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St. Bartholomew's Hospital



JOURNAL.

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St. Bartholomew's Hospital Journal,

OCTOBER 1st, 1904.

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

Calendar.

Sun., Oct. 2.—Eighteenth after Trinity.
Mon., " 3.—Winter Session begins. Annual Old Students' Dinner.
Thurs., " 6.—Abernethian Society Opening Sessional Address. Mr. John Langton on "Modern Aids to Diagnosis."
Fri., " 7.—Clinical Lecture, Sir Dyce Duckworth. "Pneumococcal Meningitis."
Sat., " 8.—R.F.C. v. United Services, at Portsmouth. A.F.C. v. Bradford Waifs, at Winchmore Hill. Hockey Club v. Leytonstone, at Leytonstone.
Sun., " 9.—Nineteenth after Trinity.
Mon., " 10.—Special Lecture on "Skins," Dr. Ormerod.
Wed., " 12.—Clinical Lecture, Mr. Bruce Clarke. A.F.C. v. St. Leonards, at St. Leonards.
Thurs., " 13.—Abernethian Society. Dr. F. C. Shrubbsall on "Physical Deterioration."
Fri., " 14.—Clinical Lecture, Dr. Norman Moore.
Sat., " 15.—R.F.C. v. R.M.C., at Camberley. A.F.C. v. Old Foresthillians, at Forest Hill. Hockey Club v. Streatham, at Streatham.
Sun., " 16.—Twentieth after Trinity.
Mon., " 17.—Special Lecture, Mr. McAdam Eccles. "Surgical Treatment of Infantile Paralysis."
Wed., " 19.—Clinical Lecture, Mr. Bruce Clarke. A.F.C. v. Old Citizens, at Winchmore Hill.
Thurs., " 20.—Abernethian Society. Clinical Evening.
Fri., " 21.—Clinical Lecture, Dr. West.
Sat., " 22.—A.F.C. v. Old Johnians, at Winchmore Hill. R.F.C. v. Civil Service, at Richmond. Hockey Club v. R.M.C., at Camberley.
Sun., " 23.—Twenty-first after Trinity.
Mon., " 24.—Special Lecture, Dr. Lewis Jones.
Wed., " 26.—Clinical Lecture, Mr. Bruce Clarke. A.F.C. v. R.M.A., at Woolwich.
Thurs., " 27.—Abernethian Society. Mr. C. M. H. Howell on "Uremia."
Fri., " 28.—Clinical Lecture, Dr. Ormerod.
Sat., " 29.—R.F.C. v. Leytonstone, at Winchmore Hill. A.F.C. v. R.I.E.C., at Winchmore Hill. Hockey Club v. Croydon, at Croydon.

Editorial Notes.

ANOTHER Hospital year has begun, and once more the Medical School is about to resume its daily round of work. We have seen several new faces in the Square already, but we must defer the publication of the complete roll of Freshmen to the next number of the JOURNAL. However, we now offer them one and all a hearty welcome.

* * *

In the first place let us point out that, by signing the Hospital register, each student has become an alumnus of a Royal and Ancient Institution—the oldest and largest of its kind in the British Empire. There will be some men, without doubt, who come from schools and colleges with ancient foundations, but we can safely claim that none of these date so far back as 1123, or possess such an unbroken record as St. Bartholomew's Hospital, the detailed history of which is to appear shortly in book form written by the able pen of Dr. Norman Moore.

* * *

EVERY Freshman, whether he comes straight from school or from the university, is entering upon a new sphere of life, but he is still *in statu pupillari*, and must adapt himself to his surroundings rather than try to make his surroundings suit himself. Therefore let us say that St. Bartholomew's is a home of traditions, and that to become a "Bart.'s" man is to begin life well by appropriating a name already famous; it is in the power of every student to make the best use of this name.

* * *

We do not mean to say that our Hospital is better than any other; each hospital has its good points, but we know that the name "Bart.'s" has a reputation all over the British Empire, if not throughout the civilised world. And so, in return for this gift of a good name, it is the duty of every Freshman to help to increase rather than to decrease the reputation of that name.

* * *

If anyone ask what a first year's man can do in this respect, the answer is clearly written over the entrance to the School door, "Whatsoever thy hand find to do, do it with thy might." There is the keynote of all success, whether in work or in play, namely, enthusiasm.

WE confess that we have neither the space nor the inclination to advise Freshmen about their studies or books, so we refer them either to the Wardens or to the special tutors, namely, Dr. A. E. Garrod, Dr. Drysdale, Mr. Waring, and Mr. Harmer, who have been recently appointed to supervise the work of students reading for the various examinations; and we also refer them to the *Lancet* and *British Medical Journal* of Saturday, September 3rd, both of which magazines are full of very valuable advice and suggestions for students entering the medical profession.

WE may divide our Freshmen into two groups, those who come from the university and those who have come up straight from school. Now it has been the fashion during the last few years for those of the first group to think that they are under no obligation to do anything for the Hospital, and that their only responsibility rests with themselves; but obviously there is a great want of proportion about such an opinion. Unfortunately to such men, whose character and opinions have already been formed at the university, we can say nothing except to appeal to their sense of honour to do all in their power to maintain the reputation of the Hospital.

THE second group, coming as it does for the most part straight from school, should be full of patriotic zeal and enthusiasm. We would ask such to retain their schoolboy ideals, and also to remember that they have ceased to be schoolboys.

IN conclusion, we would remind all Freshmen that we, the students of the Hospital, are a large corporate body, numbering at the present time about 600, and that we have many various and different interests, which have lately been united by the formation of the Students' Union, the management of which is in the hands of a representative Council of eleven students and three members of the staff. This Council has thoroughly justified its being; for with the co-operation of the staff and Medical School Committee it has introduced many improvements for the comfort and convenience of students, and it is ready to do more as occasion arises. Therefore we should advise all Freshmen to make themselves known to their representatives upon the Council, who will be ready to help them in any way possible.

As far as the individual clubs are concerned we have noticed plenty of enthusiasm among the secretaries of the various winter clubs, and we would call the attention of all our readers to the club notices in another column. Several practice football and hockey games are to be held, and these are to be followed by a list of good matches. We trust that all Freshmen will turn up to the practice games, and that no member of the Hospital will play for outside clubs except upon occasion. All further information concerning the Students' Union and the Clubs can be obtained from the Secretaries, Messrs. F. J. Gauvain and W. G. Loughborough, or from the secretaries of the individual clubs.

WE welcome the Freshmen with gladness, but it is with sorrow that we say good-bye to the two senior members of the active staff of the Hospital, for it is many years since the Hospital has lost both its Senior Physician and its Senior Surgeon at one and the same time.

FROM all sides there have been expressions of real regret ever since Dr. Gee paid his farewell visit to his wards in August, the same wards which he has visited with such regularity during the time which he has acted as Physician to the Hospital. Words fail us when we would express the debt of gratitude which all the students of the Hospital owe to Dr. Gee for his admirable clinical teaching, so interesting and so very different from the dull medicine of the textbook. Our memory will not carry us far enough back to the time when Dr. Gee used to work at the more scientific and experimental aspect of medicine, but of this we have heard and its fruits we have gleaned from his teaching in the wards. We refer our readers to a short appreciation in another column.

MR. LANGTON was appointed Surgeon to the Hospital in 1881, and as we go to press to-day he is paying his farewell visit. Almost every day of the year, except Saturday, he used to drive into the Square at 1.30 with the greatest regularity, and on Sunday, too, he always visited his wards. If we were asked to single out one of his many good qualities for emphasis, it would surely be the tireless energy with which he conducted his daily work, and which he has maintained right up to the last. He thought nothing of spending six or seven hours in the operating theatre if there was work to do, and he used to get through an amount of work that would knock the spirit out of many a younger man. His method of teaching, or rather of impressing surgical facts upon the mind was happy, and men learnt much from his manner of cross-questioning, for it taught them to think. An appreciation will be found below.

THE west block has been cleaned, painted, and fitted up with electric light throughout. The Coborn operating theatre is the most useful addition and should prove a source of great relief to the junior house surgeons.

THE Medical School has just passed through its annual state of chaos, and is now swept and garnished and ready to receive those who have returned to work. The *ripolin* paint is a distinct improvement, for its reflection adds light to the staircase and passages, and it looks cleaner than the ordinary distemper. Our eyes have accustomed themselves by degrees to the mixture of colours; the green, of course, is to remind us of our holiday in the country, while the cerulean paint in the Museum increases our zeal for studying the specimens, because from time to time our thoughts turn to the "Sunny South," or the "blue" of the Mediterranean Sea.

WE are glad that several real improvements have been made for the convenience of students. In the first place, a bell has been placed at the head of the cloak-room stairs, which will be of great assistance to visitors when seeking their friends at the Hospital. The Abernethian Room has been thoroughly done up, while the Smoking Room has been refitted with settees, small tables, and chairs. It is to be hoped that the more juvenile of our members will remember that they have left school, and will treat the furniture with greater respect.

WE will also add that for the future Smoking will only be allowed in the Smoking Room, and not in the Abernethian Room. The excuse that the Smoking Room was not inhabitable is no longer valid, and we trust that the maxim *noblesse oblige* will weigh with men sufficiently to stay them from rendering the Abernethian Room objectionable to the non-smoking section of the community.

WE call the attention of our readers to the Report of the Sub-Committee on the Hospital Colours, which we print at length in another column. We congratulate the Sub-Committee on having solved a difficult problem, but above all on having been sufficiently wise to retain the colours "Black and White." The patterns, that have been chosen, are quite original, and for the most part in very good taste. We may hope now to have seen the last of those appalling crests on the hat bands, and such like, and all the many devices of "black and white" purporting to be the official colours of our Royal and Ancient Institution. It will be the duty of the Council to see that none but the official colours are worn.

THE Council of the Students' Union is making arrangements for a smoking concert late in October, and also a dance before Christmas, probably on December 6th, at the

Wharfedale Room (Great Central Hotel). Committees have already been appointed, but at present we have no further particulars to hand. We are certain that all students, past and present, will co-operate to make both these efforts successful, for it is hoped to make them annual events. Our individual clubs are under obligation to several outside clubs for hospitality, and perhaps this may be a means of returning such hospitality.

THE Secretaries of the Council will be glad to receive the names of men who are willing to perform at the smoking concert themselves or know of others who will.

TEMPORA MUTANTUR! It was the inquest room once; then it was the practice room for the Choral Society and the orchestra; now it is an up-to-date American quick-lunch buffet, luncheon or tea-room. It has been thoroughly fitted up for the occasion, and serves its purpose very well.

WE welcome Sister Casualty most heartily as the first Lady Superintendent of the Resident Staff Quarters and the College. Long may she superintend!

WE offer our most hearty congratulations to Mr. T. J. Faulder on his marriage with Miss Julia Cripps, which took place on Friday, September 2nd. The Hospital Square was more deserted than ever on that day for this time of year, for everyone went west to see the ceremony, after which everyone returned to 2, Stratford Place, where Mr. and Mrs. Harrison Cripps received their numerous and fashionable guests. We wish Mr. and Mrs. Faulder every happiness and prosperity.

WE are asked to remind our readers that, if they wish their names to appear as subscribers to the first edition of Dr. Norman Moore's *History of St. Bartholomew's Hospital*, they should send in an application without delay to Sir Ernest Flower, the Honorary Secretary of the Special Appeal Fund. It is desirable to complete the list as soon as possible: at present there are 500 names, but it is hoped to increase the list to 2000. A full notice of the book appeared in the last number of the JOURNAL.

THE Mayor of Westminster, Mr. Walter Emden, has very generously presented several copies of his *County Bridges* for sale on behalf of the Rebuilding Fund. A review of the book appears in another column; it is a portfolio of beautiful drawings of the Thames bridges by Mr. Howard Penton, the author of the sketches and illustrations in Dr. Norman Moore's history. We can honestly recommend the book to any of our readers who are interested in bridge architecture or to those who wish to possess a souvenir of the roadways across the Thames. It may be seen in the library, and may be obtained on

application to the secretary of the Appeal Fund, price *tos. 6d.*

* * *

In connection with the Appeal Fund, we have been asked to state that the directors of the Empire Music Hall have very generously offered to hold a special matinee on behalf of the Hospital before Christmas. It is to be hoped that all Bartholomew's men will help to make this a success by taking tickets, and by bringing it before the notice of the general public. Full particulars will appear in the next issue of the JOURNAL.

* * *

OF late years the JOURNAL has increased its circulation very largely; but still, it is only fair to say that its profits come chiefly from its advertisements. Now, as the JOURNAL is the property of the Students' Union, these profits mean an increased income to the clubs, and, during the last year, in addition to paying off a large outstanding debt, the JOURNAL has handed over a considerable sum to the clubs. Therefore, it is chiefly in the interests of the clubs that we take this opportunity of asking our readers to give preference, so far as it is in their power, to those firms which advertise in our columns. Many men, who are now living in London for the first time, will want to know where to go for clothes, etc. We suggest that they should give preference to our advertisers; and in some cases we notice that special terms are given to St. Bartholomew's men.

Two Appreciations.

SAMUEL GEE, Esq., M.D., F.R.C.P.

NOW that Dr. Gee has retired from active life at the Hospital, we all feel instinctively that something is wanting, that the weekly round of the Hospital is incomplete. In other words, we miss him, and it is not only his clinical teaching but also his personality that we miss.

It was in the year 1868 that Dr. Gee came to St. Bartholomew's as assistant physician, with a reputation already made at University College and at the Great Ormond Street Hospital for Sick Children. Very shortly after his appointment, and chiefly upon his suggestion, the Skin Department was opened, the care of which he resigned only to become Demonstrator of Anatomy, because the dissecting rooms were understaffed at that time! In 1878 he became full physician to the Hospital, in succession to the late Dr. Black, which office he has thus held for twenty-six years; and we believe we are correct in saying that, apart from his annual summer holiday of five weeks, he has never failed during all those years, to pay three

visits a week to his wards, except on one occasion in 1902, when he was laid up for two months with influenza—a record of health and vigour of which he may well be proud.

To us who have known him at the Hospital, Dr. Gee was, in the first place, a scholar and a philosopher; but he was also a man of the world, and a student of human nature, for he said that the study of man was the highest of the fine arts and the most interesting. His mind was truly scientific, and his speech logical and apt, while he was the master of a peculiarly fragrant form of humour—quite his own. Finally, he was a great clinical physician. In fact, he has combined the qualities of many great men to form in himself a unique type of character, which all Bartholomew's students of the last thirty years have learnt to respect and admire.

He was, indeed, a great clinical physician, and so it was at the bedside that his greatness appealed to us most forcibly. Always brief and inclined to matters of fact, he went straight to the crucial points of a case, observing on his way, so to speak, all the side issues; for he observed everything and said little. He was always faithful to his contention that diagnosis should be the first aim of a physician, and his diagnosis was based on facts, never on theory or on doubtful signs. His treatment was of the simplest; for he maintained that Dr. Diet, Dr. Quiet, and Dr. Merryman were the three most successful practitioners. In pharmaceuticals, however, he belonged to the empiric rather than to the expectant sect of physicians; he used drugs sparingly, and chiefly as the outcome of his own experience.

We have heard several of Dr. Gee's old clerks emphasising the great practical value of his teaching; for many of his sayings have served them in good stead when confronted with a difficulty.

In conclusion, we would speak of Dr. Gee as an author. Just as he was a man of few words, so he wrote little. But he has given the world of medicine two great books. Of the first, *Auscultation and Percussion*, he himself has said, "It taught me more in the writing than it will teach anyone else in the reading." But it has become a "classic," and it will remain. While of the second, *Medical Lectures and Aphorisms*, it may be said more truly than of any other book that it makes manifest the delights of clinical medicine. While we read it, we can justly say—

"Let us quaff the living stream,
To idlers leave the stagnant pool."

JOHN LANGTON, Esq., F.R.C.S.



PERIOD of no less than forty-seven years has elapsed since Mr. John Langton was first associated with the Medical School of St. Bartholomew's, and it is only expressing a truism to say that, while he has done so much during this long period to

maintain the prestige of the School, it has in return shed lustre on his career.

After qualifying in 1861, his exceptional faculty for imparting knowledge soon saw him elected to the teaching staff as Demonstrator of Anatomy. Four years later he was admitted a Fellow of the Royal College of Surgeons, and in 1867 was elected an assistant surgeon. Three years after his election, the Medical Council of the Hospital was reconstituted to embrace the assistant physicians and surgeons, and Mr. Langton was chosen as the first secretary of the new Council.

From 1873 to 1880, while assistant surgeon, Mr. Langton had charge of the Aural Department, in which he was succeeded by Mr. Cumberbatch.

In 1881, on the retirement of Mr. Luther Holden, who is still one of the consulting surgeons, Mr. Langton was promoted to the office of full surgeon, which post he has held for over twenty-three years, and which he now resigns.

The large experience which Mr. Langton has gained during this period, both in diagnosis and treatment, has enabled him to lay up a rich store of knowledge, which in all cases of difficulty and doubt has earned his opinion, both at consultations and at the bedside, the greatest attention and respect. As an operator his manipulative skill, the care and thoroughness with which he performed even the most tedious operations, and his readiness in any emergency, made him a model for many who have been accustomed to attend the operating theatre. His untiring energy is shown perhaps best by the freshness with which he would attack any operation even after four or five hours' continuous work. His invariable cheerfulness when called on in the early hours of the morning in winter to come to the Hospital for an emergency operation was a source of wonder to his house surgeons.

As a teacher Mr. Langton will be very much missed; for his Fellowship classes were always very well attended, and those who followed him round the wards were always sure of gathering information which would perhaps be of more use to them in practice than at examinations. His teaching was so essentially practical.

As an examiner Mr. Langton has always had the reputation for absolute fairness, while at the same time he was wont to probe the candidate's knowledge to its depths.

Many distinctions have fallen to Mr. Langton's lot. We are sure that none can be of more value to him than to know that he has earned the respect and gratitude of many generations of Bart.'s men, who, one and all, trust that he may long live to enjoy them.

We have just heard that Dr. Gee and Mr. Langton have been appointed respectively consulting physician and consulting surgeon to the Hospital; and at the same time both were elected Governors. We congratulate the Hospital no less than Dr. Gee and Mr. Langton.

On the Pathology of Common Honesty.

Abernethian Society's Mid-Sessional Address, June, 1904.

By F. W. ANDREWES, Esq., M.D., F.R.C.P.
Pathologist to St. Bartholomew's Hospital.

THE task of selecting a subject for a Sessional Address at this Society is not a light one, and I must confess that I approached it with some misgivings. Looking back at the subjects which those have chosen who have preceded me, I perceived that one might be technical, or historical, or didactic. You are already sufficiently afflicted with my technical lectures, and I have no claim to be a historian. In accepting, therefore, the honour you have done me in asking me to address you this evening, I saw no loop-hole for escape from the didactic. As a pathologist, I felt that my subject should be some morbid deviation from the normal, and I finally selected the pathology of common honesty as one having a peculiar bearing upon medical practice, and affording a wide field for consideration.

I do not think there is much need for defining what I mean by common honesty. I lay emphasis on the "common." There is an excessive honesty which is almost morbid; we might class it with the hypertrophies. What I mean is ordinary straight dealing between man and man. This moral function is subject to all sorts of strange anomalies. It has its congenital abnormalities and its acquired defects. It may be atrophied from disuse, or absorbed by pressure from without. It has its anæmia, its marasmus, and its rickets; it is subject to infections and traumatism, and damage to it may, with skilful treatment, be repaired.

I said just now that the subject was one which had a special bearing upon medical practice, and it will be of some interest to consider the reasons for this—to discuss, in fact, the aetiology of the various departures from the normal to which our honesty is subject in the relation between doctor and patient. That such departures from the normal are specially apt to occur in our profession must, I fear, be concluded from the meaning which has come to attach to the word "quack." Looking up this word in my dictionary, I find that it means, firstly, the cry of the common or domesticated duck, or, secondarily, any croaking noise. Figuratively it means "a pretender to knowledge or skill which he does not possess." But in a specific sense "quack" is used to designate "a boastful pretender to medical skill which he does not possess," a "sham practitioner in medicine."

But why is it that the term "quack" has come to be specially associated with the practice of medicine? I am quite certain that, as a body, medical practitioners are fully as upright and honest a set of men as can be found in

any other profession or trade,—if anything, more so. Rogues, no doubt, there are amongst us, as in every walk in life, but I know of absolutely no reason for believing that the specific association of quackery with medicine rests upon the average moral character of doctors as compared with that, say, of stockbrokers, solicitors, or even archbishops. There must be something in the essential nature of medical practice to explain the association, nor is it very hard to see wherein it lies. To the public there is something in medicine of the mystical, the occult, the esoteric. A stockbroker or a solicitor (though not, I admit, an archbishop) habitually deals with definite and measurable issues. It is soon apparent whether he is right or wrong on any point regarding which he has been consulted. But disease is not only in itself a very complex thing, but is rendered far more so by the fancies and imaginings of its victims; and the issues of life and death, which may hang in the balance, place the matter on a very different footing from an ordinary business transaction. A doctor has not only to diagnose and treat the disease, but also the patient, and the one may be as important as the other. Hence, to be a successful practitioner he requires not only his technical knowledge, but also a knowledge of human nature perhaps more intimate and subtle than that required in the majority of other professions. If I were disposed to epigram I should define a successful quack as a practitioner who knows more about human nature than he does about disease.

A doctor who is in the wrong is much less readily convicted of error than a solicitor or a stockbroker. If a lawyer says "Fight 'em, they haven't got a leg to stand on," and you are then cast in heavy damages, there is no mistaking the falseness of his advice. The ups and downs of the share market form a criterion by which you can speedily tell whether the opinions of your stockbroker have been correct. But if a patient details his symptoms to a doctor and is told "Your liver is out of order; take these pills," it by no means follows with equal certainty that the doctor was wrong, should the symptoms fail to be alleviated. Many diseases are incurable by the most skilful practitioner, and there are symptoms which no drugs can palliate. Months, even years, may elapse before the true nature of a disease is finally apparent. It follows that the temptation to assume an appearance of knowledge which he does not possess comes with unusual force upon a medical man.

But the mental attitude of many patients makes the matter much worse. The patient loves to feel that he is in the hands of a man who really understands his case: he likes a confident expression of opinion. Many a patient will not remain under the care of a doctor who cannot at once tell him what is the matter: he says the doctor does not understand his case. If I were to say to a man "My dear sir, this pain in your leg may be due to a deeply-seated malignant growth, the exact position of which I

cannot discover, or to a grave organic disease of your spinal cord, or it may be only neuralgic, or possibly due to rheumatism, or perhaps you have knocked your leg against a chair without knowing it, or, on the other hand, it may be a pure fancy on your part. I can't for the life of me tell which of these diagnoses is correct, but anyhow, on the off-chance that it may be rheumatism, here is some medicine that may perhaps do you good." If, I repeat, I were to say all this (which I might very well think) to the patient, he would probably be profoundly dissatisfied, and would be tempted to go off to some other practitioner, who would assume off-hand that it was rheumatism, and tell him so. There are, of course, some ailments, especially neuroses, in which a confident expression of opinion on the part of the doctor may actually assist in the cure. Further, there is nothing about which the public is more credulous than about the virtues of drugs, a fact which alone ensures an abundant supply of dupes to the unscrupulous practitioner. I think that it is just to lay the blame for the fact that the term "quackery" has come to mean "sham medical practice" quite as much (perhaps even more) upon the shoulders of the public as on those of the medical profession as a body.

