical Registrar, and the following conversation took place:
F.P.—I guess I can see your medical cases?
M.R.—Yes, certainly. I shall be pleased to show you our medical wards. How long are you staying in London?
F.P.—I have to get off to N'York the day after to-morrow, but I guess I can see your medical cases now in half an hour, or I can give you one hour by appointment to-morrow morning.

M.R.—Is there any special kind of case you are interested in?

F.P.—No—ah; I just want to see the medical cases.

M.R.—Half an hour! The medical cases!

F.P.—Yes, I saw all the medical cases at Guy's this morning in under an hour, and at the London in an hour and one quarter, and I guess I can see yours in sixty minutes to-morrow morning.

M.R. (tumbling to it). Give me sixty-five and I'll show you the surgical cases as well.

They kept the appointment, and the Famous Physician thought very highly of the Medical Registrar and his medical cases.

We have seen the following postcard, which was sent from Hoxton on July 31st to one of the House Surgeons.

DEAR SIR,—My baby died June last with diarrhea and sickness, thanking you for your kindness.—Yours truly, "A Sorrowing Mother."

We cannot believe that this mother was of the same mind as the second party in the following conversation.

First mother.—Yes, I've had twelve of 'em, and I lost nine afore they was a year old, poor things! Bless their little 'arts!
Second mother.—You was in luck then. The churchyard never did me such a turn!

Correspondence.

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

DEAR SIR,—Will you give me a few lines of your valuable space in which to reply to the interesting letter of your correspondent, H.M.S.? To take your correspondent's queries *seriatim*, I should suggest the following answers:—

1. An M.O.H. is certainly bound to enforce the isolation of cases of certified infectious disease; moreover, his duties, as laid down by the Local Government Board, require that he assist in executing the measures adopted for preventing the extension of the disease. Such assistance was given in this particular instance.

2. It is possible for a slight case of diphtheria to be free from infection within five days of the commencement of the attack, but practical preventive medicine cannot afford to take the risks of such a possibility. Public health measures must be adapted to the possibility of infection lasting a longer time, as we know from bacteriological evidence it so often does.

3. As regards the mode of conveyance of the diphtherial contagium, your correspondent answers his question very well in his concluding paragraph:—"by the process of coughing, sneezing, or even perhaps breathing, in close proximity to another person." Anyway, this mode of conveyance is that which bears most closely upon the case described.

I am, Sir,
 Yours etc.,
 THOMAS J. HORDER.

We have received two interesting papers by Bartholomew's men. "Life, Birth, and Live-Birth—a Medico-Legal Study," by Stanley B. Atkinson. "The Verdict of Suicide whilst Temporarily Insane—a Legal Contradiction," by R. Henslowe Wellington.

Reviews.

MEDICAL MONOGRAPH SERIES, No. IX.—ADENOIDS. By WYATT WINGRAVE, M.D. (Baillière, Tindall, and Cox.) Price 2s. 6d.

In this small volume Dr. Wingrave gives a full account of the hypertrophic condition of the pharyngeal tonsil, generally known as adenoids. The symptoms, signs and complications of this condition are fully described. In discussing the treatment early operation is advised in all cases in which adenoids are giving rise to symptoms. The author stands advocates in recent times.

A separate chapter by a different author is devoted to a discussion on the choice of an anesthetic for the operation. Marked preference is shown for nitrous oxide gas, chiefly on account of the safety of its administration. We do not think sufficient stress is laid on the fact that the period of anesthesia produced by the gas is so brief that the operator is frequently confronted with the alternative of scamping the latter part of the operation—admittedly a very important part—or of finishing his operation upon a conscious patient.

With the exception of the chapter on anesthetics, the book is well and clearly written, and can be sincerely commended to those who desire a trustworthy description of this common condition.

DEVICES AND DESIRES. By P. H. LULHAM, M.R.C.S., L.R.C.P.

(Published by Brimley Johnson, London.) Price 3s. 6d. net.

We have read Mr. Lulham's book of poems, dedicated to the memory of his mother, with extreme pleasure, and, to be short, we will say that it resembles the curate's famous egg—"parts of it are excellent." Mr. Lulham has many of the instincts of a poet; he possesses imagination, originality, and an abundance of words. His metres and rhythm, for the most part, are above reproach; but his language, though occasionally simple, is generally much too flowery, and sometimes meaningless. Alliteration is his besetting sin, as may be gathered from the title, which we confess we do not like, and we must find fault with the titles of many of the poems—notably "St. Margaret's Cliffs," which speaks of everything but the cliffs; and this wandering from the subject is perhaps one of the most noticeable faults of the book.