The aetiology of pathological deviations from the normal in common honesty is thus tolerably plain in the case of the medical profession. The direct or exciting cause is the desire of gain (for we have to live by practice and pay for our washing), or at least the desire of prestige and reputation which lead indirectly to gain. The great predisposing cause is the credulity of the patient and his earnest desire for a definite opinion. Added to which is the subsidiary fact that you cannot readily be found out if you are wrong,—at least not for some time. You are practising, or about to practise, a profession by which you propose to live. Your patients will, as a rule, have a somewhat unreasoning belief in your powers. With a simple faith they will commonly accept your opinion, and swallow your prescriptions. And for some time neither you nor they will know whether your opinions have been correct, and your drugs well chosen. Sometimes it will not appear to you expedient to say all that you think; sometimes it may seem expedient to say more than you have actual grounds for believing. It is difficult to imagine a profession in which a greater strain is put upon common honesty—one in which it is more difficult to avoid some taint of humbug.

Having considered the causes of dishonesty in medical practice let us pass on to consider and classify some of its observed phenomena. I might commence with the more trivial deviations from the normal, and trace them up to the grosser forms of quackery. But I think it will be simpler to pursue the opposite course; to study first the motives and methods of the utter and shameless quack, and then to see how far we can detect similar tendencies in ourselves.

The term "quack" is sometimes hurled indiscriminately

at any practitioner of whose methods or doctrines we may personally disapprove. But if a man sincerely believes himself able to do what he claims he ought not to be called a quack, however misguided we may deem him. A man is a quack when he wilfully professes himself able to cure diseases, and takes money for it, knowing himself all the time to be without the necessary knowledge and skill. His motive is gain, and gain alone,—not in the first place the welfare of his patient. This question of motive lies so much at the root of the matter that you must forgive me considering it in more detail. It is an old and honourable tradition in our profession—one which I hope will never die out—that the welfare of the patient should be our primary consideration. In a hospital, such as this, it is obviously the primary consideration; the rest follows of its own accord. The man who is successful in the treatment of his hospital patients, though he makes no money directly, gains much in credit in the eyes of those who watch his practice, and ultimately in the eyes of the public. Indirectly he may make much money, for when once his prestige is well established he is largely in request as a consultant. The students, who have watched his hospital successes, select him as a consultant when they themselves enter into practice. His financial success is essentially an indirect result; he could not attain it except by a scrupulous and unselfish devotion to the interests of his hospital patients. Now I believe that this is also true of all medical practice. Supposing you start, as most of you will, in ordinary general practice, you will hope to make a living by it. But if you place the making of money as your first and highest consideration I venture to doubt whether, in the long run, you will find it so profitable, much less so creditable, as if you placed your patient's welfare in the first place. The money will come of itself if you succeed in gaining the confidence and esteem of those amongst whom you practise, by showing yourself competent and honest in your professional work.

The methods of the quack demand an intimate knowledge of human nature, and especially of its weaker sides; this knowledge forms the bulk of his stock-in-trade. He has to persuade the populace that his remedies will cure their ailments. The blatant scoundrel of the market place does so by word of mouth, imposing upon the credulity of the vulgar with a loud voice, a glib tongue, and an assortment of pills and draughts.

But a more profitable method of quackery is that of wholesale advertisement. A man may advertise himself and his merits; or simply his remedies. The essential point for real success is that the advertising should be on an enormous scale. There exists a vast number of sufferers from chronic ailments, curable or incurable, ready to give a trial to any remedy brought under their notice with sufficient persistence. If you construct a pill out of several fairly active drugs, none of them actually poisonous in the dose employed, and induce

a sufficient number of people to partake of them, a certain proportion of the partakers is likely to derive benefit from one or other of the drugs. Those who do not benefit are probably not much harmed, and usually say nothing about it. But those who chance to benefit commonly boast about the pill a great deal, and recommend it at large to all their kinsfolk and acquaintance. Often they write to the pill-monger and say how much better they feel, and, of course, he prints the letter as a further advertisement.

If we pause to consider the degree of dishonesty in all this we shall find that it rests partly, and in inverse ratio, on the amount of skill involved in the composition of the remedy, and partly, and in direct ratio, on the extent of the claim made as to its virtues. There are certain patent medicines, such as Colles Brown's chlorodyne and Himrod's cure for asthma, which are so carefully compounded that, although their ingredients are approximately known, they are not readily replaced by ordinary combinations of drugs. The value of these nostrums is tacitly recognised by the imitations of them which appear in various hospital pharmacopœias; they can hardly be classed as quack remedies, and there is no particular discredit in prescribing them in suitable cases. In most of the widely advertised pills some active drug is employed,—commonly a purge because so many slight ailments are traceable to constipation. The late Holloway made a pill which had such vogue that he was enabled, amongst other things, to found an important institution for higher female education at Egham. The names of Eno, Beecham, and Carter also cross the mind in this connection. The number of persons who are benefited in health by keeping their bowels open by these or kindred remedies must be considerable; nor can it be denied that some degree of skill has been employed in the construction of many of them.

The element of dishonesty becomes more manifest when the claim is set up that a given nostrum will cure almost any ailment that flesh is heir to, and the degree of quackery is in direct proportion to the universality of the claim. Instances of this kind of fraud may readily be found in the advertisement columns of any newspaper, and it is hardly worth while to discuss the matter at further length.

So far I have attempted to consider the motives and methods of the pure quack—the person who claims to cure disease without that acquaintance with the subject which is to be derived from a regular course of medical study. He is essentially, and in the eye of the law, a sham practitioner in medicine. The law demands that before we are officially let loose upon the public as medical practitioners, we shall satisfy a board of examiners that, after a certain number of years of study, we are reasonably competent to diagnose and treat disease. Some of us are already aware that it is not always easy to persuade the examiners to take this view. But, assuming that we have gained our diplomas, it is clear that the amount of medical knowledge and skill amongst

qualified doctors must vary within wide limits, according to the intelligence, industry, and experience of the individual. Inexperience, and even ignorance, are not, however, incompatible with perfect honesty, though it is natural that one's honesty should be put upon an especially severe strain during that trying period in the career of every doctor when he first assumes the responsibilities of practice. Happy the man who can pass through that stage as a member of the resident staff of a hospital such as this, with his fellows to advise, and his seniors to back him up in cases of difficulty or doubt.

I need hardly labour the point that it is not always right to tell a patient the whole truth and nothing but the truth. A man may argue that, if he pays me money for my professional opinion and advice, he is entitled to have it given with absolute candour and with no reservation. As a rule this is doubtless the case, but there are times when such a course would be very undesirable. Supposing a patient to seek my opinion concerning a given symptom, the cause of which I cannot certainly discover. Am I to explain to him the train of possibilities passing through my mind and send him away with a nightmare of hypothetical diagnoses? Surely not. I may tell him that the case appears to me obscure, but that the most likely cause of his trouble is so and so, and advise a certain line of treatment accordingly. This would probably satisfy an intelligent man who had faith in my ability and integrity. But it might fail to satisfy a less intelligent man, or a nervous excitable patient who required reassuring as to his condition. To such a person I might feel it right to say "Yes, yes; don't you worry about that," while putting before him the most favourable construction I could as to the cause of his trouble, and prescribing the same line of treatment as in the former case.

There are, then, certain deviations from absolute candour in the relations between doctor and patient, doubtless arising in exceptional cases only, which I should not class as pathological. We may speak of them as physiological adaptations. The touchstone by which we may distinguish them as legitimate is motive, and motive alone. I need hardly say that the influence of the mind upon the body is of immense importance in medical practice, so that cases often arise in which it is of much greater consequence to treat the patient than the disease. Sheer quackery has met with its most brilliant and indisputable successes in cases which we recognise as neurotic. The most convincing examples of miraculous cures, the most wondrous achievements of the faith-healers, are to be found amongst the victims of hysteria. If, after careful examination, you have made a diagnosis of hysteria, you are perfectly entitled to use the methods of the faith-healer. If you were absolutely candid with the patient you might well forfeit all prospects of cure.

The test which we must apply in order to determine

whether our deviations from common honesty have exceeded the physiological limit is, as I have said, one of motive. From the moment when we have said or done anything in which we have deliberately placed our own interests, financial or otherwise, above the welfare of the patient, whenever we play down to the patient's credulity for our own gain, we have entered upon the pathological phases of common honesty.

I imagine that there is no man with much experience in medical practice who has not felt the temptation to deviate from the ideal in these respects, and few who can truthfully say that they have never in some degree yielded to it. The patient is often so foolish, so anxious to be deceived with fair words, that it requires a very strict sense of honour to deal fairly by him. Lapses from strict honesty are equally prone to occur in other walks of life akin to medical practice.

But I had better confine myself to that which is more within my own experience—the scientific aspects of medical work—pathology for instance. Let us turn for a moment from the pathology of common honesty to the honesty of common pathology. There is something beautifully simple about the aim of all scientific work; it is solely to discover the truth, to make absolutely sure of the facts on which you reason, to draw logical conclusions from a sufficient body of such facts, and then to test your conclusions by well-conceived experiment. Now, it is fatally easy to be a little disingenuous in scientific work, to pick your facts so as to square with your theory instead of picking your theory so as to square with your facts. Even with the best of intentions one finds oneself doing it almost unconsciously. When you wilfully ignore facts, when you twist them out of their proper bearings, when you, through laziness or carelessness, neglect to take reasonable pains to find out what are facts and what are not, then you have lapsed from scientific honesty. It is this worship of fact which constitutes the chief value of a scientific training. You commence your professional training with a course of pure science, and although your physics, chemistry, and biology will be of direct service to you later, they should afford a discipline in honesty which will be of even higher worth.

The honesty of common pathology in its clinical aspects is, above all things, an honesty to fact. The pathologist is, however, fortunate in one respect. The temptation to assume a knowledge and skill which he does not possess comes upon him with much less force than upon the ordinary medical practitioner, because he deals, not directly with a credulous patient, but with a doctor who knows, or ought to know, just what value to attach to his statements. He is in a position to admit, without loss of credit, that he cannot give a definite answer to the problem set him, because the doctor who has set it is able to appreciate the difficulties involved.

Looking back on what I have been saying to you, I perceive that I have not failed in being didactic—I fear even

to the point of boredom. I did not set out with the intention of preaching a sermon, and, indeed, I feel by no means entitled to do so, for I am often cognisant of a fair-sized beam in my own eye. Nevertheless, it is sometimes useful to face the fact that ours is a profession—a great and noble profession I grant you—but a profession which easily lends itself, if we are not scrupulously careful, to humbug and quackery. And if I may venture upon a concluding platitude, it would be this: that the chief means of prophylaxis against "the pretence at knowledge and skill which you do not possess" is to acquire the knowledge and skill now while you have the opportunity, and thus render the pretence a superfluity.

Prognosis from the Characters of the Pus in the Empyemata of Children.

By WILLIAM P. S. BRANSON, M.D., M.R.C.P.,
Assistant Physician and Pathologist to the East London Hospital
for Children.

THE distinction drawn by the older clinicians between pus that was "laudable" and that which was of less benign significance remains as true as it was, though bacteriology has given us the key to its proper understanding. In the empyemata of childhood, as elsewhere, naked-eye examination of the effusion, combined with microscopical and bacteriological observation, is of considerable value in estimating the gravity of the outlook. Of the many organisms from time to time responsible for empyema in youth there are only two that occur with frequency—the *Pneumococcus* and the *Staphylococcus pyogenes aureus*, and it is with these two only that I propose to deal.

Pneumococcal empyema.—This disease may be either acute or chronic. By far the commoner variety is the chronic, marked clinically by—

1. Persistence of irregular fever after pneumonia, or—
2. Gradual loss of health, with cough and progressive anæmia in children who have recently suffered from bronchopneumonia, bronchitis, or some infectious fever—notably measles. A few cases are not referable to any known predisposing cause, but these are the exception.

There are two varieties of pus that indicate a chronic pneumococcal infection. Most commonly the pus is thick, odourless, and of a peculiar yellowish-green tint which seems to me to be almost confined to this organism. In addition, evacuation of the empyema in such cases almost invariably reveals the presence of gelatinous masses of fibrinous pus, which, in conjunction with the colour, are, I think, pathognomonic of the action of the *Pneumococcus*. Such pus under the microscope shows but few organisms, and these very often not in the form of typical encapsulated

diplococci, but in the form of chains of diplococci very similar to streptococci, but encapsulated. An effusion of long standing may contain no complete pus-cells, these having broken down to form a granular *débris*.

In the second and less common chronic variety the fluid is almost clear, but still faintly greenish, and the cavity contains a quantity of lymph either in flaky strands or as a false membrane lining the walls. Such fluid under the microscope is almost acellular, and contains few organisms, and these often in chains and not actively dividing. This variation probably indicates an advanced relative immunity on the part of the patient. It is met with in the pericardium, pleura, and joints. In one case, in an infant of fourteen months, an abscess of the elbow-joint which yielded the typical thick pus above described, was followed in the course of a fortnight by a painless effusion into the knee-joint. This effusion was almost clear, and no organisms could be found in it, but the cavity was lined by an easily-separable pyogenic membrane. The abscess in the elbow-joint was proved by animal experiment to be due to the *Pneumococcus*, and it would seem that the child, who had passed through an attack of pneumonia a month before the first sign of joint affection, had achieved a considerable immunity by the time the knee-joint became involved.

In general terms pneumococcal empyemata with pus of the above types do well, and, except in very young infants, the prospect of speedy recovery after drainage is good. It must, however, be remembered that large tuberculous cavities in the lung are sometimes invaded by the *Pneumococcus*, with the result that the pus may present the benign characters already described, and yield a pure culture of the *Pneumococcus*, though the process is essentially tuberculous. I have seen two such cases operated upon in the belief that they were ordinary empyemata, and have no doubt that they are no great rarities. The hopeful outlook suggested by the pus is here, of course, discounted entirely by the gravity of the underlying lesion, and the condition is very deceptive. In the one case of this kind in which I myself did the operation, I failed to recognise the truth, but it seems to me that the rough and irregular wall of the cavity, (which drew my attention without suggesting an explanation,) should inform the finger that it is not a pleural surface. The pus moreover, if carefully searched, will probably show fragments of caseous *débris* such as do not appear in true empyemata.

The acute variety of pneumococcal empyema is very fatal. It is characterised by vague constitutional symptoms followed in a few days by rapid accumulation of fluid in the chest on one or both sides. This fluid is thin, faintly green, and turbid, and shows under the microscope a sprinkling of pus-cells with vast numbers of encapsulated diplococci, as many as may be seen in a preparation from a broth culture of the organism. The tendency towards fibrin-formation commonly seen in the benign cases is here almost or entirely absent, and, with the thinness of the pus, is an important

point of distinction. The actual condition is, in many cases, a pneumococcal septicæmia, and it is usual to find other serous cavities similarly affected after death; recovery is therefore hardly to be looked for, and has seldom occurred within my experience. The two following cases will illustrate this malady:

CASE 1.—A child, æt. 15 months, under care of Dr. Morley Fletcher at the East London Hospital for Children, Shadwell, was admitted for a cough and wasting subsequent to an attack of measles one month before. The child was pale and ill and slightly febrile, but free of physical signs of disease. For four days the condition remained unaltered; on the fifth day there was absolute dulness over the right side of the chest. Turbid fluid was withdrawn by the exploring syringe, and was reported to be thin pus with large numbers of diplococci, in culture morphologically pure *Pneumococcus*. The cavity was drained by simple incision, but the child died within ten days of admission.

CASE 2.—A child, æt. 2, under care of Dr. Coutts at the same hospital, was admitted for fever and dyspnoea after having been poorly for two weeks. The patient was free from physical signs of disease, and did not appear very ill, though the temperature was 104°. For five days no physical signs appeared; on the seventh day the right chest was completely dull. Thin pus was withdrawn, and was reported to contain large numbers of cocci and diplococci, in culture like pure *Pneumococcus*. The chest was drained by incision, but the child died on the twenty-seventh day after admission.

Autopsy showed pneumonia, both lobar and lobular, and in the pericardium an effusion similar in appearance to that obtained from the chest during life.

IN BRIEF, THEN, A PNEUMOCOCCAL EFFUSION, TO BE LAUDABLE OR BENIGN, MUST BE EITHER QUITE THICK OR ALMOST QUITE CLEAR, AND IN EITHER CASE ACCOMPANIED BY FIBRIN FORMATION AND A SCANTY SUPPLY OF ORGANISMS. A TURBID, THIN FLUID, FULL OF DIPLOCOCCI, IS INVARIABLY AN INDEX OF A VIRULENT INFECTION.

Staphylococcal empyema (due to *S. pyogenes aureus*).—An empyema in which this organism is found in pure culture is almost never an uncomplicated one, and the prognosis is grave, for the presence of the organism indicates some local or general sepsis. The pus in such cases has no very distinctive features to the naked eye, but is generally thin and slightly brownish.

The majority of cases of this kind are accidents in the course of an infection remote from the lung, such for instance as acute osteo-myelitis, but a small number occur apart from any distant infection. The three appended cases will serve to illustrate the class of local lesion which may be suspected in cases where the pus grows a pure culture of *S. pyogenes aureus*.

CASE 1.—A child, æt. 2, under care of Dr. Eustace Smith at the East London Hospital, was admitted for cough after an ill-defined illness of three weeks' duration. The patient looked very ill, and gave the physical signs of fluid at the base of the chest on one side. Pus was found on exploration of the pleura, and from it a pure culture of the *S. aureus* was obtained. The empyema was drained, but the child died within a week of admission.

Autopsy showed, midway down the posterior surface of the lower lobe on the affected side, a conical ulcerated hole, as though an abscess in the lung had pointed there, and, by rupture, infected the pleura. There was a similar but smaller opening on the posterior face of the upper lobe. Traced into the lung, these passages led into a number of small cavities, with ragged walls containing thick, dark pus. The general appearances suggested a cellulitis of the lung followed by diffuse abscess formation.

CASE 2.—A child, æt. 13 months, under care of Dr. Morley Fletcher at the same hospital, was admitted for cough and fever, after a week's illness beginning with a convulsion. The patient was very ill and ashy, with high fever and signs of lobar pneumonia at

the apex of the right chest. The fever continued for four days, and then fell by crisis. It seemed as though the child had passed through an attack of lobar pneumonia. For a week there was no fever, by which time all signs had disappeared except a small area of tubular breathing below the right nipple. The temperature then rose again, and remained very irregular, and signs of fluid appeared at the right base. A day or two later pus was obtained by exploration, and yielded a pure culture of *S. aureus*. Two days after the operation by which the cavity was drained the child coughed through the wound a thin piece of tissue about half an inch square, smooth on one face and ragged on the other. It proved to be a piece of necrotic lung covered by pleura. There was no putrid odour about it to suggest gangrene, and it is impossible that the lung was injured at the operation, for the parietal pleura was opened with sinus forceps. The cavity was slow to close, and for some weeks the child's condition was very precarious. Double otitis media complicated the convalescence, but the patient ultimately recovered, and left the hospital, cured, in about three months from the appearance of the empyema.

CASE 3.—A child, æt. 5 months, under care of Dr. Coutts at the same hospital, was admitted for cough and fever after an illness of eight days' duration. The patient was very collapsed, and presented signs of fluid at one base. The chest was immediately aspirated, and thin blood-stained pus was withdrawn which grew a pure culture of *S. aureus*. Death ensued in a few hours, and autopsy showed a hemorrhagic infarct in the right lower lobe, and also blood-stained fluid in the pericardial sac. The original site of infection was not discovered.

In general conclusion, it may be said that thick, greenish pus, with few organisms and those *Pneumococci*, is the class of empyema offering the best outlook. Thin pus, or pus growing *S. aureus*, is always of bad omen.

I have to thank Drs. Eustace Smith, Coutts, and Morley Fletcher for permission to make use of the cases above narrated.

From the Letters of a Medical Student, 1829, 1830.

PREFATORY NOTE.

MY father, Henry Jackson, Jun. (1806—1866, of Sheffield, surgeon), began his professional education as pupil to his father, Henry Jackson, Sen. (1771—1836, of Sheffield, surgeon), and in the wards of the Sheffield General Infirmary. In October, 1828, my father went to Dublin; and in June, 1830, he proceeded to London, where he passed the examinations of the College of Surgeons and the Apothecaries' Hall. During his absence from home he wrote frequently to his father, telling him about lectures and lecturers, about hospitals and operations, and, generally, about professional matters. The thirst for knowledge, the zeal for progress, and the devotion to his profession, which were with my father to the end, are apparent in these youthful letters. Dr. Eustace Talbot tells me that some parts of them are not without interest after the lapse of three quarters of a century. This being so, I am glad that the following extracts should be printed in the JOURNAL of the great Hospital

which my father, and, after him, my brother, Arthur Jackson (1844—1895, of Sheffield, surgeon), remembered always with gratitude and affection.

HENRY JACKSON.

TRINITY COLLEGE, CAMBRIDGE;
September 12th, 1904.

I. FROM DUBLIN.

January 25th, 1829.—Dr. Montgomery mentioned in his lectures the ergot of rye, which he recommended strongly in protracted labours, but said it was necessary in the first place, before administering it, to know whether the patient had had children of a full size before, as if she had, it was to be supposed that there was no mechanical obstruction. He had seen a case in which it was administered, and that not being attended to produced very unpleasant effects. He also stated one fact which I never heard before, and that he found out in rather a curious way, and has generally found to be correct, that women who have very short fingers have always difficult labours. He said he was, when a pupil, attending the Lying-in Hospital, and was attending a woman who had a protracted labour, and got tired of the job, and went to the nurse, an old experienced hand, to ask her what she thought of it. She was rather cross at the time, and said, "Have you looked at her fingers?" "No," he said. "Then do," was the reply. He did so and found them very short. He asked her (the nurse) the reason, and she said she had noticed for a long time, but did not know the reason why, that women with long well-shaped hands and fingers had generally easy and quick labours, and those with short, difficult and long.

Last Sunday we had a case of traumatic tetanus. The man lived thirty-six hours after the locked jaw came on. The spasms were not very violent. There was nothing very particular found on examination. The ventricles of the heart contained a small quantity of fluid blood.

On Friday a man came into the hospital from a distillery. It appeared that he was very tipsy, and the gauger was in the place trying the hot spirit, and the poor fellow asked him to give him some. He said he would, if he would take it from the syphon, which he agreed to at once. The excise-man nearly filled it (it contained about a pint and a half), and put one end into the man's mouth and blew at the other. The man reeled, coughed, vomited, and fell down in a state of stupor. He was brought to the hospital and in seventeen hours died. On examination it was found that the whiskey had been forced into the air-cells of the lungs as well as into the stomach, and there was lymph shed upon the trachea in several places.

February 15th, 1829.—We have had another case of tetanus in the hospital. The man was blasting in a quarry and got his thumb shattered—nearly blown off. He was bruised in several places besides. Mr. Cusack was going to operate and remove the thumb and forefinger, when

Colles gave his opinion against it, and thought, as it was his right hand, it would be better to make an attempt to save it. The attempt was made, and in eight or ten days tetanus came on and the man died. The case of that man who was working on the Sheffield Lane Road, in whom Mr. H. Wheat took so much interest, was something similar, the thumb being nearly torn off. We have had a case of phlegmasia dolens from the Lying-in Hospital which terminated fatally. Mr. Cusack has removed several cancers of the lip, three legs, and is by far the coolest operator I ever saw—nothing daunts him; and I do not think him liable to indecision in the middle of an operation. Mr. Wilmot is not often seen at the hospital now, as his clinical lecturing is over, and he lectures at the College of Surgeons. Colles gives the clinical lectures till March, when Mr. Cusack begins.

August 21st, 1829.—Dr. Montgomery has finished his lectures. We have not had another case of midwifery yet, but I am expecting daily. Mr. Hart has done all but the brain, which he cannot meet with fresh enough to lecture from. Hospital business is brisk enough. We have two cases of osteo-sarcoma in, one, of the thigh—which will require to be taken off very high up,—and the other—a tremendous size—of the arm, which will have to be removed at the shoulder-joint, and in all probability the neck of the scapula will have to be taken off with it. The vessels are thrown out of their situation, and Mr. Cusack told me this morning he thought he should take them up first, but he had not quite made up his mind about it. He also said he thought he should have to remove the acromion process; it is a most formidable looking case. The operation will be next Friday, I believe. He is only waiting while the woman's husband comes up, and he is rather glad of the delay, as she was confined only five weeks ago; but it has increased very rapidly since her confinement. But she is in tolerable health, and is anxious to be relieved from her load. Mr. McDowell, of the Richmond Hospital, saw her to-day, and thought it was Fungus Hæmatodes, which it has certainly at first sight very much the appearance of, and, indeed, Mr. C. himself thought it was on first looking at it, and so did all; but on examining it he pronounced it to be osteo-sarcoma. It is three times as large as Joshua Walker's, but I hope will do more favourably. We have had two cases of strangulated hernia while Mr. Cusack was away, or I think something different would have been done. One of them, a man, came in with femoral hernia. Mr. Wilmot, after the usual means—taxis, enema tabaci, venesection, etc.—had been tried, was inclined to operate; but Mr. Colles said not, for the man was not suffering much pain and the tumour was lessened, and the consulting surgeon, Peile, agreed with him; so he was let alone for a day or two. On the third day, about two in the morning, he had violent pain, and at nine was dead. On examination there was found extensive peritoneal inflamma-

tion and the strangulated portion of the ileum in a state of slough in the ring.

The other was a woman who came in with what appeared to be a suppurating gland below Poupart's ligament—no sickness, no abdominal tenderness, and, in fact, none of the particular symptoms of hernia. The integument over the gland not at all inflamed, but it appeared all at once on the second day to become livid, and in a few hours was as black as a hat, and she died. The post-mortem examination exhibited most violent peritoneal inflammation, complete slough of a strangulated portion of the ileum, and extravasation of feces. Her bowels had been freely moved during the time she was in the hospital. Last Wednesday I went with Abernethy to the Richmond Hospital to see McDowell perform lithotomy. There was a tremendous medical staff. The operation was very well and quickly performed, and the boy is doing well. The worst part of the business was that as soon as the stone was removed, a lot of the fellows began to applaud; most disgraceful to the hospital, for it was done by the pupils of the hospital, with whom McDowell is deservedly a favourite, but not at all creditable to their feelings, for the patient was still on the table. Mr. Cusack's face was expressive of indignation; for he dislikes it, and has severely reprimanded some strangers who came to Steevens' to witness an operation and attempted the same thing. The Steevens' men know better how to conduct themselves and not make it an exhibition as if it was a theatre or cock pit.

Yesterday Mr. Porter, one of the surgeons to the Meath, came to Park Street to perform the operation on the dead subject of tying the carotid just above the clavicle, as he is going to tie it to-morrow at the Meath. It is on the right side, and he has just a thumb's breadth above the clavicle to work in. He believes it is aneurism of the facial artery just before it crosses the lower jaw, but it extends down the neck and over part of the face. Mr. Cusack told me this morning that it was supposed at first to be a sarcomatous tumour, and they talked of removing it until Philip Crampton told them and discovered what it was. He will have a nice tedious job of it. I intend going to see it performed. Mr. Cusack also told me that a surgeon of great practice here once tried to remove a tumour and it proved to be aneurism. The consequence I had no occasion to ask, as he cut into it. I think a case was brought into the Sheffield Infirmary of a tumour in the ham which a surgeon in the town had put a lancet into, but luckily had missed the sac, for on examination after death (for mortification had set in before he was admitted) it was found to be popliteal aneurism.

I presented Dr. Thompson's* book to Dr. Macartney; "Ah," said he, "from an old pupil of mine. How is he, and what is he doing?" and seemed pleased by the present. He supposed he should not see me the next winter, but

* Corden Thompson, M.D., physician, of Sheffield.

said I must send somebody in my place. Wanted to know if I had introduced "water dressing" into Steevens'. McDowell has tried it in mumps at the Richmond, and finds, as Macartney says, that they heal without inflammation, which he denies to be compatible with the healing of a sore, and quotes venesection as an instance in favour of his doctrine. Sir Astley quotes the same as a supporter of adhesive inflammation.

Did you ever meet with a case of salivation by antimony? Abernethy, Dashwood, and I have had a discussion this evening about that. I think I have read somewhere that it does sometimes take place, and think Dr. Macartney says so. He describes the fœtor arising from it as being very different from that of mercury, and easily distinguishable. I am expecting a subject every day. I finished my last on Saturday.

Discharge of the bladder is of very common occurrence here—a discharge of mucus, blood, what appears like hair powder, and very various discharges. Mr. Cusack says he does not understand them, and they give decoction of Uva ursi and Pareira brava recommended by Brodie, which relieves, but, I think, does not cure. I suppose any mucilaginous drink would answer just as well. There is in the hospital a curious case, a small fatty-looking tumour springing from the eye itself, which in all probability will have to be removed. A very severe injury of the head by a bar, and a large portion of the bone is exfoliating. I believe it was not bare at the first.

September 20th, 1829.—I was at the Hospital most of the day, for last night a man was brought in who had been beaten to death by a set of fellows—the *combined* sawyers. He lived a few minutes after he was brought into Hospital, and such a sight I never saw. The frontal, parietal, temporal, nasal, malar, upper and lower maxillary, and ethmoidal bones were smashed to pieces. The head appeared more like having had a broad heavy waggon wheel passed over it. The murder was committed at six o'clock p.m. in a wide populous street. A lad who was with the poor man was chased, but got into a house, and got under the table. The miscreants followed him and struck seven blows at him, but dare not stay in the house, the windows of which they broke. Seven of the ruffians were taken, and the inquest was held at Steevens' this morning, and they were brought down; but I am sorry to say nothing could be made out, for neither the lad nor any one who was near at the time will identify them. The inquest is adjourned till Monday.

Since I wrote to you I have been at the Meath to see Macnamara perform tracheotomy on a boy who in making a whistle of a plum stone had drawn it into the trachea. The operation was performed, but no stone was forthcoming; but the breathing was better, and it was supposed that the elastic catheter had forced it up, and it had gone down the œsophagus. The boy did pretty well, though next morning inflammation appeared to be setting in, which

they by active measures got rid of. Macnamara says now that the stone is in the right bronchus. This he has found by the stethoscope.

21st.—I have been copying cases from the case-book at the hospital all this month or I meant to have dispatched this letter to-day; but as there are several cases which I want, I stayed so long that it was past time. We have had another shoulder-joint case, which I am glad to say is doing very well. On Friday Mr. Cusack tied the femoral artery in a case of popliteal aneurism, the man doing well.

I have had two midwifery cases on the same day. One woman had had prolapsed vagina for some months before, but it did not make much difference in the labour.

Dr. Montgomery gave me a very handsome present, Mr. Burse's *Midwifery*, with a very flattering note. He had a case of rupture of the uterus a short time since, where the fœtus escaped into the cavity of the abdomen. It was not his own case, but he was called in by the practitioner whose case it was. Abernethy has had scarlatina, but last Monday went off to Cork by sea to recruit against winter. Dr. Macartney is, I believe, in Wicklow.

(To be continued.)

Round the Fountain.

THE following letter was addressed to "The Head Physician, Bartholomew's Hospital, London:"

SIR,—I am of opinion that if you administer sulphur in small doses daily you will cure cancer.

Yours truly,
"ONE WHO KNOWS."

Sept. 6th, 1904.

We have received the following hard cases for solution:

1. An energetic ward clerk was told to cheer up an hypochondriacal female aged 70.

He begins thus breezily—

"You don't seem to be very talkative this afternoon."

H.F. (*icily*).—No need to be when there's so much to listen to.

What ought the clerk to have said next?

2. A busy house physician on duty in the surgery, who has been questioning a very deaf old lady by writing down his queries on the white slips on which prescriptions are usually written, is suddenly called off to an emergency case. The deaf old lady, thinking that the doctor had prescribed for her, takes one of the slips and presents it to the dispenser. The "prescription" was as follows:

Have you got the stomach-ache?

What should the dispenser do or say?

Wednesday afternoon (4 p.m. at the main entrance).

1st Visitor.—Well, how is he?

2nd Visitor.—The house doctor says he's been at death's door, but Sister says, please God! she'll pull him through!

St. Bartholomew's Hospital Christian Association.

List of Subjects and Speakers at Weekly Meetings held on Thursdays at 5.15 p.m.; tea at 5 p.m.

- Oct. 6th.—Delegate's Report of the Annual Summer Conference of the B.C.C.U., held July 19th to 29th, at Ulverston.
- " 13th.—An Appeal to the Colleges for a Forward Movement from the B.C.C.U. Executive.
- " 20th.—Address, "Bible Study in relation to the Spiritual Life."—D. GOODMAN, Esq., of the Children's Special Service Mission.
- " 28th (Friday).—Annual Meeting at 124, Harley Street, W.
- Nov. 3rd.—Address, "A Remarkable Interview."—REV. GRIFFITH THOMAS, M.A., B.D.
- " 10th.—Address, W. B. WAREFIELD, Esq.
- " 17th.—"Missionary Society."
- " 24th.—Address, "The Inspiration of the Bible."—REV. F. B. MEYER, B.A.
- Dec. 1st.—Discussion, "Inspiration of the Bible."
- " 8th.—Address, "Free Treatment of the Poor."—DR. STANSFELD, of Oxford Medical Mission, Bermondsey.

Concerning the Hospital Colours.

THE Sub-committee of the Students' Union Council appointed to consider the question of making any alterations in the Hospital colours, has considered the matter very fully, and after consulting the opinions of many and various individuals in public, and after due deliberation in camera, begs to submit the following report. The Sub-committee is fully aware that it is impossible to please everybody, and trusts that its report will meet with the approval of the great majority.

1. That the present colours, black and white, be retained.
2. That there be two official Hospital blazers:
 - (a) A general blazer, which may be worn by any member of the Students' Union. This shall be of plain black flannel, with silver buttons, and plain crest on pocket. Price 18s. 6d.
 - (b) An Honours' blazer, which shall be given at the discretion of the respective captains, with the approval of their committees, to the members of the following clubs, viz. cricket, football, athletic, tennis, and hockey; provided that such members have played in at least half the season's matches, and have represented the Hospital in the inter-Hospital competition of the same season.

The Honours' blazer shall be of striped flannel, half inch white alternating with one inch black, the black to be divided by a thin white line. There will be a shield and crest on the pocket with appropriate lettering for the respective clubs. Price 22s. 6d.

3. That there be two official hat-bands :
 (a) A general hat-band, with black and white horizontal stripes thus—half-inch black on either side of a one-inch central white stripe, divided by a thin black line. Price 1s. 9d.
 (b) An Honours' hat-band, which is an exact reverse of the above, thus,—half-inch white on either side of a one-inch central black stripe, divided by a thin white line. Price 1s. 9d.

These hat-bands may also be worn half width. Price 1s. 6d.

4. That there be two official ties and scarves, of a corresponding pattern to the above hat-bands; the ties will be arranged diagonally. Knitted ties with corresponding horizontal stripes may also be worn.

5. That, subject to the qualifications laid down in Rule 2 (β), the members of the following clubs, swimming, shooting and boxing, shall be privileged to wear the Honours' hat-bands, ties, and scarves.

6. That, with the institution of the new blazers, ribbons, etc., all old colours be recalled, with this exception, that old students who obtained their Honours' blazer in the past may have the option of getting the old Honours' blazer as long as the material at present in stock suffices.

The above colours can be obtained only from George Lewin, 8, Crooked Lane, London Bridge, who has the sole right to supply them. And the Sub-committee would take this opportunity of pointing out to readers of the JOURNAL that it has secured a considerable reduction in the price of all these articles, and therefore trusts that many members of the various clubs will avail themselves of the present opportunity of obtaining the colours.

Samples and patterns of the above can be seen either at Lewin's or in Mr. Loughborough's room in College. Any further particulars and orders for the Honours' colours, after the sanction of the respective captains, should be obtained from either of the Secretaries of the Council.

Signed B. N. ASH.
 A. H. HOGARTH.
 W. G. LOUGHBOROUGH.
 L. L. PHILLIPS.

Abernethian Society.

SESSION 1904.

LIST OF PAPERS TO BE READ BEFORE THE SOCIETY (UP TO CHRISTMAS).

- Oct. 6. Mr. John Langton, F.R.C.S.—"Modern Aids to Diagnosis."
 " 13. Dr. F. C. Shruball, M.R.C.P.—"Physical Deterioration."
 " 20. Discussions, Clinical and Pathological.
 " 27. Mr. C. M. H. Howell, M.B.—"Some Notes on Uræmia."
 Nov. 3. Dr. W. J. Gow, M.R.C.P.—"Labour complicated by Pelvic Tumour."

- Nov. 10. Dr. W. P. S. Branson, M.R.C.P.—"Clinical Significance of Vomiting in Childhood."
 " 17. Discussions, Clinical and Pathological.
 " 24. Dr. H. H. Tooth, C.M.G., F.R.C.P.—"Exact Localisations of Lesions of the Spinal Cord."
 Dec. 1. Mr. John Valérie, M.R.C.S., I.R.C.P.—"On Private Practice."
 " 8. Dr. T. J. Harder, M.R.C.P.—"Bacteriology of the Blood, its Value in Diagnosis and Treatment."

The Clubs.

ASSOCIATION FOOTBALL CLUB, 1904-5.

The marked improvement of the Association Club towards the end of last year, both in skill and keenness augurs well for the coming season, as most of the team are still available; and there are plenty of recruits from the 2nd XI, which was so successful in bringing the Junior Cup to the library table again.

We are glad to see that the Committee has decided to restore the plain black sluits and black shorts which were the club colours some years ago; and we hope that the men by hard work will again earn the name of "black devils," a term of endearment given to the Bart.'s team by former opponents in the Cup Ties.

The captaincy of the club is in good hands, for Mr. Miles's experience in the football field should prove of great value to the side, and we shall look forward with interest to an all-round improvement in the team.

The appended fixture list shows an excellent series of matches, and we recommend anyone, especially Freshmen, wishing to play regularly to communicate with one of the officers as soon as possible.

LIST OF OFFICERS.

- President.—W. H. Jessop, M.B., F.R.C.S.
 Vice-President.—C. Gordon Watson, F.R.C.S.
 Captain.—A. Miles.
 Vice-Captain.—H. Hardwicke Smith.
 Secretary.—F. J. Gordon.
 Captain and Secretary of 2nd XI.—A. Forrester.
 Committee.—T. A. Kilby, C. E. A. Armitage, C. B. D. Butcher, A. H. Hogarth, H. Rimington.

IST XI FIXTURES, 1904.

Date.	Match.	Ground.
Wed., Oct. 5.	Trial Game	Winchmore Hill.
Sat., " 8.	Bradfield Waifs	Winchmore Hill
Wed., " 12.	St. Leonards	St. Leonards.
Sat., " 15.	Old Foresthillians	Forest Hill.
Wed., " 19.	Old Citizens	Winchmore Hill.
Sat., " 22.	Old Johnians	Winchmore Hill.
Wed., " 26.	R.M.A.	Woolwich.
Sat., " 29.	R.I.E.C.	Winchmore Hill.
Wed., Nov. 2.	"	"
Sat., " 5.	"	"
Wed., " 9.	"	"
Sat., " 12.	Wellingborough Masters	Wellingborough.
Wed., " 16.	Hastings	Hastings
Sat., " 19.	Old Reptonians	Winchmore Hill.
Wed., " 23.	Royal Naval College	Greenwich.
Sat., " 26.	Old Cholmeleians	Winchmore Hill.
Wed., " 30.	Wellingborough Masters	Winchmore Hill.
Sat., Dec. 3.	Brentwood Rovers	Brentwood.
Wed., " 7.	Royal Engineers	Chatham.
Sat., " 10.	Old Felstedians	Walthamstow.
Wed., " 14.	Old Westminsterers	Winchmore Hill.
Sat., " 17.	London and Provincial Bank	Avay.

RUGBY FOOTBALL SEASON, 1904-5.

The outlook for the coming season is certainly promising, as practically the whole of last year's team are still eligible, and in addition the names of several good players are on the list for entrance in October.

It is sincerely to be hoped that the keenness displayed at the end of last season will bear fruit early this term. In order to effect

this, and also to aid men attached to other clubs to play for the Hospital, a number of "A" team matches have been arranged on Wednesdays.

The first fixture will be a practice game on October 1st, and there will also be a practice game on October 5th.

IST XV FIXTURES (UP TO CHRISTMAS).

Date.	Match.	Ground.
Oct. 8.	United Services	Portsmouth.
" 15.	R.M.C.	Camberley.
" 22.	Civil Service	Richmond.
" 29.	Leytonstone	Winchmore Hill.
Nov. 5.	Upper Clapton	Walthamstow.
" 12.	Guildford	Winchmore Hill.
" 19.	Bedford	Bedford.
" 26.	Old Leysians	Eltham.
Dec. 3.	Hampstead Wanderers	Cricklewood.
" 10.	London Irish	Winchmore Hill.

"A" TEAM.

Date.	Match.	Ground.
Oct. 8.	Norwood	Winchmore Hill.
" 12.	St. Mary's Hospital "A"	Winchmore Hill.
" 15.	Leytonstone "A"	Wanstead.
" 22.	Old Alleynians	Winchmore Hill.
" 29.	Old Charltonians	Charlton.
Nov. 5.	Upper Clapton	Winchmore Hill.
" 9.	Blackheath "A"	Blackheath.
" 12.	Surbiton "A"	Surbiton.
" 16.	Guy's "A"	Honor Oak.
" 19.	Old Charltonians	Winchmore Hill.
" 26.	London Irish "A"	Winchmore Hill.
" 30.	Guildford "A"	Guildford.
Dec. 3.	Mill Hill School	Mill Hill.
" 7.	St. Thomas's "A"	Chiswick.
" 10.	Old Alleynians	Merton.

PROSPECTS OF HOCKEY SEASON 1904-5.

The prospects of the forthcoming season are decidedly good, as we still have last year's captain, L. L. Phillips, and, as there is to be no limit to the number of years a man may play in the cup-ties. A new rule was passed at the last general meeting not to allow anyone to play in the cup-ties who has not played in at least half the matches. This should tend to improve the combination of the team.

It is a pity that more matches cannot be played at Winchmore Hill, but at present there is no remedy, for the Association Football Club has prior claim upon the ground, and it is not to be wondered at that it should choose to play most of its matches at home. There is no apparent reason why we should not regain the cup which was taken from us last season by Guy's Hospital.

The following is the list of fixtures up to Christmas:—

Date.	Opponents.	Ground.
Sat., Oct. 8.	Leytonstone I.	Leytonstone.
" 15.	Streatham I.	Streatham.
" 22.	R.M.C.	Camberley.
Wed., " 26.	"	"
Sat., " 29.	Croydon I.	Croydon.
Nov. 5.	"	"
" 12.	West Herts	Watford.
" 19.	Sevenoaks	Sevenoaks.
Wed., " 23.	R.M.A.	Woolwich.
Sat., " 26.	Berkshire Gents	Reading.
Dec. 3.	St. Albans I.	St. Albans.
Wed., " 7.	Royal Naval College	Greenwich.
Sat., " 10.	Hendon	Hendon.
" 17.	Molesey	Molesey.

Correspondence.

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

DEAR SIR,—In your August issue you publish details of the various Bart.'s Decennial Club dinners, and you remark that you

are sorry to see that these clubs do not receive more support from country members. I think this reflection upon the country members is hardly borne out by the facts. We must remember that it is very much more difficult for country members to attend; in most cases attendance at the dinner means a night in London, and involves much time and considerable expense, while the London members can attend with very little trouble, and, moreover, are within half if they are wanted for any urgent case. And yet out of the seventy-five whose names you publish as attending the Seventh Decennial dinner twenty-eight are country members.

As regards the Sixth Decennial Club, there are just over 200 members, of whom 100, or nearly half, reside within the metropolitan district, and yet only thirteen, probably half of whom were country members, attended the dinner. In short, out of 100 members living in London, and on the spot, only a paltry half dozen or so were present. I think I am correct in saying that in the Sixth Club, at all events, the most regular attendants have been some of the country members.

It is difficult to account for this lack of interest. This year the Fifth had a better attendance than the Sixth, and the Seventh than the Eighth, while one would expect the reverse to be the case. In the Sixth Club the question of amalgamation has often been discussed in an informal way after dinner, but although, as you say, "those in authority" have been heard to express an opinion in its favour, many members are against it.

In each Club there should be a printed list of members (as is the case of the Sixth), and every member should have a copy; then the chairman of the annual dinner should write round to any of his personal friends who are members and ask them to support him on the occasion of the dinner. This plan was tried by the chairman of the dinner of the Sixth Club dinner two or three years ago, and a considerably increased attendance was the result.

I remain,
 Yours truly,
 "A COUNTRY MEMBER."

AN INDEX OF SYMPTOMS.

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

SIR,—Pace your reviewer, when a book, produced as this is at the publisher's risk, attains a third edition, there can be little doubt as to its usefulness, and this doubt is still further reduced when it is known that the work has received the highest praise from such well-known organs as *The Lancet*, *The British Medical Journal*, *The Medical Press*, and *The Practitioner* in England, and from *The New York Medical Journal*, *The Medical Record*, and *The Boston Medical Journal* in America (see p. 2). Most of these papers emphasise its value to students, but if the opinion of a senior student's paper is desired, there is that of the *Polyclinic*—"the author deserves the hearty thanks of the profession!"

In order that your readers may form an independent estimate of the book I have this day sent a copy to the Hospital Library. Meaning, I must console myself with the reflexion that prophets are without honour in their own country.