Inconsistency in spelling is a greater fault than mis-spelling, and this we have noticed in several places, e.g. "unforgetable," "unforgettable," "star'd," "stard." We must quarrel with many of the compound words coined by the author, which are neither poetic nor pleasing to the ear, and also with his use—or rather misuse—of technical terms of medicine; this fault alone often mars a poem, excellent in other respects. Space prevents us from giving instances of all these faults.

The author shines in the simple songs and sonnets, and we may quote "Banks and Brook," "Dream and Dawn," "Friends," and the songs on pp. 74 and 85, as the gems of the book. He is at his worst in the longer poems, though "A Death of Dreams" is almost a good poem. "The Old Doctor" may perhaps appeal to the lay reader, but not to the medical man.

Surely the author is out of his depth in the "Mystery of Evil!"

I.
 "From innocence, that is not sin,
 At touch of sin, the un-innocent,
 (The lifeless Un and Is) not went
 Virtue,—the vital Is, we win.

II.
 "For Thesis, Innocence He takes,
 Thence (most profound of mysteries)
 Sin His Antithesis He makes,
 And of these, Virtue,—Synthesis."

Finally, although we should advise medical men who have any leisure for reading to get this book to see what a doctor can do in poetry, yet we should not advise many to follow Mr. Lulham's example. They probably would not be so successful.

MANUAL OF OPERATIVE SURGERY. By H. J. WARKING. (Young J. Pentland, 1904.) Second Edition.

A second edition of this well-known handbook requires but little comment from us. Suffice it to say that the volume has been brought thoroughly up to date without increasing the bulk or the scope of the work. This has been accomplished by closer print, thinner paper, and the omission of certain redundancies, e.g. lists of instruments for each individual operation. Over fifty new diagrams

have been added, some inaccurate ones modified, others of little value omitted; there are a few still remaining which might well be modified.

The chapter on operations on the urinary system has been largely rewritten, and the surgery of the ureter fully dealt with.

So too the chapter on the female genital organs by the able pen of Dr. C. Hubert Roberts.

Other additions are the operations for removal of the Gasserian and Meckel's ganglia and Staek's operation on the mastoid; also revision of the ophthalmic chapter by Mr. W. H. Jessop.

The book well sustains the purpose for which it was written: a practical handbook for students.

AN ATLAS OF HUMAN ANATOMY. By CARL TOLDT, M.D.

SECTION 4.—SPLANCHNOLOGY. 9s. 6d. net.

A very considerable amount of labour has been expended in preparing the plates for this volume, which deals in some three hundred illustrations with the digestive, respiratory, urinary, and reproductive organs, and their topographical anatomy. For those who have no access to the dissecting room it should prove very useful as a book of reference. To the dissector it may be welcome as a supplement to Cunningham's manual.

SECTION 5.—ANGIOLOGY. 13s. 6d. net.

We consider this the most useful of the volumes published up to date. The vessels are very clearly shown in colours, and their distribution can for the most part be seen at a glance, and, unlike the previous volume, the illustrations do not require much study to unravel. There is a good appendix dealing with the terminology, which, in many instances, differs from our own, and also with the variations in the vascular distribution.

We do not altogether agree with the arrangement given for the branches of the subclavian artery in figure 1017 as the most usual distribution. The veins and lymphatics are extremely well done, and receive more attention than they usually get in the text-books. This volume should appeal to students.

AN INDEX OF SYMPTOMS. By R. W. LEFTWICH, M.D. (Published by Smith, Elder & Co.) Third edition. Price 6s. net.

The author has been gratified to find that all sections of the profession have found his book useful. To us it appears the most foolish and useless book that has ever been written in medicine—a book that makes neither for honesty of thought nor for integrity of purpose, and to hear of a well-known physician "getting up a clinical lecture from its columns"—well, it tends to modify our previously high opinion of clinical lectures. Take the author at his own suggestion, and refer to his list of conditions in which the spleen is enlarged. We admit our own ignorance, but we would infinitely prefer the classification of the diligent clerk in the wards.