I am, Sir,
 Yours truly,
 THE AUTHOR.
 (late senior and junior scholar St. B. H.)

September 12th, 1904.

[We publish the above reply, not that we accept any responsibility for the opinion of our reviewers (though we always select them with the utmost care and consideration), but in justice to the author and his publishers. We should advise all our readers to follow the author's suggestion, that is to read the review in question, and then to form an independent opinion by reading the book, which the author has presented to the library.—EDITOR.]

Reviews.

THE MEDICAL EXAMINATION FOR LIFE ASSURANCE. By F. DE HAVILLAND HALL, M.D., F.R.C.P. (Published by John Wright and Co., Bristol; Simpkin, Marshall and Co., London.)

This is the third edition of an exceedingly interesting and useful little book. It is well written, and emphasises the important and difficult points of an examination for life assurance with commend-

able clearness. In speaking of the importance of family history, the author lays more stress on an early "breaking-down age" than upon other hereditary conditions. The remarks upon the difficult problem of albuminuria without other signs of disease are very appropriate. We have nothing but praise to offer to the author for his book, and recommend it to those who are interested in life assurance.

A MANUAL OF THE PRACTICE OF MEDICINE. By FREDERIC TAYLOR, M.D., F.R.C.P. Seventh Edition. Price 15s. net. (Published by J. & A. Churchill, London.)

This is a thoroughly revised and improved edition of a well known standard text-book of medicine, and consequently there is no need for much comment. The chief alterations are concerned with the sections upon Influenza, Malaria, Dysentery, Arterial Degenerations, Gastric Disorders, Diseases of the Pancreas and of the Blood, Nephritis, Diabetes, and some of the Diseases of the Nervous System. We welcome such an addition as a section upon "Infective Arthritis," for it tends to emphasise the analogy which undoubtedly exists between a considerable number of general infections, and is a distinct advance upon the contents of the average text-book of medicine. We congratulate the publishers upon the improvement in the style of this edition.

URIC ACID. An epitome of the subject by ALEXANDER HAIG, M.D., F.R.C.P. (Published by J. & A. Churchill, London.) Price 2s. 6d. net.

Yesterday it was a book on *Eye-strain* which told us that its author had discovered the chief factor in the causation of disease, to-day it is *Uric Acid* again. If there was less theory and more fact in either of these books it would be one point in their favour. The present is an epitome of Dr. Haig's larger book, and has been written "in response to a request from many members of the profession for a short statement which they could place in the hands of their friends or pupils, to give them an idea what uric acid stands for to-day in clinical medicine." We leave it to them.

COUNTY BRIDGES. Sketches by Mr. HOWARD PENTON; letterpress by Mr. CHARLES PALMER. (Published by Mr. Walter Emden, London.)

This portfolio contains twenty large and several smaller sketches of the Thames bridges within the county of London. All the drawings are beautifully executed and make very pleasing and artistic pictures. Many of us walk over one or other of the Thames bridges every day of our life, but we seldom have time to study their architecture or to consider their beauty; but a glance over the pages of this portfolio convinces us in most instances of their soundness of structure as well as of their fair outward form. Mr. Emden is to be congratulated on having secured the services of an artist so highly cultured as Mr. Howard Penton. The letterpress by Mr. Charles Palmer concerning the dates, architects, and cost of the bridges is very instructive. Copies of the book, price 10s. 6d., may be obtained on application to the Secretary of the Appeal Fund, to which the proceeds of the sale will be devoted, thanks to Mr. Emden's generosity. The book may be seen in the Hospital Library.

New Preparations, etc.

We have received from MESSRS. FITZGERALD & SON, of Cheap-side, a White Linen Shirt with detachable sleeve-ends and cuffs, and we feel bound to say that it serves its purpose well. We confess that we have often felt annoyed to have to discard a shirt with the cuffs alone soiled, as so often happens from working in the laboratory. We have noticed some members of the staff wearing the same, and we can recommend them for those who do minor operations in the surgery.

Examinations.

UNIVERSITY OF LONDON.

M.D. in Medicine.—S. M. Hebblethwaite.
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Appointment.

BULL, G. V., M.D., B.C.Camb., etc., appointed Hon. Surgeon to the Ashbourne Cottage Hospital.

Births.

ECCLES.—On Sunday, September 18th, at 124, Harley Street, W., the wife of W. McAdam Eccles, M.S., F.R.C.S., of a son.
FLETCHER.—On Thursday, September 8th, at 98, Harley Street, W., the wife of H. Morley Fletcher, M.D., F.R.C.P., of a son.

Marriages.

BARNES—ORMSEY.—On September 13th, at North Street Church, Brighton, by the Rev. E. Dowsett, J. A. Percival Barnes, L.R.C.P., M.R.C.S., son of the Rev. John Barnes, of Sutton, Surrey, to Louisa Eileen, elder daughter of Thomas Ormsby, Esq., solicitor, of Beaumont, Blackrock, co. Dublin.
FAULDER—CRIPPS.—On September 2nd, at the Marylebone Parish Church, by the Rev. Edgar Stogden, Thomas Jefferson Faulder, second son of the late R. B. Faulder, of Yewtree, Thursby, Carlisle, to Blanche Julia, elder daughter of W. Harrison Cripps, F.R.C.S., of 2, Stratford Place, W., and Abbotsford, Melrose, N.B.

NOTICE.

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

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

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

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St. Bartholomew's Hospital



JOURNAL.

VOL. XII.—No. 2.]

NOVEMBER, 1904.

[PRICE SIXPENCE.]

St. Bartholomew's Hospital Journal,

NOVEMBER 1st, 1904.

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

Calendar.

- Wed., Nov. 2.—Clinical Lecture, Mr. Lockwood. "Exploratory Laparotomy, especially for Carcinoma."
Thurs., " 3.—Abernetian Society. Dr. W. J. Gow, "Labour complicated by Pelvic Tumour."
St. B. H. Christian Association. "A Remarkable Interview," Rev. Griffith Thomas, B.D.
Fri., " 4.—Clinical Lecture, Dr. West.
Sat., " 5.—R.F.C. v. Upper Clapton, at Walthamstow.
Mon., " 7.—Special Lecture, Mr. Harmer. "On the Tonsil."
Wed., " 9.—R.F.C. "A" team v. Blackheath "A."
Clinical Lecture, Mr. Lockwood. "Urethrotomy."
Thurs., " 10.—St. R.H.C.A. Address by W. B. Wakefield, Esq., Abernetian Society. Dr. Branson. "Clinical Significance of Vomiting in Childhood."
Fri., " 11.—Clinical Lecture, Sir Dyce Duckworth.
Sat., " 12.—A.F.C. v. Wellingborough Masters.
R.F.C. v. Guildford, at Winchmore Hill.
Hockey Club v. West Herts, at Watford.
Mon., " 14.—Special Lecture, Dr. Ormerod. "Skin Cases."
Wed., " 16.—Clinical Lecture, Mr. D'Arcy Power. "Gastro-jejunostomy: the After Results."
A.F.C. v. Hastings, at Hastings.
R.F.C. "A" team v. Guy's "A," at Honor Oak.
Thurs., " 17.—St. B. H. Christian Association Missionary Meeting. Abernetian Society. Clinical Evening.
Fri., " 18.—Clinical Lecture, Dr. Norman Moore.
Sat., " 19.—A.F.C. v. Old Reptonians at Winchmore Hill.
R.F.C. v. Bedford, at Bedford.
Hockey Club v. Sevenoaks, at Sevenoaks.
Mon., " 21.—Special Lecture, Mr. Eccles on "Spinal Caries."
Wed., " 23.—Clinical Lecture, Mr. D'Arcy Power. "Gastro-jejunostomy: the After Results."
A.F.C. v. Royal Naval College, at Greenwich.
Hockey Club v. R.M.A., at Woolwich.
Thurs., " 24.—Abernetian Society. Dr. Tooth. "Exact Localisation of Lesions in the Spinal Cord."
Fri., " 25.—Clinical Lecture, Dr. Samuel West.
Sat., " 26.—A.F.C. v. Old Cholmeleians, at Winchmore Hill.
R.F.C. v. Old Leysians, at Eltham.
Hockey Club v. Berkshire Gents., at Reading.
Sun., " 27.—Advent Sunday.

Editorial Notes.

LAST month we said farewell to two members of the medical staff of the Hospital; we must do the same this month to two members of the administrative staff, for the resignations both of the Treasurer, Sir Trevor Lawrence, Bart., K.C.V.O., and of the Clerk, Mr. W. H. Cross, B.A., of the Inner Temple, have been accepted at a Court of Governors. Neither of these resignations comes as a surprise, and now that the foundation stone of the new building has been laid, the time is well chosen. Many fresh difficulties would have arisen, had they resigned their important offices at any time during the last year; for our Hospital has passed through troubled times and has come out with flying colours, chiefly because it was St. Bartholomew's and it was in the right, but thanks also to the loyalty of many, and not least to the untiring energies of Sir Trevor Lawrence and Mr. Cross.

SIR TREVOR'S connection with the Hospital has been of long standing. He was a Student in the early fifties, and then joined the Indian Medical Service. He succeeded Sir Sydney Waterlow as Treasurer in 1892, and thus has held office for twelve years. He will always be remembered by Bartholomew's men for his unflinching courtesy and amiable disposition.

MR. CROSS was appointed Clerk to the Hospital in 1866, and so has been in office for thirty-eight years. It is difficult to appreciate the great responsibility which he has borne with such untiring energy during all these years.

It will be no easy task for the Governors to fill the vacant posts. The Hospital has had its crisis, and for its successful administration in the immediate future everything depends upon the choice of two able and experienced men of business who will carry on the work of reconstruction—both internally and externally—according to the approved plans. And, in this connection, we may urge that the sooner

a definite start can be made with the new buildings the better it will be for the Hospital. We hear many questions asked daily on this matter, both within the Hospital walls and outside. We are informed officially that those in authority are only waiting for the architect to fill in the details and specifications of the approved plans—which is no small undertaking,—and then estimates will be invited without any further delay.

It seems to us that the Governors will be wise if they publish abroad their need of a treasurer and a clerk, so that the element of competition may be introduced. Nothing short of the best should be good enough for St. Bartholomew's. There is no immediate hurry, and it would be the height of folly to accept of necessity the first names that are suggested, especially as both Sir Trevor Lawrence and Mr. Cross have generously offered to continue their services until such time as the new appointments are made.

THE visit of the French physicians and surgeons to London has been the great event of the month, and St. Bartholomew's was honoured as the first hospital visited on the tour of inspection after the reception at the Royal College of Surgeons. A detailed account appears elsewhere.

WE were glad that no elaborate preparations were made—no set operations or demonstrations. They found us as we were, and they were pleased. One feature of the visit was that the University of London assumed an official position in the reception of the visitors, and Mr. Butlin, as Dean of the Faculty of Medicine, must be applauded for his public-spirited generosity in entertaining the guests at luncheon.

WE are pleased to have seen in the Students' Union smoking-room a valuable and lasting souvenir of the visit in the shape of a cartoon of the leaders of the medical profession in France. It was drawn by Monsieur Barrère, and very generously presented to the students of the Hospital by our visitors. We have taken the opportunity of reproducing the cartoon as an inset to this number of the JOURNAL, so that our readers may appreciate its beauties.

DR. HERRINGHAM has been appointed Physician and Dr. Drysdale Assistant Physician to the Hospital. We congratulate both most heartily, and we welcome Dr. Drysdale on his appointment to the staff, first of all for his personality, and secondly, because he combines the attributes of a clinical physician and of a pathologist. He has also an impressive way of teaching.

WE offer our heartiest congratulations to Mr. D'Arcy Power on his election as Surgeon to the Hospital.

SIR DYCE DUCKWORTH has been appointed Medical Referee to H.M. Treasury and Medical Adviser to the Pensions Commutation Board upon the resignation of Dr. Lionel Beale, F.R.S.

MR. G. R. WILLIAMS and Mr. P. H. DUNN have taken the degree of M.D. at Durham University for practitioners of fifteen years' standing.

THE Old Students' dinner was held on Monday, October 3rd, in the Great Hall, and was even more successful than usual. We publish a short account elsewhere, and also a letter from Dr. Herringham, the Secretary, asking for the opinions of old students on the subject of the price of the dinner. It seems to us, in our limited experience of such dinners, that Dr. Herringham is right, and that it would be impossible to make any other arrangements for a dinner in the Great Hall.

THE Students' Union is holding its first smoking concert at the Holborn Restaurant on November 1st, and Dr. Herringham, the President, has kindly consented to take the chair. We regret that the concert will be over before we can offer our best wishes for its success. However, the Students' Union Dance is to be held on Thursday, December 6th, in the Wharnclyffe Rooms, Great Central Hotel, and promises to be a success. Tickets, 10s. 6d. each, can be obtained from the Secretaries of the Students' Union or from the Stewards.

THE number of subscribers to the first edition of Dr. Norman Moore's *History* is slowly creeping up, and we are of opinion that it is only want of opportunity that has hindered many more past and present Bartholomew's men from subscribing. Application forms can be obtained from the Secretary to the Appeal Fund in his room next the Great Hall. The reasons for subscribing to the first edition are (1) that the whole of the profits of the first edition will go to the Appeal Fund; (2) that the list of subscribers to the first edition will be published.

ARRANGEMENTS are in progress for holding a Matinée performance at the Alhambra on December 8th on behalf of the Appeal Fund, and will be published in the daily papers in due course.

THE Smoking and the Reading Rooms are now kept open till 8 o'clock each evening. This is a great convenience for men who have to wait about the Hospital during the evening for any purpose.

WE are glad to notice more enthusiasm in the various clubs this session. The Rugby Football and the Hockey Clubs have opened their seasons well, and the Association

Club, we hear, has prospects of better times in the near future.

THE "Old Bart's doctors" in practice in Hastings, St. Leonards, Bexhill, and Battle have, through Mr. C. B. Gabb, invited our Association team for the twelfth time to a tea and smoking concert on the 16th inst. after the annual match *v.* the Hastings and St. Leonards F.C. So far the Hospital has won eight times, Hastings once, and there have been two drawn games. The match creates great interest in sporting circles in Hastings, and it is watched by a large crowd. The "gate" is given to the East Sussex Hospital. Mr. Manlove takes the chair at the festive gathering this year.

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

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" A. J. Kendrew, Esq.	10	11	0
Total	£747	17	7

PATHOLOGICAL FUND.

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Already acknowledged	937	11	6
" J. L. Maxwell, Esq., M.D.	1	1	0
" C. S. Hawes, Esq. (1st donation)	2	0	0
" P. W. Rowland, Esq., M.D.	2	2	0
" J. A. Hayward, Esq., M.D.	3	0	0
" R. Henslowe Wellington, Esq.	3	3	0
" Lt.-Col. C. P. Lukis, I.M.S.	5	5	0
" *Capt. H. Warwick Illius, I.M.S.	2	10	0
" *Norman Moore, Esq., M.D.	5	5	0
" W. Lenton Heath, Esq., M.D.	1	1	0
" *John Brock, Esq.	2	2	0
" Lt.-Col. G. H. Sylvester, R.A.M.C.	5	5	0
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" *Capt. H. M. Cruddas, I.M.S.	2	10	0
" C. S. Hawes, Esq. (2nd donation)	1	1	0
Total	£986	3	6

* Has also subscribed to the General Fund.

The *Daily Mail* has reopened its campaign! Just as we were going to press we read a most appalling and scandalous article entitled "St. Bartholomew's Fiasco." It is written in true *Daily Mail* style (which everyone is learning now to value at its true worth), and almost every sentence from start to finish spells *misrepresentation*. Accuracy should be the first aim of a reformer, but with the *Daily Mail* sensation appears to be the most important aim. The comments, too, in the leading article from the editorial pen are written in exceedingly bad taste, seeing that all the arguments brought forward were carefully weighed and considered at the Lord Mayor's Committee a year ago. But we must not look for *noblesse oblige* in the editor of such a paper. It is a rarer quality.

The present grievance is that the Governors have applied to the King's Hospital Fund for assistance—a very wise and sensible proceeding; and, by the way, the application was made six months ago. The economic and careful administration of our Hospital was thoroughly vindicated by the Lord Mayor's Committee; and we are still in need of money; that is why the Hospital Fund exists. The *Daily Mail* objects, because Sir Savile Crossley is the Secretary. What does it matter who the Secretary is? he is only an official. Sir Savile Crossley's personal bias is a matter of insignificance; for, it was he alone out of a committee of sixteen, who was of opinion that the Hospital ought to be removed. He did not stay for all the evidence; and he was wrong. The *Daily Mail* would lead its readers to suppose that our Governors are asking Sir Savile Crossley for a large sum of money out of his own private income!

The author of the article—obviously misinformed and lacking all sense of proportion—then catalogues a "series of blunders." It seems pitiable that he should condemn the careful and well-considered decisions of the Lord Mayor's Committee as a "series of blunders" without having heard the evidence. The whole article is so paltry, so mean, and so insignificant that we need waste no further time in defending the position of our Governors.

The facts, however, are still the same. The whole Hospital will be entirely reconstructed, but by degrees. It is obviously impossible to rebuild the whole at once; but the scheme is *not* "indefinitely shelved." Our Governors could not possibly take up such a weak position after all the ceremony and palaver of the Mansion House meeting, and the laying of the Foundation Stone, and the definite approval of the plans. The immediate needs are the same, viz. new casualty, out-patient, and special departments, a new Pathological Block, and a new Nurses' Home (which, by the way, will not "cost at least another £100,000" as the *Daily Mail* asserts).

Another fact is that the Appeal Fund is only progressing slowly; and of that the *Daily Mail* has made the most, but its deductions are as unsound as its statements are inaccurate. There is enough money to commence the building of the

casualty, out-patient, and special departments; but still we want a millionaire to come forward and build a Pathological Block and a new Nurses' Home. Then the money must still be collected for the rebuilding of the wards and other departments of the Hospital. However, there is no immediate hurry for this part of the scheme, and so the collection is to extend over five years. And this is the reason why the west block underwent its triennial cleaning and repairing this summer, and was incidentally fitted with electric light, at a total cost of under one thousand pounds, a large portion of the plant erected being of course available for removal to a new building.

Our Visitors from France.

ON Monday, October 10th, some eighty of the French medical men visiting London were received by the Staff in the Great Hall of St. Bartholomew's Hospital.

After inspecting the various portraits hanging in the Hall, the visitors were taken round the museum, wards, operating theatres, dispensary, and laboratories. Several students, whose knowledge of the French language was of great assistance, had volunteered to lend their aid in this tour of inspection, so that there was no lack of guides for our visitors.

Everybody was charmed with the keenness and courtesy of the distinguished visitors, and with the acuteness with which they followed and appreciated the occasionally laboured explanations of the various pathological specimens, and details of the wards and theatres. It was the experience of many that, what we had always considered a fair working knowledge of French, failed us when we tried to elucidate technical details, but the Frenchmen were so eager to understand and so uniformly polite that everything went off with the greatest success.

Our visitors were loud in their praises for the museum, several of them expressing their surprise at the completeness of the pathological specimens, and at the excellence of their display. Another point that aroused their especial admiration was the comfort and homeliness of the wards, which we have always maintained contrasts very favourably with some of the newer hospitals. The new Coborn Theatre, and the isolation of septic cases were always commented on with marked approval; and the absence of drainage in some of the operations they witnessed gave rise to surprise and admiration in the surgeons. One distinguished surgeon said, finally, that the only explanation he could offer for this difference of practice was that the French peritoneum was different from the English.

After everything had been duly inspected we met once more in the Great Hall to drink tea, and to exchange such compliments as our linguistic powers could exhort or receive,

and a very successful episode was brought to a satisfactory conclusion. Such visits are of the very first importance, emphasising, as they do, the cosmopolitan nature of medical and surgical science, which, whether it be practised in France or in England, has, to a very large extent, common methods for the attainment of one end—the relief of suffering and the cure of disease.

It is with great regret that we have just read of Monsieur Tillaux's death. He was not among our visitors, but he was one of the greatest of French surgeons, and we mark his presence in our cartoon.

Case of Chylous Fistula following Removal of Casating Tuberculous Lymphatic Glands; Recovery.

Under care of W. G. CLARK, F.R.C.S. Eng.

HISTORY.—Miss L—, æt. 25, of Bulawayo, with decided tuberculous family history, had a mass of enlarged lymphatic glands in the posterior triangle of the left side of the neck of nine months' duration. The glands were at first separate from one another, but at the time of operation they were nearly all matted together. The patient had undergone climatic and dietetic treatment, but without any effect, as the mass continued to increase in size, and at the time of the operation was about the size of a small orange, and one gland overlapped the clavicle. She was seen by several medical men who all recommended removal.

Operation.—On May 1st, 1904, chloroform was administered, and an incision three inches in length was made over the posterior border of the sterno-mastoid muscle, and a mass of hard inflammatory scar tissue with many casating centres was incised. It was found impossible to shell out any of the glands from their capsules, and the mass was removed by a tedious dissection, which amounted to removing nearly the whole gland area of the posterior triangle of the neck. The dissection lasted about three-quarters of an hour, and the following structures were exposed:—The posterior belly of the omohyoid which was dissected out from the mass; about two inches of the internal jugular vein, which was firmly adherent, and behind which the mass extended with a casating centre, so that the carotid artery was reached by dissecting behind the vein and its sheath was exposed for about one inch; about one and a half inches of the phrenic nerve were exposed on the scalenus anticus from which the fascia was partly removed, and the brachial plexus. The following structures were *not* seen:—The lower inch of the internal jugular vein, the subclavian vein, and the thoracic duct. A drainage-tube was left in the centre of the wound. Hemorrhage was very moderate, but there was some collapse owing to the length of the operation.

Progress of patient.—Vomiting was persistent for two days, as had been the case on a previous occasion after the patient had had chloroform, but after this the patient steadily improved. The highest temperature during convalescence was 99.8°. The pulse was frequent for four days, 110 to 120, but there was no flushing of the face or inequality of the pupils. The respiratory rate was only slightly increased for the first three days. On the nineteenth day the patient was able to take active exercise in the open air, and went for a holiday.

Progress of wound.—The wound was dressed eight hours after the operation, as there had been a considerable escape of blood-stained fluid; this appeared to be lotion and serous exudation. The wound was dressed again forty-eight hours after the operation, and appeared healthy. The tube was removed as the dressings were only partly saturated. On the tenth day the stitches were removed, and there was no sign of suppuration or of any collection of fluid in the wound, although the place where the drainage-tube had been was not quite healed. On the fifteenth day some fluid was detected at the upper part of the wound, and was let out by the introduction of sinus forceps through the place where the drainage-tube had been; it was nearly clear and yellowish. On the sixteenth day about two ounces of fluid had collected. This was proved to be chyle, having the naked-eye appearance of milk, clotting on exposure, and under the microscope showing the molecular basis of chyle as well as red and white corpuscles. On the seventeenth day eight and a half drachms were removed, and on the nineteenth day seven drachms were removed. On the twenty-sixth day the patient returned from a week's holiday, during which time one to two drachms of fluid were removed at the daily dressing. On the thirty-eighth day the wound was quite healed, and but a very small swelling remained in the neck. There had never been any sign of pus.

After history (July 18th).—The patient has been steadily improving in health and gaining in weight. There is no sign of fluid in the neck.

Remarks.—The situation of the thoracic duct was carefully avoided at the time of operation, and making due allowance for the possible displacement of the duct this vessel can hardly have been wounded. The most noteworthy features are:

1. The late appearance of any chyle in the wound.
2. The small and diminishing quantity which appeared.
3. The steady improvement of the patient, and her ultimate recovery from this complication.

It seems probable that a lymphatic trunk had been divided near its junction with the thoracic duct, and that the chyle escaped from this vessel and not from the main duct.

One View of Leprosy.

By ERNEST WARD LOWRY, F.R.G.S.

T was night! Indeed, it is seldom otherwise where December day is but the watch between 10 a.m. and 2 p.m. For ten days we had sledged north-east of the "last city in Europe," as the Russian calls Mezen; to the south we had left houses, rye, potatoes, and trees worth felling for their timber, and entered a zone between them and the boundless tundra of the north,—a transitory land, where great trees dwindle into shrubs and shrubs to creeping willows, where Zirian separates the Russian of village, plough, and cattle, from the Samoyede of reindeer, fish, and fur. It was night, and I was fast asleep on the moss covered floor of my sledge; windless arctic silence, save for the sharp click of cloven deer hoofs as they rose from the beaten snow track.

Suddenly the flying team swerves and upsets sledge, luggage, driver, interpreter, and self into the soft snow which bounds the track on either hand. It is better to sideslip on snow than on asphalt, and I am soon grasping at my rifle, for wolf alone, I think, can have caused the well-trained deer to shy. The Samoyede driver pushes my barrel aside: "Leper," he shouts, and proceeds to right the sledge and quiet the deer. Quaint little Mongolian deer-herd, four foot nothing in height, and nearly as much in fur-wrapped diameter; he drinks too frequently of deer blood to dread leprosy as his fish-fed cousin the Yakoot does.

For full a minute I see nothing in the arctic gloom. Then the titid aurora shows a tiny figure kneeling at the trackside. Male or female? I cannot tell, for arctic fashion does not differentiate, and clothes us all in deerskin; but it makes the sign of the cross—Tzarland's equivalent for Judean "Unclean, unclean"—with a square hand from which the fingers are mostly gone, and the white aurora light is reflected from hairless brows and from a nose that is mostly a thing of the past.

My interpreter, a Russian, speaks a little sailor-Saxon, picked up in the timber port of Salombo; and between us we elicit facts, which are communicated in a voice only comparable to that of the dread American Gramophone. The figure is a woman, a Russian, twenty years outcast; lives with two men in a log hut, a mile from the track; has two children, who, although born of lepers, are healthy. "Are not we Terechnovic-officials? Will not we compel the priest to baptise them?" Why does not the figure stand? It cannot, it has no toes. Why is it out at midnight? It is fetching the food supply, left once a week at a milestone on the post road by the Mir, or village commune, who by law must support their "unfortunate," be they leper or lunatic; and it points to the skin bag trailed by a thong behind it. What does the bag contain? Rye bread, "tresca"—last year's codfish,—brick tea, and, the much-taxed luxury, salt.

A thoughtless offer of a rouble note brings no gleam to those lashless eyes. "Who would take money from a leper?" No! Money is very little good if one cannot get rid of it, so I offer to leave provisions at the hut. The deer have scraped away the snow at the trackside and are munching the lichen beneath it, so it seems a good time for a halt, and, leaving the Samoyede to make up a meal, and the woman to follow on, I fix my snowshoes and start for the leper colony.

The bark of a dog guided me to a ten-foot square hutch, at the door of which were standing two children and two wretched men, all covered with dirt and rags of deerskin. The hut stood in a sheltered spot, its walls supported by a few stunted larches—a sign that fresh water can be got in summer. No one had visited the place since, years ago, a figure-loving bureaucracy had sent to number them, and this was all the government had done for the arctic zone until quite recently. I looked into the den, and took the following inventory: a central fire of sticks on a floor of filth, a hornless deer calf, some fowls, for eggs are two-pence a dozen, and quite fresh at that, a hole in the roof contrived for twofold purpose, a window and a chimney shaft in one. No table, but round the wall are shelves on which to sleep and eat, and from the ceiling hangs a festoon of drying fish. Later I learnt that there were parasites peculiar to man; there was also a smell. The elder man, who was not nearly so diseased as the poor woman whom he had sent out to fetch the weekly bag of food, showed me a gun, and explained that his greatest want was powder, the current coin of the tundra, and with this I was able to satisfy him. He knew of the winter quarters of a brown forest bear, but even bear will not tempt one to go shooting with a leper.

At the next post house—post roads link up the Black with the White and Yellow Seas, and every wayside village contributes its quota of horses, deer, or camel, at fixed fares, to this ubiquitous system,—I asked many questions. The lepers were all members of one village some fifty miles southward. Only the five were now known to exist in the district; one had gone mad and been lost, several had died, but, translated my companion, "lepers very fertile." Could not the children be returned to their village? "No," said the police master, "they will have throats at ten, and other symptoms at thirteen, but they are to be sent to the leper settlement beyond Ust Tzilma."

Two causes for the disease were given by the Feldsher, or "medical assistant," as the blue book styles him, stagnant, brackish water, and lack of salt. Tresca, the main food of the Mujik, who never lives far from water, is an evil-smelling product. It consists of cod, salmon, or other common fish salted and buried in sand. The inland poor cannot afford the salt, and so eat the fish merely rotten. It is noteworthy that the native names lack of salt, and the text-books salt, as the cause; and that the Ostiac

and Pommor, who are the "longshoremen" of the Arctic Ocean, and make their own salt by evaporation, do not even know of the disease.

A huge Mujik, passing that way with a train of sledges, shared with us the post house fire. He crossed himself ere he gave vent to the popular opinion that lepers do not feel cold (in the anæsthetic stage?), that they often live to a good age, and never die of the disease itself, that their children show no sign until about thirteen (puberty in eastern Russia), that the throat is the first part attacked, that five lepers were a heavy tax on one small village, and that there was no fresh water in that village like the springs of its neighbours, where there was no disease.

The "Feldsher" is in himself a curious product. Nearly always a shoeing smith retired from the cavalry, or a sick bay man from the navy, he, with the full recognition of the government, becomes the "vet." and physician of some huge tract of sparsely populated land, where a qualified man could not pick up a living. I once overheard myself referred to as "Feldsher" by a Polish Jew, whom I was dressing in the surgery. A grandmotherly government restricts the materia medica of the Feldsher to a few harmless preparations, so perhaps it was the list in the Duty Room which reminded the Pole of his native land. The fee of the Feldsher is always paid in kind. If he "doctors" a litter of pigs he receives one of their number, while, should he draw the tooth of the miller, he draws his pay in flour. The Pole, however, brought no offering to his dresser,—he had noted one distinguishing point in the English system.

From the Letters of a Medical Student.

1829, 1830.

(Continued from p. 13.)

I. FROM DUBLIN.

March 21st, 1830.—We have had plenty of subjects, and they are still coming in when wanted. The doctor has nearly finished his demonstrations, and is going on lecturing on physiology, surgery, and pathology, as usual. I was talking to him one day about the Sheffield Infirmary, and he said it was one of the nicest infirmaries he had seen.

I was at the hospital to-day, and had a good deal of conversation with Mr. Cusack. He does not go regularly round the hospital, but merely to such patients as are very ill, on Sundays, so that there is time to have a good deal of conversation. We had a brachial aneurism a few days ago, which he attempted to cure by pressure, as they have done several times during the last year. It was after bleeding, the artery being pierced. The sac ruptured, however, and effusion took place. The man was kept

longer, I think, than was prudent after the bursting of the sac, but was last Monday operated upon. There was a good deal of inflammation about the arm, and Mr. Cusack and Mr. Colles differed very much as to where the artery should be tied. Mr. Cusack said, tie it at the place with two ligatures. Mr. Colles recommended the operation to be performed high up, and whether out of a spirit of contradiction or not I do not know, but he said there was no danger of hæmorrhage, and they could not get him to make any allowance for the collateral circulation. A consultation was summoned, and Crampton, Peile, and Wilmot were with Mr. Cusack, and consequently the operation was performed at the bend of the elbow. A large quantity of coagulation was turned out, and the artery tied, and the man is doing pretty well, and if they had applied water dressing I think would have done still better.

A poor man was brought in the other night who had been beaten by a woman over the head to such a degree that he only lived a few hours. On examination the skull was not fractured, but a quantity of blood was found effused between the dura mater and arachnoid tissue; and one of the lads told me, but I can hardly imagine such a thing taking place without fracture, that he thought the lateral sinus was ruptured. He was in a state of beastly intoxication at the time of the occurrence, and the sinus might be full of blood. We have another case of a man walking quietly along the road, and he met a party of men who turned out to be, as our porter calls them, "Friends to Science"—vulgariter Sackemups or Resurrection men—one of whom came from the rest and cut the poor fellow down with a sword. It was a remarkably clean cut through the scalp and skull, through the dura mater, and into the substance of the brain. There is suppuration in the brain, rather diminishing, but he is in a very precarious state, perfectly sensible, and has been so ever since the accident. He is rather better at present.

Dr. Montgomery lecturing away. I am expecting two or three more cases in about a week's time, but they have been very scarce since the establishment of the Coombe Hospital.

II. FROM LONDON.

"BABYLON THE GREAT,"
17, GOUGH SQUARE,
FLEET STREET.

JUNE 5th, 1830.—I found my way to Blackfriars Bridge, and had the ill-luck to see the River Thames for the first time with the tide just run out, which gives a most miserable appearance to any river. I then strolled about to lose myself, and saw St. Paul's, the Post Office, the Old Bailey, St. Bartholomew's Hospital, Smithfield; indeed, we passed through the latter. I got home about half after seven sadly tired, for I did not get any sleep during the night,* and I had only a few nods in the day;

* The previous night had been spent in the coach.

and a little after eight I turned into bed, and slept till half-past seven this morning, and had only one sleep of it you may be sure. Got breakfast, and a little before ten went to Aldersgate Street to hear Pereira lecture on "Chlorine Gas." I was very much pleased with his manner of lecturing. He appeared rather quick in delivery, but is very distinct. He is a nice-looking young man, and his lecture was very plain, and he seemed to be anxious in impressing everything of importance on the minds of his audience. His class consisted of about thirty this morning. He recommended me to get Turner's *Chemistry* and a translation of Reichard's *Botany*, and also to a bookseller's where I could get them cheaper than at other places. He did not know of any lodgings, but told me where to look for them—in Edmund Square, a little further up, between the General Dispensary and the Aldersgate Street School, where Mr. Waller lectures on "Midwifery." Dr. Jas. Blundell does not lecture in summer. Dr. Conquest and Mr. Waller lecture together in winter, but Waller only in summer. His terms are three guineas, and he supplies cases, so I think I shall enter. He lectures from nine to ten in the morning, Tuesdays, Thursdays, and Saturdays. It is only a short distance from Pereira's place, and in that respect will suit very well. I called at his house, 93, Bartholomew Close, but he was not in. I made a miss in going to Moorfields, and could not find the place I wanted, the Eye Infirmary, and turned towards Cheapside, and called on Ed. Sambourne, who went with me into Edmund Square to see the lodgings.

29, EDMUND PLACE,
ALDERSGATE STREET.

JUNE 12th, 1830.—I can now give you some account of myself, as I am nearly settled in my abode. On Monday and Friday mornings at eight o'clock I go to hear Pereira lecture on "Botany." On Tuesdays, Thursdays, and Saturdays I go to hear Waller on "Midwifery" from nine to ten, from ten to eleven Pereira on "Chemistry," and from half-past twelve to two or half-past at the Eye Infirmary. I entered for three months on Thursday; paid five guineas to Mr. Tyrrell. I told him whence I came, and he asked a good many questions about Mr. Waterhouse,* Mrs. Rodgers, and said he should be glad if I could get him any information respecting her, which I will be obliged to you to do for me. He should be glad to see me on Sundays at St. Thomas's. I liked him very much at the Infirmary. He explained many things as he went on, and there are a great number of patients. I was there to-day, and Scott also was very free in his communications, pointing out anything which seemed interesting. On Wednesdays I intend to go to the Gardens at Chelsea, where I understand a lecture is given, and a ticket may be obtained at Apothecaries' Hall by asking for it.

I get my breakfast of coffee at eight or nine o'clock

* Thomas Wakehouse, of Sheffield, surgeon, 1793—1830.



"LA GUERRE CONTRE LE MICROBE."
VÉTÉRANS DE L'ARMÉE HOSTILE EN PRÉPARATION POUR LE BATAILLE.
From the drawing presented to the Students of St. Bartholomew's Hospital by our Visitors from France.

depending on my eight or nine o'clock lecture; read, or attend lecture at the hospital; at three I go over to a chop house in Aldersgate Street and get my dinner, and read a paper, and get a glass of porter; for this meal I pay about a shilling or thirteen pence; return to my reading again till seven, when I get coffee, and then read till bed-time.

I was talking to Waller this morning, and he said I was to call on him on Monday morning preparatory to his finding me some cases.

I find Dr. Jas. Blundell does lecture in summer at Guy's, but he does not begin till the second week in July. I went to Guy's on Tuesday. I saw Morgan remove two lips. I went round some of the wards with Bransby Cooper. I met with John Gurney there.

Yesterday I went, with Bennett, and O'Reilly,—a nephew of the Windsor O'Reilly and a quondam pupil of Mr. Cusack,—who has been in London for three months, having passed the Dublin College last October, to St. Thomas's Hospital, and went round with Mr. Tyrrell. He removed a fatty tumour from the pudendum, operated in a case of ectropium and another of cataract. I am sorry to hear that Mrs. Moore is not doing well, but hope she will get through. Is it merely a state of despondency, or is there any particular complaint? No inflammation I hope. Mr. Brown must be highly gratified with Henry's* place. He stands better than his most sanguine expectations could have anticipated I should think, and hope he will go on in the same way; indeed, there is very little doubt of that. I mean to go to St. Bartholomew's on Monday. I forget where Gale, Baker, and Warde live. I last night wrote to Dr. Williams to try and make my peace with him. Shall I succeed, think you?

Sunday evening.—I was very unexpectedly, after what Waller had said, called up this morning at one o'clock to go to a labour in Rawstorne Street, at the other end of Goswell Street. I went and found it a case of first labour. I stayed till near three, and not finding that any progress was made, left it. At ten I was sent for again, stayed till three; came into Aldersgate Street and got my dinner, and just as I was going up again, met the husband coming for me; but they were too impatient, for the child was not born till a quarter-past six and the placenta at seven. Sadly tired I was of the business.

We have not had a fine day since I came. I think there has been rain every day. To-day a very heavy thunder-storm came on.

29, EDMUND PLACE.

JULY 17th, 1830.—I thank you for your letter. Perhaps it will be as well to wait till Pereira's course is done before I think of either College or Hall. I called on Mr. Watson

* John Henry Brown, afterwards scholar of Trinity College, Cambridge, had obtained a first class in the college examination of "Junior Sophs" or Freshmen.

in Berners Street, the secretary to the Hall, on the 28th of last month, and asked him to look at my certificates, and I wanted to know whether Dr. Chatten's six months' course would do according to the old regulations. He said yes, and begged for God's sake I would not take any more certificates than were absolutely necessary, as it only occasioned trouble. I assured him I would not, so I left him when he had selected such as were required for the Hall. They are going on at the Hall like a house on fire. Two examination nights ago they rejected eight out of fourteen, chiefly in the Latin I understand.

Yesterday week I went to St. Thomas's to see Mr. Green remove a jaw at the articulation, and certainly it was one of the most beautiful operations I ever saw. So cool and steady, considering every stroke of the knife; he is equal to Mr. Cusack in coolness and self-possession. I was speaking to Mr. Waller about it, and he said that Mr. Green followed in the steps of his master, Mr. Cline, who was cool and steady; and he said that, though Sir Astley had a great name for operating in hernia, taking the number into consideration, Mr. Cline was successful in proportion two to one.

On Saturday I went to St. Bartholomew's to see Mr. Stanley operate lithotomically as Mr. Favell* would say. The operation from the first incision to the extraction of the stone occupied eighteen minutes, but the poor old patient was nearly an hour on the table. The perineum was very deep, and the prostate gland was very much enlarged laterally. Mr. Stanley had great difficulty in getting the stone out, and used nearly as many pairs of forceps as Mr. Favell. Before the stone was extracted he drew out a kind of polypus about the size of a pigeon's egg having a portion of the peduncle attaching it to the prostate or the neck of the bladder broken off. The stone might weigh about half an ounce—the triple phosphate. The poor fellow was removed in a state of great exhaustion. I saw him on Wednesday, and I thought him then in a very bad way. Yesterday they said he was better. His pulse was very quick and full I thought, and he did not appear much better to me. Urine passed partly through the urethra. They were giving him lots of brandy, but I think he cannot recover. Mr. Tyrrell told me to-day at the Eye Institution that Mr. Green's patient had got erysipelas.

On Wednesday week Edward Thomson and I breakfasted with Mr. Tyrrell. He was exceedingly civil, and we stayed about an hour and a half. He intends being in Yorkshire during the shooting season.

On Wednesday I went round Bartholomew's with Mr. Lawrence, and was very much pleased with his manner. He is an older man than I expected to find him, but a very gentlemanly man.

* John Favell, of Sheffield, surgeon, 1767—1840.

Yesterday I was for the fifth time at the Hunterian Museum, and had a good deal of talk with Mr. Clift, the Curator, about Dr. Macartney and many other things. He asked me if I had ever seen mercury in a metallic form in the bones of venereal patients. He never had, but a gentleman had told him that he had seen several cases in the dissecting-room. Mr. Clift was inclined to think it was either a dissecting-room joke or that they had been injecting the absorbents. Knowing what I do of the fun of a dissecting-room, I should say it was a joke. I never heard of it, nor can I conceive the possibility of such a thing.

I heard yesterday Dr. Clutterbuck lecture on "Phrenitis and Delirium Tremens," so absurdly called, he says; he disapproves of opium in the quantity generally given, and recommends bleeding to the amount of five or six ounces, keeping the bowels gently open, and small doses of opium, but not to be carried to anything near the usual extent. He has not a good delivery, but makes some very good remarks, and is worth going to hear.

I called on Monday week on Mr. Potter. He said he should be very glad to see me, and would introduce me to Mr. Chevalier, but I have not been down since. Mr. Oldfield* called upon me one evening, and will be in Sheffield in a short time now, if not there already.

I have had four midwifery cases this week, making eight, one last night or early this morning. They are all pretty well. I had three in succession with the funis round the neck of the child, but they all did well. Otherwise all natural.

AUGUST 2nd, 1830.—I think I told you of the operation for the stone at Bartholomew's,—the poor patient lingered about ten days. On examination I am told that two small calculi were found in the bladder, and several in the kidneys. The polypus came from the prostatic urethra. The woman at Thomas's is now doing very well. She had a violent attack of erysipelas, but that has subsided. The Eye Infirmary is attended by crowds of patients; a great deal of amaurosis, glaucoma, purulent ophthalmia. Pereira is going on, and I am very much pleased with him; Waller also. I had four cases one week, and, as they were one at the opposite extremes of the district, I begged him to let me rest for a week; for, during the hot weather, it was most fatiguing work, and I have, as you will see by the rules, to see every patient daily for a week; and I was nearly knocked up; what with the being up four nights; and then having so much flag hopping in the hot weather, I could not attend to other things quite so well as I ought. He said he would not apply to me except when in need, and I have not had any case for the last week, but expect to hear from him now every day or night.

* Of the firm of Gale, Baker, and Wade.

I have had Edward Sambourne under my care. He appeared to have symptoms of incipient enteritis, but I managed to get rid of them by the use of tartar emetic and calomel and opium, and he is quite well now. I mentioned the case to Mr. Pereira. He was very kind, and said if he could be of any service to me he should be very glad.

The Gardens at Chelsea are of great use, for they bring plants to the Hall, and the candidates are expected to know them; but the time allowed is too short; from nine o'clock till twelve every Wednesday, and from ten to eleven there is a lecture, so that we have only two hours to be in the garden. Three of us, Jones, Webster, a Dublin student but a Welshman, generally go in a boat from Blackfriars Bridge, and we come down the same way, generally finding three or four more to join us. It is a deal more pleasant than passing about five miles through nothing but streets, with the exception of St. James's Park.

I met with Dr. Clutterbuck's work on *fever*, which I send with this. He takes a different view of it from many, and there are a many very good points about it. It is a 12s. book, but I got it for 3s. 5d., which seems to be the price here, and quite new.

I think I did not tell you that in one of my midwifery cases I met with what I had never heard of in lectures or seen in books. The day after the birth of the child a large tumour was pointed out to me on the right parietal bone, not having any connection with the fontanelle. It was a fluctuating tumour, gave no pain on pressure, and did not appear to be an abscess, as it seemed to be more in the structure of the scalp than between it and the bone. I told them to let it alone. I thought it was extravasation of blood, but how it had arisen I could not tell. I mentioned it to Waller, and he said I was to let it alone, for it was nothing but blood from the rupture of a vessel in passing, and that it would be absorbed. He had seen three or four cases similar, one of which he had plunged his lancet into, but nothing but a little grumous blood was discharged, and in the others absorption took place without any means being taken. It has now completely disappeared. I have watched it closely, and there is no trace of it. The bones underneath I could feel quite perfect, and they are so now. One of my patients had a slight attack of inflammation, but soon got rid of it.

SEPTEMBER 4th, 1830.—On the arrival of your letter yesterday* I went to No. 6, Rodney Place, New Kent Road, which I very easily found; but there was no one in the house, though it did certainly appear as if it was inhabited; and what was worse, I could not learn the name of the

* My grandfather and Sir Arnold Knight, like my father and other medical men in Sheffield at a later time, were keenly interested in "grinder's asthma," which had become far more prevalent since the introduction of the steam engine. According to Knight, out of 2500 grinders there were not 35 who had reached the age of fifty; and, whereas there were above 80 tork grinders (dry grinders), exclusive of boys, not one was thirty-six years old.

occupier, but that did not surprise me much in London. It was a small house, something like those which go from the Infirmary Road to Philadelphia. I did not think that very favourable, but began to think there was some trickery in it; for I certainly do think the writer of the letter is one who is trying to raise the wind by a little humbug. It is not very charitable in me to suppose so, if one professes to be anxious for the good of the poor grinders, but I cannot divest myself of that feeling. This morning I started earlier, thinking I should find some one in, but it was to no purpose. I knocked again and again in vain. Once I thought of applying through the *Times*, but then I thought I would try a threepenny post letter, which I sent off to-day, and expect that will find him. If it should not, I will apply through the *Times*; they ought to know something about him. I saw Dr. Knight's* paper in the *North of England Medical and Surgical Journal*, but he did not let much light on the subject. In the same work I also saw a sketch of Mr. Waterhouse's life, but did not think that he had justice done him. It was a very poor display of the doctor's powers of composition, and presupposed that everyone who read it was acquainted with Mr. Waterhouse. Many might know him, but if the circulation of the journal is confined to those who knew him well, as well as the biography supposes, it will not live very long. There were some very good papers in it.