We cannot believe that any practitioner of medicine, however rusty, would condescend to refer to this book, and we are certain that he would derive very little benefit from using it.

PRACTICAL PRESCRIBING AND DISPENSING (FOR MEDICAL STUDENTS.) By WILLIAM KIRKEY. (Published by Messrs. Sherratt & Hughes.) Price 4s. 6d. net. Pp. 170.

We agree with the author's opinion that the facilities provided in many schools of medicine for teaching the practice of prescribing and dispensing are inadequate, and we welcome any book that will help to cover this inadequacy.

The book is planned for a course of practical prescribing and dispensing conducted by the author, and it should have served its purpose well. Although there is much in the book that we consider superfluous with our modern day ideas of drugs and prescriptions, yet the book will be found very useful to any students—for whom it is primarily intended—during a course of practical dispensing.

The author pays a good deal of attention to the subject of incompatible drugs. The exercises should prove useful to men preparing for an examination. The author's Latin is sometimes at fault, and we were amused by the naive remark that "the verb *fit* takes a nominative after it."

SERUMS, VACCINES, AND TOXINS IN TREATMENT AND DIAGNOSIS. By WM. CECIL BOSANQUET, M.A., M.D. Oxon., etc. (Published by Cassell and Co.) Price 7s. 6d.

This excellent book is the first of a series of monographs upon modern methods of treatment. Dr. Bosanquet has collected all the

evidence and facts concerning the subject of his book, and has presented it to his readers in a carefully written and interesting form. The subject is fascinating as well as scientific. Dr. Bosanquet has weighed all this evidence, and has drawn his own moderate and commonsense conclusions, which he prints at the end of each chapter. Especially useful are the sections which deal with the practical value of serums, vaccines, etc., in therapeutics. Above all, to judge from his book, the author is not an enthusiast, and this is his tower of strength. Scepticism, and not enthusiasm, is the one thing needful in the study of serum therapy. We think he might have omitted a good deal of the last chapter but one concerning other conditions treated by anti-bacterial methods, because at present surely the treatment of general paralysis of the insane and epilepsy with antitoxins is still very much in the clouds.

We should advise every practitioner and advanced student to read this book. He will thus acquire a very fair knowledge of the great advances that have been made in this branch of medicine.

Appointments.

DRANSON, WILLIAM P. S., M.D. (Cantab.), M.R.C.P. (Lond.), appointed Assistant Physician to the East London Hospital for Children, Shadwell.

CLEVELAND, J. W., M.R.C.S., L.R.C.P., appointed House Surgeon to the Royal Berkshire Hospital, Reading.

HARKEE, T. H., M.B. (Lond.), M.R.C.S., L.R.C.P., appointed House Surgeon to the Women's Hospital, Brighton.

HOSKEN, J. G. F., M.R.C.S., L.R.C.P., appointed Assistant Medical Officer to the St. John del Rey Mining Company.

PAGE, C. H. W., M.A., M.R.C.S., L.R.C.P., appointed House Surgeon to the Stamford Infirmary.

PICKERING, W. C., M.R.C.S., L.R.C.P., appointed House Physician to the Leicester Infirmary.

RIVAZ, P. M., M.R.C.S., L.R.C.P., appointed Surgeon to the s.s. "Umvoti."

New Addresses.

CRESSWELL, F., Barrow-on-Soar, near Loughborough.

CUMBERBATCH, A. E., 11, Park Crescent, Portland Place, W.

ELWORTHY, H. S., Glan Ebbw, Victoria, Monmouthshire.

FORSTER, A. F., 4th Floor, Alexandria Buildings, Hong Kong, China.

HARTLEY, J. D., 39, The Terrace, Gravesend, Kent.

HAYNES, G. S., 4, Trinity Street, Cambridge.

JAMESON, R. W., Witbank, Transvaal.

MANGIN, Major, R.A.M.C., care of Messrs. Holt and Co., 3, Whitehall Place, S.W.

Acknowledgments.

The Hospital; The Stethoscope; Brooklyn Medical Journal; British Journal of Nursing; L'Echo Medical du Nord; Le Mois Medico-Chirurgical; Giornale della Societa Italiana d'Igiene.

Books for Review.

Uric Acid: an Epitome of the Subjects. Alexander Haig.
Medical Examination for Life Assurance. F. de Havilland Hall.
The Practice of Medicine. 7th edition. Frederick Taylor.