This neighbourhood is in an uproar; for Bartholomew Fair began yesterday, being opened by the Lord Mayor and Sheriffs, and a pretty scene of confusion it is. It is in Smithfield, which even now does not lose its character of being occupied by beasts, for there is a plentiful supply, differing from the common run only in having two legs instead of four. It does not affect me very much, but the streets all round are crowded, so that there is hardly any getting on. I had to fight my way through a crowd to get my dinner to-day in the Old Bailey. If I should hear from Mr. Edwards and get a sight of him, I will write directly; but if not, on Monday will send you a paper.

(To be continued.)

NOTE. For the dates which I have given in the notes to these extracts, I am indebted to Mr. Simeon Snell's biographical notices appended to the late Mr. John Daniel Leader's *Sheffield General Infirmary*, 1897.

TRINITY COLLEGE, CAMBRIDGE;
18th October, 1904.

HENRY JACKSON.

The Clubs. STUDENTS' UNION.

THE COUNCIL.

Meetings of the Students' Union Council were held on September 15th, 23rd, and 29th. On each occasion Dr. Herringham, the President, was in the chair.

* Sir Arnold James Knight, M.D., of Sheffield, physician, 1789-1871.

At the meeting on September 15th the Secretary reported what steps were being taken concerning the management and control of the Abernethian room.

A sub-committee (consisting of the following members: Dr. Morley Fletcher, Mr. Harmer, and the Hon. Sec.) was appointed to consider the feasibility of holding one or more Smoking Concerts during the winter session. This sub-committee was also instructed to draw up a list of the managing committee for a Students' Union Dance to be held in December.

Dr. Herringham supplied information concerning the proposed entrance on the west side of the Winchmore Hill ground as discussed at a previous meeting to the effect that it would be impolitic on financial grounds to make such an entrance until the District Council had taken over the care of the roadway. It was in the power of the trustees to purchase at any future date part of the adjoining land for a nominal sum, and so make a gateway.

At the meeting held on September 23rd the report of the Smoking Concert sub-committee was considered. After some discussion it was decided—

1. That the concert should not be held in the Hospital.
2. That the programme should be made up by members of the Hospital and their friends, and that professional talent should not be invited.
3. That the co-operation of the President and Secretary of the Musical Society should be invited.

The arrangement of the necessary preliminaries for the concert was referred to a sub-committee.

Mr. Loughborough supplied information and estimates for a Students' Union dance. It was decided that the dance should take place at the Wharnclyffe Rooms, Hotel Great Central, on December 6th. The names of a proposed managing committee for the dance were submitted and approved.

At the meeting held on September 29th further details regarding the Smoking Concert were discussed. Dr. Herringham kindly consented to take the chair on that occasion.

The Secretaries announced that the Abernethian Society had formally transferred the control of its room to the Students' Union by passing the following resolution unanimously at a special general meeting held on September 29th:

"The responsibility for management and jurisdiction over the Abernethian Room be put in the hands of the Students' Union, and that the said Students' Union be empowered to make, alter, or amend the laws of the room during the hours other than those of the Abernethian Society's meetings, provided always that the said rules do not interfere with the property of the Abernethian Society."

Mr. Hogarth then proposed that permission be obtained to keep the Abernethian and Smoking Rooms open until

eight o'clock every evening. After some discussion it was decided that smoking be restricted as heretofore to the Smoking Room and not permitted in the Abernethian Room.

ASSOCIATION FOOTBALL CLUB.

ST. BART'S v. BRADFELD WAIFS.

The Association XI played the first match of the season on October 8th, against Bradfield Waifs, at Winchmore Hill. Our opponents only brought ten men, but an able substitute was found. We were not at full strength, but a fairly respectable side turned out. The game was fast and exciting throughout, although we won comfortably by 4 goals to 1. The forwards, who were ably supported by their half-backs, combined well. The goals were scored by Tucker 2, Mead 1, and Gordon 1. The result was very creditable, and the "Black Devils" ought to be a good side this year, as there are plenty of players to choose from. Team:

W. H. S. Hodge (goal); H. Rimington, H. Hardwicke-Smith (backs); W. M. Glenister, A. W. Cowdon, L. T. Burra (half-backs); J. R. Lloyd, S. Upton, F. J. Gordon, J. C. Mead, S. Tucker (forwards).

ST. BART'S v. ST. LEONARDS.

On Wednesday, October 12th, a very weak side journeyed to Hastings to play the St. Leonards XI, which was at full strength. The game was exceptionally fast, the ball travelling from one goal to the other at an extraordinary pace. We were the first to attack, and for about fifteen minutes bombarded our opponents' goal, but could not score. However, at half-time St. Leonards had scored three times. In the second half we had less of the game, and the result was 6 goals to 1 against us. The shooting of the forwards was poor. Had they taken the opportunities given them the score would have been very different, as chance after chance was thrown away. Unfortunately about twenty minutes from the end we lost the services of Miles. Team:

W. H. S. Hodge (goal); H. Rimington, A. Miles (backs); W. M. Glenister, J. R. Lloyd, S. C. Langford (half-backs); C. B. D. Butcher, J. C. Mead, F. J. Gordon, E. B. Evans, S. Upton (forwards).

ST. BART'S 2ND XI v. CITY OF LONDON SCHOOL.

Played at Winchmore Hill on Saturday, October 15th. Bart's led at half-time by 2 goals to nil, scored by Upton and Kees. On changing ends the better condition of our opponents told, and they eventually won by 3 goals to 2. The winning goal was scored fifteen seconds before time from a penalty kick. For Bart's Upton, Weakley, and Downes played well. Team:

Downes (goal); Barber and Sturdy (backs); Weakley, Glenister, and Langford (half-backs); Forrester, Rees, Upton, Bott, and Paine (forwards).

RUGBY FOOTBALL CLUB.

The season opened with a really good practice game on October 5th. The first match was played on Saturday, October 8th, v. United Services, at Putney.

It is unfortunate that one of the strongest matches on the card should come first, and that the team was not at full strength. However, it was an extremely good game to watch, and, though the Services won by 18 points to 3, the Hospital team had quite as much of the game as their opponents.

The forwards played fairly well against a very much heavier pack, but during the first ten minutes of the second half were overrun altogether, which accounted for two somewhat lucky tries being scored against us.

The halves and centre three-quarters were very good, and some really excellent combination was seen.

ST. BART'S v. SANDHURST.

Drawn, 2 goals 1 try all. This match was played at Camberley on Saturday, October 15th, and an excellent game resulted in a draw, which represented the relative strength of the teams.

Combs at half played a fine game, and scored one try. The other tries for the Hospital were gained by Way, who played a much

improved game, and Grandage. Lee kicked the goals, and had very hard lines with his third attempt, as the ball struck the cross-bar.

The forwards were improved, and lasted better, but are still slow in packing, and heel badly. The following was the team:

P. A. With (back); H. B. Owen, C. S. Lee, L. F. K. Way, K. Bremer (three-quarters); A. H. Owen, H. M. Coombs (halves); W. B. Grandage, C. H. Iloit, H. A. Harris, F. Trewby, S. Trevor Davies, A. J. Symes, M. W. B. Oliver, and G. H. H. Almond.

The "A" team defeated St. Mary's Hospital 2nd XV by 8 goals and 3 tries to nil on October 12th. St. Mary's unfortunately turned out a 2nd XV instead of an "A" team.

The 2nd XV drew with Norwood 1st XV, and lost to Leytonstone. They ought to be a fairly useful team later on.

On the whole the outlook is very encouraging, as men are keen, and if only the teams can make a point of going down to Winchmore at least one day in the week to get some exercise, the Hospital team ought to render a very good account of itself through the season.

HOCKEY CLUB.

The Hockey Club has started in an excellent way by winning four out of the five matches played. The 1st XI have won both their matches, the "A" team has won its only match, and the 2nd XI have won one and lost one.

ST. BART'S v. LEYTONSTONE.

The Hospital opened their season by beating Leytonstone by 14 goals to 3 on Saturday, October 8th. The victory was chiefly due to the fine combination and dash of our forwards, W. B. Griffin at inside left playing a particularly fine game.

For Bart's the goals were scored by W. B. Griffin (9), G. Viner (2), G. H. Adam (1), H. Gray (1). For Leytonstone Robson, Cornelius, and Wastnage scored. Team:

S. H. Andrews (goal); J. P. Griffin, L. L. Phillips (backs); G. C. Gray, B. H. Barton, G. F. Page (halves); H. Gray, G. H. Adam, G. Viner, W. B. Griffin, R. L. Haines (forwards).

ST. BART'S v. STREATHAM.

Played on the Norbury Park Cricket Ground on Saturday, October 15th. Owing to the excellence of the ground a very fast game took place, which ended in a win for the Hospital by 4 goals to 1. Our forwards combined well, and were ably supported by the backs.

For Bart's the goals were scored by W. B. Griffin, G. H. Adam, G. Viner, and L. F. G. Lewis. A. K. Williams scored for Streatham. Team:

J. P. Griffin, W. Hardy, L. L. Phillips (backs); R. C. P. Berryman, B. H. Barton, G. F. Page (halves); H. Gray, G. H. Adam, G. Viner, W. B. Griffin, L. F. G. Lewis (forwards).

UNITED HOSPITALS HARE AND HOUNDS.

The Annual General Meeting of the above club was held at Guy's Hospital on Thursday, October 13th, 1904, Mr. R. Rankine, in the unavoidable absence of L. A. Dunn, Esq., F.R.C.S., being in the Chair.

The report for the past season showed that, although not a single match had been won, yet there had been several notable individual successes. Hospital men filling the second place v. the Thames H. and H., the same place v. Ranelagh Harriers, the first and second places v. Wellington College, and the first and third places v. Oxford University, who were, however, running a weak team.

The prospects for this season are exceedingly bright. It is hoped that the London Hospital, stimulated by the arrival of R. McC. Linnell, of the C.U.A.C., will enter a team for the cup, now in the possession of St. Bartholomew's, who last year beat the holders (Guy's) by one point only.

It was decided to meet the following clubs:—Oxford U.H. and H., Cambridge U.H. and H., Thames H. and H., Blackheath Harriers, South London Harriers, Ranelagh Harriers, Wellington and Lancing Colleges, and to hold the Inter-Hospital Cup Race at the end of February.

The gold medal for this race last year was won by A. L. Candler (St. Bartholomew's), who finished first, and the silver medals for second and third places by T. E. A. Carr (Guy's) and W. B. Grandage (C.U.A.C. and St. Bartholomew's) respectively.

A vote of thanks to the past secretary for his exceedingly valuable services and to the chairman terminated the meeting. The following officials were appointed:

President.—H. A. Munro, Esq., B.A., M.B., B.Ch.
Vice-Presidents.—P. Furnival, Esq., F.R.C.S., L. A. Dunn, Esq., F.R.C.S., H. Morley-Fletcher, Esq., M.D., T. G. Stevens, Esq., F.R.C.S.

Captain.—T. E. A. Carr (Guy's).

Hon. Secretary and Treasurer.—H. Stott (Guy's).

Committee.—O. S. Norton (Westminster), A. L. Candler (St. Bart's), G. C. Birt (Royal Dental), V. Townrow (Guy's), F. Standish (London).

Old Students' Dinner.

THIS annual function took place in the Great Hall on Monday, October 3rd, and proved a very successful and enjoyable evening. Dr. Samuel West presided.

There were 153 old students present, and every year from 1860 onwards was represented. We were glad to see that the Medical School welcomed so many distinguished guests, among whom may be mentioned the Provost of Queen's College, and the Dean of Christ Church, representing Oxford University; Professor Langley, from Cambridge; the Principal of London University; the Master of the Apothecaries Society; Mr. Acton-Davis, and Sir Ernest Flower, as representatives of the Governing Body of the Hospital.

The dinner was excellent, and prepared the way for the enthusiasm with which the toasts were drunk; and first came three loyal toasts—the King, our Patron; the Prince of Wales, our President; and the Queen, our first Lady Governor.

Then Dr. West proposed the toast of the Hospital and Medical School in a carefully-considered and well-worded speech. Mr. Acton-Davis, one of the Almoners, replied on behalf of the Hospital. Mr. Butlin proposed the guests in a few humorous words, and the following responded:—Sir Ernest Flower, Sir Arthur Rucker, and the Very Rev. the Dean of Christ Church. The toast of the Chairman was given by Sir Dyce Duckworth, and was drunk enthusiastically. Finally, Dr. Herringham, to whom the success of the function was chiefly due, was called upon to say a few words before the company dispersed, some to the library to drink tea and coffee, and some to the Resident Staff Quarters, where an impromptu concert was set on foot.

Complimentary Dinner to Dr. Gee by his House Physicians.

OCTOBER 14th, 1904, will always be a memorable day for a small section of Bartholomew's men; for, at Oddenino's Imperial Restaurant, on that day, Dr. Gee's House Physicians assembled to do honour

to their chief and master by entertaining him at dinner, and by presenting to him a handsome piece of silver plate and a gold watch with an illuminated address. The names of forty-four House Physicians were printed on the menu card, but of these two were dead, and five across the seas, but thirty of the remaining thirty-seven were present. Dr. H. B. Boulter, the Senior House Physician, presided over the family gathering—for such it was,—though Dr. Gee would not consider himself *in loco parentis*, but rather as an elder brother, just as Ben Jonson was to his "School."

After the loyal toasts had been drunk, and letters from the absent ones read, the Chairman, in proposing Dr. Gee's health, paid a heartfelt tribute to his character and personality both as a friend and as a teacher, and expressed his own debt of gratitude to Dr. Gee for many things; and then, on behalf of all the House Physicians, made the presentation as a token of their esteem and affection.

In reply, Dr. Gee made a characteristic speech—warm-hearted and sincere, simple and modest, concise but not too brief, humorous, full of apt quotations, didactic but not pedantic, philosophical but not abstruse. Then he read through the list of House Physicians one by one, and said what each was doing and where, so as to introduce the older to the younger. He also made allusion to the number of his Clinical Clerks—807 in all—many of whom had become men of reputation and renown. In conclusion, he spoke of the inestimable value of the gifts which had been presented to him—inestimable, because they had been presented as a mark of affection. "Love is a present for the greatest king, and no feeling is sweeter than that of being beloved; it is with this feeling I leave St. Bartholomew's. I will make one quotation more, 'My life has been approved; many love me well, but by none am I too much beloved.'"

The evening was a great success in every way—thanks chiefly to the untiring energy of Dr. Horder.

Royal Army Medical Corps Notes.

THE following were successful at the recent examination for thirty commissions in the Corps:

H. T. Wilson (3rd), L. V. Thurston (4th), W. H. Hills (5th), P. A. Lloyd Jones, H. C. Sidgwick.

After the recent promotion class for captains at the Royal Army Medical College the following were posted as stated:

Capt. M. Swakey to Newcastle-on-Tyne; Capt. C. H. Hopkins to York; Capt. A. H. Morris to Chatham.

Capt. A. J. M. Cuddon-Fletcher appears to be the only Bart's man in the present promotion class.

In the list for the present trooping season the following Bart.'s names occur:

Major W. H. Pinches, Major N. Marder, and Capt. J. B. Anderson to Bengal; Major H. W. Austin, Major H. E. Winter, and Lt. M. F. Grant to Bombay; Capt. A. J. M. Cuddon-Fletcher to Punjab; Lt. A. A. Meaden to India; Lt.-Col. F. H. M. Burton to South Africa; Capt. S. F. St. D. Green to Bermuda; Major F. M. Mangin to Jamaica; Capt. H. A. Berryman to Gibraltar; Lt. R. M. Ranking to Hong Kong.

The Medical Profession and the Mercantile Marine.

By CHARLES VERE NICOLL, M.R.C.S., L.R.C.P.

FOR the benefit and guide of those of my Hospital and profession, who go, or at some future date will go, down to the sea in ships, a few hints prompted by the experience of my seafaring colleagues and myself may be useful. To those of us who want to see a little of the world before settling down in practice, and who have not large private means wherewith to do it, the position of ship's surgeon at once recommends itself.

Before signing the articles of any ship the surgeon should quite realise what his position will be on board. In the eye of the Mercantile Marine Law the surgeon when once he has signed his articles becomes a seaman, and as such is absolutely under the control of the captain of the ship. This is not irksome as a rule, and most commanders treat the doctors with every consideration. Now and then, however, you will meet with men who will assert their authority in very unreasonable and annoying ways. For instance, a commander gave orders that while his ship was in port working cargo the doctor was not to go on shore. The latter protested, saying that his whole object in going to sea was to have a chance of seeing the places which the ship visited. The captain, however, used threats, and pointed out that the law said, should a seaman leave his ship without permission he can, by law, be arrested.

Several large shipping companies have bye-laws, under which a surgeon can be transhipped to another ship while abroad, and on which he is liable to be kept for a period not exceeding one year before being sent home. If a surgeon wishes to avoid this he should obtain a written declaration by his company that he is to remain in the ship in which he starts until his return home.

In a certain case, which was reported in the medical papers, a surgeon was given verbal promise to that effect, but while in a foreign port the Company ordered him to tranship, which he refused to do. The Company nothing daunted ran him in, for which he obtained compensation amounting to several hundred pounds on his return home.

Therefore, before signing articles of any ship a medical man should—

- (1) Join the Medical Defence Union.
- (2) See or write to his predecessor in the ship to find out all he can about the commander, company, and ship generally.
- (3) See the commander and ship.
- (4) Ascertain all about transhipment so as not to be undeceived later.

Commanders of ships should be instructed by the companies who employ them to treat their medical officers with ordinary and reasonable consideration. The latter do not in any case receive a great reward for their services, and are often out of pocket owing to expenses of uniform (especially in large companies), instruments, etc. It is only fair therefore that the commander should recognise the advantages of having a medical officer on board, and should do all in his power to make the practice of medicine at sea attractive. He should remember that the ship cannot do without the doctor, but the latter can quite well do without the ship.

The life of a ship's doctor may be very pleasant, but if the commander is unreasonable, and is always trying to show his authority, life becomes unbearable, and the game not worth the candle.

Old Verses.

HADES of Galen and Celsus departed
Far from the troubles and worries of life.
Say! can ye tell me? the reason I started
Reading so hard for a Medical Life.

Visions of glory, crude dreams of ambition
Haunted my cerebrum many a day.
I thought to dissect out a name and position
By means of a scalpel and tips from a Gray.
Gaily the corpuscles, fibrin, and serum
Leapt through my veins at the prospect of fame.
Onward I looked to the time I should bear one
Tack the whole alphabet on to my name.

Now I sit mute in despair and in sorrow,
Erichsen's writings no longer allure,
"Bitterly" truly "I think on the morrow,"
Like the poor fellows who buried John Moore.

Tanner and Druitt I hate most sincerely,
Curses on Holden and Taylor and Gray;
Churchill and Meadows I've read till I really
Had to ask someone to take them away.

So I sit picking my teeth with a bistoury,
Whittling my nails with a hernia knife;
Striving to solve the inscrutable mystery
Why did I enter the Medical Life?

Correspondence.

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

SIR,—I will ask you to open your columns to a discussion of the Annual October Dinner of Old Students, of which I am Secretary. In the first place it is, of course, not a cheap dinner. But, as far as I can tell, most of those who attend it appear fairly satisfied with it. It will always be much more expensive to dine in the Great Hall, to which everything has to be brought, than to go to a restaurant. Few caterers will tender for our dinner on any terms.

But another question is raised by a few men every year. Would it be better to have a dinner at which each man should pay for his own wine?

I should like to say at once that I am very doubtful whether such a course would be wise. At present we know exactly what we have to spend, there are no extras for wine or for tobacco (though, I suppose those who do not smoke might as reasonably ask not to have cigars included), and the waiters do not ask for tips. The dinner is over and done with, and the room is cleared. Were we to pay for wine this would necessitate a long and troublesome collection of debts, which would interfere greatly both with freedom of movement and with freedom of speech. Moreover, men would want a choice of wine, and I really do not know how this could be met. A very large amount would have to be brought to give any great variety for selection. I believe extra wine would oblige us to dine at a restaurant.

But further, I believe that such a change, even if popular with the junior men, would be unpopular with seniors, and, if so, I should oppose it. It is characteristic of these dinners that every age is represented. In the list which I hung in the entrance almost every year from 1860 sent its contingent, and there were half a dozen even older than that. I should be exceedingly sorry in any way to alter the representative character of the dinner. Younger men have large contemporary clubs at whose meetings wine is an extra. But senior clubs get smaller, and, I expect, sadder, and the October dinner is the only big function which unites us all. I do not want it to get into the hands of junior men, I want to keep the seniors in it.

A Secretary cannot collect many opinions by word of mouth. I should be glad to learn, either through your columns or privately, what other people think upon the subject.

Yours obediently,
W. P. HERRINGHAM.

40, WIMPOLE STREET, W.

Reviews.

STUDENTS' HANDBOOK OF SURGICAL OPERATIONS. By Sir FREDERICK TREVEY, K.C.V.O., F.R.C.S. (Published by Cassell and Co.) Price 7s. 6d.

This book, of which we have received a copy of the new edition, is admirably adapted to the purpose set forth by the author in his preface "for the use of students preparing for the final examinations." The author is concise, the book compact, and the illustrations are good, but might with advantage be increased.

ELEMENTARY PRACTICAL PHYSIOLOGY. By JOHN THORNTON, M.A. Pp. 318. (Published by Longmans, Green and Co.) Price 3s. 6d. This, the latest addition to Messrs. Longmans' Practical Elementary Science Series, is an excellent little volume designed to meet the requirements of students entering for the examination in physiology (Stage I) of the Board of Education.

In accordance with the syllabus the book contains a considerable amount of anatomy in addition to the physiology, much more, in fact, than is usual in physiological text-books, but both subjects are clearly written and copiously illustrated by good diagrams.

The book may be strongly recommended to students who are making their first acquaintance with physiology.

WHITAKER'S MODERN METHOD OF LEARNING GERMAN. By C. W. WHITAKER, B.A. Oxon., and H. G. BRAUN, Ph.D. Leipzig. (Published by J. Whitaker and Sons, London.) Price 3s. net.

"This book is intended to supply materials for a human method of teaching German, and is designed expressly for those who cannot afford a teacher." To begin with, not too much is made of the grammar,—which really proves such a stumbling block to the English student,—while the exercises and lessons are so arranged that the beginner will gradually master the elements of grammar and syntax, and at the same time will acquire a useful vocabulary and general knowledge of the language. The teaching of the pronunciation,—which is always a trouble, even with a master,—is admirably planned by a careful system of phonetic representation. The book is theoretically sound and practically useful, and can be strongly recommended to students of medicine who wish to learn the German language, without a teacher, in a short time.

FIRST AID IN ACCIDENTS. By R. S. COLLIE, M.D., and C. F. WIGHTMAN, F.R.C.S. (Published by Gill and Sons, London.) Second Edition. Price 8d. net.

The fact that the first edition of 10,000 copies was sold out in a few months speaks eloquently for the usefulness of this little book. It has been corrected and brought up to date. The coloured plates and illustrations are very good, while the questions and answers should be of great advantage to those attending ambulance classes. The book is wonderfully cheap.

SYPHILIS AND GONORRHOEA. By C. F. MARSHALL, M.D., F.R.C.S., etc. (Published by Rebman, Ltd., London.) Price 8s. net.

This book is an addition to the already large number of books upon syphilis, but it also contains some very useful chapters on gonorrhoea. The first chapter concerning the history of syphilis is very interesting, though much of it rests on doubtful surmises, and we do not agree that the cult of Linga among the Hindus was similar to that of Baal-Poor. The second chapter, concerning pathology, contains an account of the most recent work upon the bacteriology of syphilis. The clinical observations are for the most part the same that are found in the average text-books, and might well have come straight from the classical works upon the subject. The chapters concerning syphilis and marriage (borrowed very largely from Prince Morrow's recent book), syphilis and life assurance, and the treatment of syphilis review these matters very clearly.

The author is more original in his dealing with the subject of gonorrhoea, and his conclusions are generally sound and practical. We are glad that he objects to the use of the urethroscope as a routine method of examination.

We can recommend the book to those who want a small volume containing a *resumé* of the more recent literature upon syphilis and gonorrhoea.

CLINICAL AND PATHOLOGICAL OBSERVATIONS ON ACUTE ABDOMINAL DISEASES. By EDRED M. CORNER, M.A., F.R.C.S. (Published by Constable and Co., London.) Price 3s. 6d. net.

Professor Clifford Allbutt once wrote to the author of these observations "I warmly welcome any attempt to get away from anthropocentric medicine, to escape from the ptolemaic phase into the cosmic." We will re-echo the sentiment in simpler language, and congratulate the author on the originality and broad-mindedness of these observations, which are an expansion of the Erasmus Wilson lectures for this year. Mr. Corner seeks to prove the uniformity of origin of all acute perforative and gangrenous processes of the alimentary tract from appendicitis down to cholecystitis and inflammation of Meckel's diverticulum. *A priori* grounds he certainly proves his points, for he clearly shows that the blood supply is not the most important factor in the production of gangrene and perforation of the gut, and then he proceeds to argue the probability that bacteria are the essential cause of all these acute gangrenous processes, but unfortunately he has not been able to work out the bacteriology of the cases which he quotes. For instance, we read in several places "the consequent necrosis, which was probably bacterial"; and again, such a sweeping conclusion as this: "Yet I believe that we must look to pyogenic micrococci for the starting point of cases of acute perforation and gangrene, *i.e.* acute infective

necrosis, in whatever part of the alimentary tract it may be situated," is not justified until the actual bacteriology has been worked out more definitely, and the author himself says "of direct proof I can offer none." However, the book is very instructive, and opens up a completely new line of thought concerning acute surgical diseases of the alimentary tract.

THE NERVOUS AFFECTIONS OF THE HEART. By G. A. GIBSON, M.D., F.R.C.P. (Published by Young J. Pentland.)

This book is a reproduction of a series of six Morison lectures, delivered at the Royal College of Physicians in Edinburgh during 1902 and 1903. The first three lectures concern the sensory disturbances of the heart, and include a very good clinical account of *Angina pectoris*, with its therapeutics; the last three lectures deal with the motor disturbances, viz. rate, rhythm, and force. It is a scientific and learned treatise upon a difficult subject; it is brief, but throws light upon many points scarcely mentioned in text-books.

URINE EXAMINATION MADE EASY. By THOMAS CARRUTHERS, M.A., M.B., etc. (J. and A. Churchill, London.) Price 1s. 6d. A useful book for nurses, for whom it was written, and for beginners. All the tests are clear and methodical.

Entrance Scholarships.

Junior Scholarship.—J. S. Lukis.
Senior Scholarships.—E. P. Cumberbatch and G. Graham.
Preliminary Scientific Exhibition.—G. R. Lynn.
Feaffreson Exhibition.—K. C. Bomford.
Shuter Scholarship.—T. S. Hele.

Appointments.

FOWLER, TREVOR HAYMAN, M.R.C.S., L.R.C.P., appointed Junior Resident Medical Officer at the Dreadnought Seamen's Hospital, Greenwich.

LEE, W. E., M.R.C.S., L.R.C.P., appointed Junior House Physician at the Metropolitan Hospital.

SMITH, E. B., M.R.C.S., L.R.C.P., appointed Surgeon to ss. "Saxonia," Cunard Line.

TRAYERS, E. F., M.B.(Lond.), M.R.C.S., L.R.C.P., appointed House Surgeon to the West London Hospital.

WARD, V. G., MB.(Lond.), appointed Senior R.M.O. at the London Temperance Hospital.

WISE, K. S., M.R.C.S., L.R.C.P., appointed Junior House Surgeon to the Branch Hospital of the Seamen's Hospital Society.

New Addresses.

BOYAN, J. R.N., Royal Naval Hospital, Cape of Good Hope.
BREMERIDGE, R. H., 148A, Sloane Street, S.W.
BROWNLOW, H. L., Port Hill House, Nettledon, Henley-on-Thames.
CONOLLY, N. A. W., Westwood, Point Piper, Sydney, N.S.W.
CUTHBERT, W. WOOD, Clevedon, Leopold Road, Felixstowe.
DEAN, C. W., 20, Lindow Square, Lancaster.
DONALDSON, A. H., Pyworth Rectory, Holsworthly, N. Devon.
DUIGAN, V. J., The Green, Godstone, Surrey.

DUNN, P. H., 105, Earl's Court Road, Kensington, W.
HAY, K. R., 20, St. James's Place, S.W.
HENSLEY, P. J., Knight Cottage, Surbiton Hill.
MEAKIN, H. I.M.S., care of Messrs. King, King & Co., Bombay.
PARKER, H. F., Hockliffe, Waterden Road, Guildford.
RINDOUT, C. A. S., Charlton House, Cranewater Park, Southsea.
STANSBY, C. J., 56, Ludgate Hill, E.C.
STEEDEMAN, J. F., Arcall, Prentis Road, Streatham, S.W.
WEDD, G., Stonehouse, Wellington, Salop.

Births.

CLARK.—On Thursday, October 6th, at 44, Beckenham Road Penge, S.E., the wife of W. Adams Clark, M.D., of a son.
COLK.—On October 2nd, at Clarendon Square, Leamington, the wife of T. E. C. Cole, M.A., M.D.(Oxon.), of a son.
LEWARNE.—On September 21st, at Cricklade, Wilts, the wife of Frank Lewarne, M.R.C.S., L.R.C.P., of a daughter.

Marriage.

LYOUD—TYSON.—At St. Paul's, Durban, Natal, on June 6th, 1904, John Allden Llyod, of Hattings Spruit, Natal, to Sarah, second daughter of the late Henry Tyson, of the Square, Broughton-in-Furness, Lancs. (delayed in transmission).

Deaths.

EVANS.—On September 12th, at Cradock, Cape Colony, T. H. F. Evans, M.R.C.S., L.R.C.P., aged 42.
HARDING.—About the 4th inst., at Jesselton, British North Borneo, in his 31st year, W. J. Harding, M.B., F.R.C.S., late Civil Surgeon, South African Field Force, only son of Fleet Engineer W. J. Harding, R.N. (retired). (By cable.)
ODELL.—On October 14th, at Hertford, Hannah, widow of the late Thomas Odell, M.R.C.S., L.S.A., aged 69.

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.

PHYSICAL DETERIORATION.

Being a paper read before the Abernethian Society on October 13th, 1904.

By F. D. SHRUBSALL, M.D.

DURING the last two years the question of physical deterioration of the population of the British Isles has been brought prominently before the eyes of the public. The article of Sir Frederick Maurice in the *Contemporary Review* of January, 1902, in which he stated that, of every five men who offered themselves for enlistment, after two years only two remained in the army as effective soldiers, coming, as it did, just at the end of the stress produced by the South African war raised a note of alarm which, at any other period, might have passed unnoticed. All readers of his article were at once struck with the fear that the people of this country might be departing at last from their historic claim to be the dominant fighting race of Europe. Could it be we were no longer worthy descendants of our Viking ancestors? Could we not be compared with those who carried the Lion banner to Crecy and Agincourt, with those in later days who fought at Waterloo and Inkerman, or held the narrow seas from Sluys to Trafalgar?

That this spirit has not passed away entirely was proved at once by the interest shown in the problem when it was hinted that our warlike powers were diminished.

The earlier critics of Sir Frederick Maurice at once pointed out that his evidence showed merely that, in competition with the general labour market, the army no longer offered its former attractions, and that, instead of the sturdy countrymen, it was only the wretches and the failures in life's handicap who now flocked to seek refuge within its portals.

This answer, however, did not suffice; for many statements, which previously had passed unnoticed, were now taken up with interest. It was remembered that it had been shown by Dr. Beddoe, and numerous other observers, that the townsman was inferior in physique to his rural brethren, and that successive censuses indicated a steady growth of large towns, and a progressive depopulation of the countryside, a fact which could escape the notice of no one who has travelled at all in any of our agricultural counties. A change in the majority of our population from a rural to an urban environment has been completely demonstrated. At the last census 77 per cent. of the population was urban, the proportion of this section of the community having increased 15 per cent. during the last decade. In considering this question of physical deterioration it would be well, first of all, to consider what it means, as in most of the discussions which have as yet occurred several distinct problems appear to have been somewhat inextricably confused. The general average physique of the area under consideration must naturally have been reduced, but this may have been brought about in one or more of several methods.

In the first place true degeneration may occur, the children born in successive generations failing to attain to the standard of their parents. Secondly, there may be a racial substitution; there being more than one racial element in the country, should one of these increase more rapidly under the special conditions of any environment, a gradual change would occur, and if the section of the community thus gaining ground were of a lower physical standard than the other or others, an apparent deterioration would occur. This would not necessarily mean that any of the racial elements present themselves actually degenerated, but that by the inferior member increasing the more rapidly, the general average would tend to approach that of the dominant section. Thirdly, there may be an alien immigration of people of inferior physique. Such aliens would not only largely breed among themselves, and so still further increase the numbers below the normal standard, but the children of any mixed marriages tending in characters towards the mean of their parent stocks would, when one parent is of an inferior physical type, also in the larger number of cases be below the standard.

Commencing with the question of degeneration, we have to inquire whether, confining our attention to particular classes, the standard has materially altered during the period in which observations have been made.

Few actual records of physical characters have been published to show in any way whether, in this respect, there has been an advance or deterioration. As regards the upper and upper middle classes, we have the evidence that the average stature of the boys at Marlborough College, between the ages of fourteen and fifteen, in 1874, was 61.4 inches, while the average for three years, 1899—1902, was 61.96 inches, a difference which would seem to show that there has been a real, though small, increase of stature among the classes from which the boys of Marlborough College are drawn. On the other hand, it might well be that this school now attracts a slightly better class than was formerly the case.

The next most important statistical evidence available concerns the population of the north-eastern counties of Scotland. In the 1883 Report of the British Association Anthropometric Committee the average stature of adult males in this district was found to be 68.04, while Gray and Tocher, working over the same ground, obtained, as a result, 68.02, an inappreciable difference.

Among the peasants of the west of Ireland the British Association Committee obtained an average stature of 68.72 inches, while Cunningham, Haddon, and Browne, nearly twenty years later, showed the lower figure of 67.41

inches. This would be a real deterioration, supposing, which is not quite certain, that comparable groups were measured on the two occasions.

As an example of town classes living under favourable conditions, we have the statistics of the average stature and weight of the boys in the York Friends' (Quakers') School between the years 1853 and 1879, and for all ages between nine and seventeen. The general run of the figures is very uniform, no differences of statistical significance being detectable in stature, while there is a slight increase in weight among the boys of higher ages in the later years. This might well be explained by the improvements in school dietary and hygiene, which were introduced during the latter half of the last century. As regards factory children, there is the evidence to be derived from a comparison of the measurements of stature and weight given in the report of the Factory Commissioners of 1833, and in the report to the Local Government Board on Changes in Hours and Ages of Employment of Children in Textile Manufactories of 1873, which indicate no differences inexplicable by random sampling, bearing in mind the relatively small numbers examined in either case. Lastly, there is included in the appendix to the report of the recent "Inter-departmental Committee on Physical Deterioration" a table showing the average stature of candidates, both accepted and rejected, for employment in the service of the London Post Office between the years 1876 and 1903. This would seem to indicate a slight increase in general physique, but it must be remembered that in this, as in other Government services, obviously unfit candidates would not proceed to the stage of a medical examination.

So far then as statistics go, all that can be said is that there is no evidence of the progressive deterioration which so many individuals fancy they can see in progress, that is to say, taking class by class it has not been shown that any one of them is degenerating, but the need for a thorough investigation is obvious.

We may next compare the different classes one with another.

The chief mass of material which has so been collected is contained in the report of the British Association Committee for 1883, and yields the following results.

Class.	No. observed.	Average stature in inches.	Standard deviation.
Professional classes	107	68.64	2.23
Commercial classes	180	67.48	2.23
Country labourers	945	67.05	2.49
Town artisans	342	66.11	2.06
Sedentary town labourers	193	65.48	2.36

The standard deviation indicates the range above or below the average of the group actually observed, within which the averages of other groups of observations on the same class might be expected to fall.

This table indicates that there is a progressive diminution of stature on passing downwards from the professional classes to the others. If, then, the classes lower in the scale increase more rapidly in proportion than the others, the general average of the whole nation will be reduced. Every successive census has told the same tale; a steady growth of the towns and cities, a very slight increase, and often even an actual diminution, of the population of rural areas.

We may, next, proceed to investigate the influence of successive generations of city life on physique. Taking stature as a guide, I have obtained the following average results from observations on hospital patients, not entirely a fair class, but the only one available at the time.

Class.	No. observed.	Average stature in inches.	Standard deviation.
Rural	60	66.96	2.11
Semi-rural	77	67.12	1.93
Semi-urban	83	66.24	2.10
Urban	203	65.90	2.03

The semi-rural class comprises those born in the country, but who migrated into the towns; the semi-urban those born in town of country born parents; the urban class those whose parents were also bred and born in towns.

At first sight this table seems to show the contradictory result of a semi-rural individual being taller than a rural. It is, however, probable, and indeed has been observed that it is those of best physique, the most energetic and capable, who leave the countryside to better themselves as they hope, attracted by the higher wages current in urban areas. For the rest the table shows a progressive degradation of stature, comparable with that found by Ammon, who measured all the conscripts in Baden over a period of years, and concluded that the average stature varied inversely with the length of city life.

In Hamburg, Paris, Warsaw, and other continental cities it has been shown that the average stature of a district varies very closely with its social status, and the few measurements that have been made in London confirm this. In Warsaw, it was found that these differences were equally marked both for Poles and Jews. In London, Jacobs found the West-end Jew to be a little over three inches taller than his East-end compatriot, while a comparison of Galton and Garson's "Health Exhibition" results, the British Association figures, and the statistics for hospital patients quoted above, shows that about the same difference exists between true Londoners. The Jewish results are of especial interest, as they may be regarded as proving that true degeneration does occur under unfavourable city environment.

Continental experience shows that the stature in most large towns is below that of the countryside; it also shows that, in the country, in places where the soil is unproductive

and all the conditions unfavourable, stature is markedly reduced. Good examples of this may be found in Limousin, the Landes, and parts of Stade and Lithuania, where such differences as occur cannot receive an entirely racial explanation. As regards the Limousin hills, the eminent French anthropologist, Dr. Collignon, has said that children born therein, but transplanted in early life to a more favourable area, grow up to the normal standard; while children from elsewhere, who are compelled to reside in this district, become as stunted as the true inhabitants. There is also evidence that children of emigrants from Lancashire and other great urban centres growing up amidst more favourable surroundings attain, with manhood, to greater proportions than their parents.

On the whole, then, one may conclude that some degree of true degeneration does possibly occur, but that at present it is not proven definitely for the cities of Great Britain.

The second method by which an apparent deterioration could occur is by the relatively greater increase of the shorter than the taller elements of the population in the urban districts of this country.

It may be well to recall the fact that two, if not more, distinct racial types are met with in Great Britain. Both are longheaded, but the one is tall, fair-haired, and blue-eyed; while the other is short and dark-haired with brown, or, if met in a less degree of purity, grey eyes.

The former type represents the race generally known as the Teutonic or Nordic. The affinities of the latter are uncertain. The chief distinctions between the two are, however, be it noted, stature and coloration. On the continent it has been found that in all large towns and cities there is an undue prevalence of brunet traits, as contrasted with the rural districts around, and the same feature has been noted by Dr. Beddoe in this country. This has been taken to show that the brunets show a special adaptation for city life. In certain areas in London the increase of this type is quite unmistakable. I can speak with certainty as to coloration, and I believe, although as yet I cannot statistically give proofs, also of shorter stature. Suburban areas of Greater London are comparatively fair; much fairer, indeed, than north Middlesex, Hertfordshire, or Essex, whether one goes east to Ilford and Manor Park, south to Croydon, or west to Hanwell. Certain exceptions exist, it is true, such as Enfield and Wimbledon, which are both far darker than would have been expected. Passing inwards towards the centre of London, the very fairest area is found in Kensington, Mayfair, and Belgravia, corresponding to the social status of these districts. The darkest areas are West Clerkenwell, Stepney, Whitechapel, and St. George's in the East. These, it is true, are in the centre of London, but they also contain a predominant alien population, Italians in the former instance, and Polish Jews in the latter. These areas, then, present exceptional features. Leaving

them out of account, it will be found that the most brune districts are Finsbury and Southwark, both of which contain but few aliens, and thence towards the suburbs blond traits steadily increase. The central areas are also the most overcrowded, and present the largest rate of infant mortality. I have elsewhere* endeavoured to show that this mortality falls most heavily on the blond element, and that up to a certain point, at any rate, the conditions favour a relative increase of brunets. Where the conditions are more favourable, such as boroughs in which there are large model dwellings with plenty of open space around, the blonds seem nearly to hold their own, and in the suburban areas do so with success.

Dr. Eichholz brought before the recent Inter-departmental Commission numerous diagrams showing that, in certain schools and districts, there was no evidence of any deficiency of stature or weight, whereas in others there was evidence of a severe retardation.† It is interesting to note that his favourable London examples were taken from comparatively fair areas, while those of least growth were taken from the more brunet districts. Unfortunately for the purposes of anthropological inquiry, the coloration of the children was not recorded. If, then, in the central districts of London we find associated not only a deficiency of stature, but also an increase of brunet traits, it seems reasonable to conclude we have to deal to a large extent, at all events, with racial substitution superadded to any degenerative influences of environment and increasing their apparent effects. Fortunately, however, if we regard the tall blond race, the English in the true historical sense, as the one on which the future hangs, it would appear that the areas in which the short brunets are aggregated show a smaller rate of increase than the others. On the other hand, there is the danger that, as the other areas become more overcrowded, the conditions therein will become such as to inhibit again the blond increase, while leaving the other element relatively unaffected. To determine whether these phenomena are peculiar to London, or even true, for I have only been able to make some 50,000 observations, an anthropometric survey of the whole country is imperative, and its results would doubtless serve as a basis for any measures of public hygiene which might serve to restore the balance of power, should it be found wanting.

The last method, by which an apparent deterioration of physique is brought about, is by alien immigration. In determining the importance of this factor it must always be remembered that in the census returns those only are classed as aliens who were born outside the limits of the seven seas; their children, who are and remain nevertheless of an alien race, and often of an alien tongue, and who,

* *St. Bart's Reports*, 1903; *Brit. Association*, 1904, reported in *Brit. Med. Journ.*

† His numbers, however, are too small to be statistically very significant.

history shows, never assimilate completely with the populace of any country into which they immigrate, are classed as English. Some authorities endeavour to show that this alien immigration does not tend to lower the physique by showing that during the school period, roughly from six to twelve years of age, the children in the better class Jewish schools are as well developed as those in the corresponding Gentile schools, while in the poorer schools the Jew has a distinct advantage.

This would seem to show that it would be an advantage to encourage this immigration, did we not have some recollections of being impressed by the physique of the Jews in the East End, whether in the streets or the outpatient rooms, and remember that, if they grow rapidly, they come to maturity and cease to develop early in life. Jacobs has shown that the average East End adult Jew is one and a half inches shorter than the average of the worst of the English East End population, and two inches shorter than the general average of that district. That the upper class Jew is one and a half inches shorter than the English professional classes, though he equals the average of country labourers in stature, and lastly, that the average of all Jews in this country is two and a half inches less than the average of the total general population as determined by the British Association, and three inches less than the average of those who were measured at the Health Exhibition. Further evidence adduced in their favour is the lower rate of infant mortality which prevails among them in spite of the atrocious hygiene conditions amidst which so many of them live. This is due to no racial physical peculiarity, but to the fact that they obey one at least of Nature's laws, their infants being breast fed escaping the dangers of, perhaps the greatest curse of modern times, "artificial feeding" and contaminated milk. The same criticisms may be applied to the residents in the Italian quarter, though the evil therein is less, as so many of them return to their native land after fattening at the expense of those who are foolish enough to have an absolutely open and unguarded door.


We may, then, conclude that all three factors above mentioned are operative in greater or less degree, but that arrest is possible. The series of factors tending to produce true degeneration are obviously removable by improved hygiene. The causes are temporary in that they act on each generation alike, and are not retrogressive and inherited. Every generation tends to produce children approximating in characters to its own mean; if this mean is, by environment, made low, the diminution may be progressive; but improve the environment, and the first generation, with better surroundings, will at once react by an improvement in physique, and if the good surroundings are continued or improved on, the rise in physique would doubtless be continuous until the maximum allowable by racial factors is attained. At present, in many cases, there is reason to believe the minimum racial level has been

reached, and that to pass below it is death, first to the individual, and then to the type. This doubtless would be the fate of the lower grade of urban population, were it not for the stream of immigration from the country around. That improving the conditions of life, better feeding, more fresh air, and regulated exercise can raise the standard is shown by many of our school boards, and in recent times when the standard of a school has fallen away it can usually be shown that the social status of the neighbourhood has also diminished, the artisan class has left, and a riff-raff population drifted in from elsewhere. There can be little doubt that in the last half century, far from degeneration having generally occurred, the reverse is the case, but that alongside of this there has been a great growth of cities, and so of the nondescripts that form the dregs of their population. It seems fairly clear in most cases that, as the social scale rises, so up to a certain point does the age of marriage, each individual paying more attention to securing his own position before incurring responsibility for the next generation. Resulting from this, there is naturally a diminution in the birth rate, and in addition to this there is an additional factor, an apparent disinclination to large families among those intermediate in the social scale, doubtless in chief measure due to the expense and difficulty, now greater than ever, of starting the children in life. This restraint, nevertheless, bears evil fruit, the thriftless and vagabond being left in undue proportions to become the parents of the next generation.

Improvement in hygienic conditions, compulsory school attendance, regulation of child labour, and the like must, however, in time improve the conditions of all save the worst, those that will not improve, the feeble-minded and degenerates, for whom there is no remedy, save compulsory seclusion to prevent the reproduction of their class.

The second group of factors, "racial substitution," at first sight would seem irremediable. It is true that it is impossible to alter the racial constitution of any one generation, and that such change as has occurred will remain; but if the conditions improve, so that both races have equal chances, the balance need not be still further disturbed. By the provision of proper supply of fresh air, food, etc., the urban can be reduced to at least semi-urban environment, and, there is reason to believe, this would reduce the handicap against the blond element. Should it not do so, we may recall that the same phenomena have been described on the Continent by numerous observers, and that recently Prof. Mason, of the Smithsonian Institute in America, is said to have stated that, if conditions did not alter in some six centuries, the tall blond type would be extinct. Be this as it may, we have not as yet sufficient knowledge to control the operation of the natural laws summarized in the statement—the Survival of the Fittest.

St. Bartholomew's Hospital



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St. Bartholomew's Hospital Journal,

DECEMBER 1st, 1904.

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

Calendar.

- Thurs., Dec. 1.—Abernethian Society. Mr. John Valérie, "Private Practice."
 Christian Association, "Inspiration of Bible."
 Fri., " 2.—Clinical Lecture, Dr. Ormerod. "Two Cases illustrating Disease of the Pons Varolii"
 Sat., " 3.—A.F.C. v. Brentwood Rovers, at Brentwood.
 R.F.C. v. Hampstead Wanderers, at Cricklewood.
 Hockey Club v. St. Albans, at St. Albans.
 Mon., " 5.—Special Lecture, Mr. Cumberbatch.
 Tues., " 6.—Students' Union Dance, Great Central Hotel.
 Wed., " 7.—Clinical Lecture, Mr. Cripps.
 A.F.C. v. R.E., at Chatham.
 Hockey Club v. R.N.C., at Greenwich.
 Thurs., " 8.—Abernethian Society. Dr. Horder, "Bacteriology of the Blood; its Value in Diagnosis and Treatment."
 Christian Association. Dr. Stanfeld, "Free Treatment of the Poor."
 Special Matinée at the Alhambra.
 Fri., " 9.—Clinical Lecture, Dr. Herringham.
 Sat., " 10.—A.F.C. v. Old Felstedians, at Walthamstow.
 R.F.C. v. London Irish, at Winchmore Hill.
 Hockey Club v. Hendon, at Hendon.
 Mon., " 12.—Special Lecture, Mr. Harmer. "Diseases of the Pharynx."
 Wed., " 14.—A.F.C. v. Old Westminster, at Winchmore Hill.
 Clinical Lecture, Mr. Cripps.
 Sat., " 17.—A.F.C. v. London and Provincial Bank. Away.
 Hockey Club v. Molesey, at Molesey.

Editorial Notes.

We were delighted to read on November 19th that the King was pleased to appoint Mr. Anthony Alfred Bowlby, C.M.G., F.R.C.S., to be Surgeon to His Majesty's Household. We offer our most hearty congratulations to Mr. Bowlby on the high honour which His Majesty has conferred upon him in appreciation of his professional ability, and in recognition of his services in South Africa.

We offer a hearty welcome to Mr. L. B. Rawling on his election to the staff of the Hospital as Assistant Surgeon. Mr. Rawling's penchant for hard work was shown by the careful and systematic method in which he treated the subject of his Hunterian lecture for last year. The popularity of his election was thoroughly acclaimed at *Consultations* on the same day.

HEARTIEST congratulations to Messrs. R. C. Elmslie, T. J. Faulder, J. A. Hayward, and N. E. Waterfield upon their admission to the highest of surgical degrees—the Fellowship of the Royal College of Surgeons. Mr. Waterfield has gained the further distinction of obtaining the Gold Medal in the examination for the degree of Bachelor of Surgery in the University of London. More congratulations, though it was the reward of ignorance! Mr. Waterfield was ignorant of the existence of such a medal.

We have noticed a very appreciative account of the visit of the French Physicians and Surgeons to "St. Bartholomew's College Hospital" in *Le Bulletin Medical*. The author was much impressed with the museum, and especially with the specimen of Pott's disease "prepared by Pott himself."

In this connection, we wish to make two apologies—first, to Messrs. Roberts and Co., chemists, of Bond Street, who were the generous donors of the picture, which we reproduced as a cartoon in the last number of the *JOURNAL* in ignorance of their generosity, and consequently without due

acknowledgments; and, secondly, to our readers for two errors of grammar which escaped our notice in the rush of changing the motto for the cartoon while it was in the press. It should have read "La guerre contre le microbe—vétérans de l'armée hostile se préparant pour la bataille."

THE first smoking concert arranged by the Students' Union was held on November 1st at the Holborn Restaurant, and was a great success from every point of view. We were glad to see that there was no need to go beyond the Hospital walls for musical and other kind of after-dinner talent. A full account appears in another column. We shall look forward to another such concert after Christmas.

THE next event is the Students' Union Dance, on Tuesday, December 6th, at 8.30 p.m., in the Wharnclyffe Rooms, Great Central Hotel. No effort has been spared to make it a success. Tickets, price 10s. 6d., may still be obtained from the Secretaries of the Union; there are a few left.

THEN comes the special morning performance at the Alhambra on Thursday, December 8th, at 2 p.m., which promises to be exceptionally attractive, seeing that the committee has been fortunate enough to obtain the co-operation and advice of the managing directors of most of the music halls in London. It will be a "star performance," as nearly all the most brilliant artistes in London have generously promised their services; for the full list we refer our readers to the advertisements and posters.

IT is satisfactory to know that the more expensive tickets are selling well. Indeed, if anyone wishes to have a reserved seat, we should advise him to apply before it is too late. However, there are plenty of unreserved three shilling seats still on hand, and we might ask the students of the Hospital to do their best to sell these tickets to their friends. Small books of ten tickets may be obtained from the Secretary of the Appeal Fund in his office.

WE have had an opportunity of seeing an advanced proof of the programme. It will contain sketches by many well-known artists, including Messrs. Tom Browne, John Hassall, Dudley Hardy, G. D. Armour, Douglas Almond, Harry Furniss, Tom Proctor, and others; and short articles or poems by Messrs. Rudyard Kipling, W. W. Jacobs, W. Pett Ridge, T. Fletcher Fullard, Fletcher Robinson, and others. The committee has luckily obtained the generous services of Mr. J. S. Wood as editor. Many of the original drawings will be on sale for the Appeal Fund.

IN a somewhat humorous article in the pages of the *London Hospital Gazette* we read, "St. Bartholomew's men are rightly proud of the Smithfield meat market, to which

the Hospital might be termed an appendix." Of course, this is a very pretty compliment. No structure has attained such a degree of prominence in the eyes of the profession during the last twenty years, nor has attracted so much public interest as the appendix. *Floreat appendix!*

THE same contemporary alludes with unrestrained pride to the increase in the number of entries at the London Hospital this year; but apparently this is not an unmixed blessing, as we gather from what we read in the same paper concerning the manners and appearances of some of its much-boasted numbers. "Why will some men pay no attention to their dress and appearance?" it asks quite plaintively. We are surprised, however, that it should confess to such a large percentage of unshaven faces. Shaving is cheap enough in the Mile End Road. There is worse still about one Freshman, but a sense of decorum forbids us to print it. Quality, after all, is more to be desired than quantity.

WE offer hearty congratulations to Messrs. H. B. Hill (third), G. D. Bell (fourth), and P. M. Rivaz (seventh) upon passing into the Royal Naval Medical Service at the recent examination.

THE Annual Dinner of the St. Bartholomew's Cambridge Club was held on November 22nd, and was a great success. Professor Howard Marsh came up from Cambridge to take the chair, and there was a goodly number of guests. We regret that we have not received an account for this issue of the JOURNAL.

WE must express our indebtedness to those members of the senior staff who have undertaken to help to make the clinical evenings of the Abernethian Society a greater success than hitherto. On November 17th Dr. Ormerod very kindly came down and showed a large number of very instructive cases of locomotor ataxy.

LATELY we have heard a great many complaints concerning the small encouragement that is given to post-graduate study; and yet there are many senior men constantly about the Hospital, some reading for the higher examinations, and others seeking to keep abreast with the times. Now, it is not that there is a lack of material or of willing teachers, and it would be absurd to ask any of our staff to do more than they do already, but there is a lack of system, and this might well be remedied. For instance, on November 4th we noticed the first announcement of official classes for the London M.D. examination, which begins on December 5th. The Registrars, both medical and surgical, have such unrivalled opportunities for demonstrating the cases in the wards that it would be easy for them to hold special recognised post-graduate classes, which

would supplement rather than interfere with the present routine of teaching.

WE are sorry to hear that the Boxing Club is defunct. We trust that when satisfactory accommodation can be found the club will be revived; for the movements of the *Baltic Fleet* are still uncertain, and the services of "Boxers" may be required at any time.

WE congratulate Mr. H. Pritchard upon obtaining Honours with distinction in Medicine at the recent examination for the M.B., B.S. degree in the University of London.

THE Students' Union, through the agency of the JOURNAL, has recently purchased a complete set of twenty-five original drawings of the Hospital and its precincts from the Secretary of the Appeal Fund. They form a very valuable and interesting collection, and will thus constitute a welcome means of decorating the walls of the students' quarters in the new buildings. The drawings were executed by Mr. Howard Penton, and many of them will be reproduced in Dr. Norman Moore's forthcoming *History of the Hospital*.

WHILE we are on the subject of drawings we would like to call the attention of our readers to the fact that Mr. Walter Emden, the ex Mayor of Westminster, has presented twenty-five copies of his latest portfolio, *Westminster Churches*, on behalf of the Appeal Fund. The drawings by the same artist, Mr. Howard Penton, are beautifully executed. We can recommend this even more heartily than the *County of London Bridges*, already reviewed.

WE beg to congratulate Dr. Klein upon the interesting Horace Dobell Lecture, which he delivered at the Royal College of Physicians on November 22nd, upon "The Life History of Saprophytic and Parasitic Bacteria and their Mutual Relation."

WE regret very much that we have not yet received an abstract of Mr. Langton's Sessional Address, "Some Modern Aids to Diagnosis," for publication. However, it will appear in the January number of the JOURNAL.

On Acute Diphtheritic Whitlow in Persons Apparently Healthy.

By G. C. GARRATT, M.D.,

Late Assistant Resident Medical Officer at the London Fever Hospital.

ROUSSEAU (1), in his account of diphtheria, drew vivid pictures of the complaint attacking the skin, and in some of these the disease spread by formation of bullæ which coalesced; further, by inoculating his own thumb with a lancet infected with diphtheria, he

produced a vesicle resembling that of vaccinia. Of modern writers, Goodall and Washbourn (2) have described diphtheritic pustules yielding thin pus, and producing ulcers slow to heal, and often free from membrane; they also mention that primary infection of the fingers may occur. Again Todd (3), when we were together at the London Fever Hospital, found virulent diphtheria bacilli in pustules on the fingers and toes of children convalescent from scarlet fever, who showed no evidence of diphtheria beyond a subacute rhinitis due to the same bacillus. Moreover Kanthack (4), in commenting on Todd's work, mentioned that he had frequently found bacilli resembling the above, not only in noma, cancrum oris, and the like, but in simple pustular eruptions. Cases of paronychia yielding diphtheria bacilli, occurring either primarily or secondary to diphtheria elsewhere, have been published also by Welch (5), Müller (6), and Tavel (7). Indeed, as a secondary infection, they are not uncommon in diphtheria wards, and rarely lead to serious result. On the other hand Baginski (8) states that Calimani saw fifty cases in children; they led to loss of the nails, and every one died. Baginski himself, however, though he has seen such whitlows in children with diphtheria, has not taken cultivations from them, or regarded them as diphtheritic, nor does he consider that their presence influences the prognosis. The object of this paper is to show that such whitlows may be a real source of danger, and occurring in persons who show no other sign of diphtheria are likely to escape recognition. The three following cases illustrate the complaint in three aspects: first, the commoner mild variety with little local and no general disturbance; secondly, a more severe local reaction with deadly distal injury; and, thirdly, intense local inflammation with sloughing, such as was described by Trouseau, but here, fortunately, without the fatal result which followed in some of his cases. Both the last varieties are now very rare.

CASE 1.—A patient of Dr. Washbourn at the London Fever Hospital, 1896.

E. J.—, female, æt. 5, convalescent from mild scarlet fever. Had no rhinorrhœa.

On November 11th she was found to have a large bulla on the side of one index finger. I let out thin opalescent fluid, snipped away the epithelium, and applied lead lotion to the raw surface. This, however, showed no sign of healing, but a tendency to bleed. I took a cultivation, and found typical Klebs-Loeffler bacilli. On the 15th I gave antitoxin, and applied formalin solution locally. The ulcer now healed rapidly. Temperature subnormal throughout.

CASE 2.—A patient of Dr. Phillips at the London Fever Hospital, 1895.

E. B.—, female, æt. 2, convalescent from a sharp attack of scarlet fever. Had had troublesome rhinorrhœa, in which I found staphylococci and short bacilli, which did not appear to me to be specific.

On November 29th there was tenderness and redness of one thumb, and next day a bleb formed on it, from which I let out very thin pus. It was treated with fomentations, first boracic, then of liq. sodæ chlorinatæ $\frac{1}{2}$. The inflammation, however, spread, and there was much œdema of the back of the hand, and lymphangitis running up the arm, yet the glands were not enlarged. On December 1st, under chloroform, an incision was made down to the bone, and on the 4th, also under chloroform, the nail was removed, but no pus was ever found; wound and raw surface remained callous. By the

5th, however, the lymphangitis and œdema had gone down, but the child had vomited several times, though always after medicine or brandy. Next day there had been no more vomiting, and the child was taking and sleeping well. Therefore, although I had now isolated diphtheria bacilli in a subculture from one taken on the 4th, containing chiefly cocci, I did not give antitoxin. On the 7th, the child was not taking so well and vomited twice. I gave antitoxin, and took another cultivation from the callous ulcer, which now showed a little whitish exudation at one edge. That night at 2.45 a.m. the child sat up suddenly, vomited, and fell back dead. The temperature was subnormal throughout. Urine was passed in fair quantity with only a trace of albumen and there had been no cardiac symptoms previously. The child had had ordinary food, and was playing with toys in bed the day before it died. Typical long Klebs-Loeffler bacilli were found in the last culture.

CASE 3 (seen in the country, 1904).—Mrs. B—, at 54, on July 13th, walked to the surgery and showed me her thumb, on which was a large bulla with some surrounding inflammation. I let out blood stained serum, snipped away the epithelium, soaked it in perchloride solution 1 in 1000, and applied iodoform and a dry dressing. Next day the centre had dried up, but a fresh ring of bullae had formed all round, there was much local inflammation, and a soft doughy œdema of the hand, with a dull blush over its skin. Remembering the previous cases, I now suspected diphtheria, and inquiry elicited that the patient had had, three weeks before, a sore throat, which she took for quinsy, followed by a blood-stained discharge from the nose, which was still a little sore inside. I took swabs from both hand and nose, and Klebs-Loeffler bacilli were found in both at Birmingham University. Meanwhile I once more let out blood-stained serum and applied formalin solution, after removing loose epithelium. I also procured antitoxin. At first the inflammation appeared to be arrested by the formalin, so that I waited for the bacteriological report before giving antitoxin on the 15th. On the 17th, unfortunately, there was a further extension, a blackish dry slough formed on the thumb, while round it was a further ring of bullae, and more inflammation beyond. I repeated the antitoxin, and, as isolation could not be carried out satisfactorily, I ordered removal to a fever hospital. This was done on the 18th. Here the inflammation continued to spread rapidly for a time, involving the forearm, and the gangrenous appearance of the thumb raised the question of amputation of the hand. Fortunately, however, under free incision and antiseptic fomentations the condition gradually ameliorated, the slough separated, and the wound granulated slowly. On August 29th, however, a severe relapse occurred, with further local sloughing, and rapid extension of inflammation to the shoulder. Bacilli being found again, antitoxin was given once more in repeated doses, and this time with marked effect, the whole trouble subsiding quickly. Later on the thumb was amputated because its tendons had sloughed, and the wound healed well. It is interesting to note that the bone had not necrosed. Temperature subnormal, except for two temporary rises. Trace only of albumen in the urine. No paralysis followed.

As, generally, in the fauces, so here, in spite of the severity of the local lesion, the actual destruction of tissue was comparatively superficial. The rarity of extensive loss of tissue in diphtheria was pointed out by Bretonneau (9), who first distinguished this disease from true gangrene. I have, however, once seen the uvula slough off in diphtheria.

In faucial diphtheria it is the distant and not the local results which are most dangerous, and Case No. 1 shows that this is so also in the condition here discussed.

The points which should, I think, lead one to suspect diphtheria in a case of whitlow are the presence of very thin pus or serum only, especially if blood stained, in the superficial lesion. The absence of deep suppuration, the tendency to spread by the skin and subcutaneous tissues rather than along the tendon sheaths, the presence of a soft, doughy œdema, and in particular a temperature remaining subnormal in spite of severe local inflammation. I think

also there is less pain. The prevalence of diphtheria in the district, the history of recent sore throat, or the presence of rhinorrhœa would afford strong confirmatory evidence, but a culture will settle the question.

In connection with the diagnostic value of œdema and hemorrhage in diphtheria, I would remind readers that œdema of the palate, with a puffy doughy swelling of the cellular tissues of the neck and hemorrhages in various parts, are among the most characteristic features of severe faucial diphtheria, and the best index of its severity. Further, I may mention that in the only case of diphtheritic conjunctivitis I have seen there was intense soft hemorrhagic œdema of the lids, which looked like purple plums, and of the conjunctiva, which overhung the cornea. The latter remained quite clear till the patient died. There was no membrane about the eyes, but plenty in the nose and throat. My thanks are due to Dr. Phillips for allowing me to include his case.

- (1) TROUSSEAU.—*Memoirs on Diphtheria*, translated by New Sydenham Society, 1859.
- (2) GODDALL and WASHBOURN.—*Manual of Infectious Diseases*, 1899, 126.
- (3) TODD.—*Lancet*, 1898, i, 1458.
- (4) KANTHACK.—*Ibid.*
- (5) WELCH.—*Amer. Journ. of Med. Sci.*, 1894, cviii, 439.
- (6) MÜLLER.—*Deutsch. Med. Woch.*, 1899, No. 6, 92.
- (7) TAVEL.—*Deutsch. Zeitschr. f. Chirurg.*, 1901, lx, 460.
- (8) BAGINSKI.—*Nothnagel's Patholog. u. Therap.*, 1898, ii, 253.
- (9) BRETONNEAU.—*Memoirs on Diphtheria*, translated by New Sydenham Society, 1859.

Some Notes on Ūremia.

Being part of a paper read before the Abernethian Society on Thursday, October 27th.

By C. M. H. HOWELL, M.B.

THE first half of the paper consisted of an interesting account of the symptomatology of Ūremia, with special reference to sixty-eight cases collected from the Hospital records during the last eight years. All cases of eclampsia, whether primarily toxic or arising in pregnancy, complicated by nephritis, were excluded, and Ūremia was considered only as a symptom complex occurring in the course of cases of nephritis, and was divided into three classes—(1) acute, (2) subacute, and (3) latent Ūremia.

The first table (p. 38) shows at a glance the relative frequency of the various symptoms, and the second and third tables indicate the kind of nephritis in which the Ūremic symptoms appeared, and the mortality in such cases.

The second part of the paper concerned the pathology of Ūremia, and was as follows:

“The condition of the urine in patients exhibiting Ūremic phenomena is naturally of great interest, and from it we may hope to learn something of significance with regard to the pathology of Ūremia.

The amount of urine excreted varies widely, from a few ounces to as much as 100 ounces in the twenty-four hours, though the former condition, *i. e.* a reduced excretion of urine, is the commoner. Correspondingly the amount of albumin in the urine varies widely, from a mere trace to enough to cause the urine to boil solid. Naturally the condition of the urine is determined by the underlying renal condition. The urea excretion is a most important factor, as to the retention of urea in the blood has been attributed the causation of Ūremia. It is found to vary widely. It has been stated that in cases of nephritis the nitrogenous excretion is diminished. Though this is certainly true of urine collected during some periods of the disease, the diminution is now known oftentimes to be followed by an excess of secretion, so that finally the output remains fairly constant, bearing in mind the fact that the nitrogenous intake in cases of nephritis is diminished considerably. The urea excretion varies fairly widely on an almost constant diet, as shown by the following amounts calculated on consecutive days, *viz.* 496, 372, 433, 525, 414, and 512 grains.

It is certainly true that the urine in these cases is poor in solid constituents. This has been conclusively shown by cryoscopy. The freezing-point of a liquid is governed by its molecular concentration, and varies directly with this. Normal urine has a freezing-point from 1.3° to 2.3° below that of distilled water, whilst in nephritis the freezing-point is usually 1° below that of distilled water, a fact which shows a marked reduction in the solid constituents. Applying the same method to the blood in such cases we find an increase in solid constituents, and it has been shown that the urea content may rise so high as 4 per cent., against a normal of .01 to .05 per cent. The lowering of the normal freezing-point of the blood points to the presence of other substances, to some of which must probably be ascribed a part in the causation of Ūremia.

Many theories have been advanced to explain the pathology of Ūremia. Broadly speaking, they fall into two groups:

(A) Mechanical; (B) Chemical. The latter theories, for they are many, are most in vogue, but the former must be briefly referred to.

It was argued that as so many of Ūremic phenomena were the outcome of disturbance of the central nervous system, a local pathological condition might reasonably be anticipated.

Traube accordingly formulated his theories of cerebral œdema, and cerebral anœmia, as being causative factors in Ūremia. He based his theory on the facts that cerebral œdema was sometimes found post mortem in these cases, and that cerebral anœmia, experimentally produced, gave rise to many Ūremic symptoms, convulsions, and so forth.

Against this view, which is discredited now, are the facts (1) that cerebral œdema is by no means constantly found, and (2) of the existence of cerebral anœmia in such cases

there is no conclusive proof. Indeed the reverse would be rather expected.

It is agreed, chiefly from Hill's work on the cerebral circulation, that the vessels supplying the brain with blood are devoid of vaso-motor nerves. The pressure of the blood, and its quantity in the brain are determined by the pressure of the systemic vessels generally. In nephritis the general blood-pressure is high, and therefore the pressure of blood in cerebral vessels will be high too. Thickening of the arterial wall by itself will not cause cerebral anœmia, unless thrombosis occurs. For should this be the case a great number of individuals with high tension pulses and thick arteries should present Ūremia symptoms, but they do not. The more generally accepted view is that the Ūremic state is essentially due to a toxæmia, though what are the toxins which give rise to the condition is not yet finally decided. The whole difficulty of finding a satisfactory explanation of Ūremia lies in determining—

- 1st. What is the exact nature of the toxins;
- 2ndly. To what their formation and retention in the blood is due.

That these toxins are of more than one kind is rendered probable from the diverse symptoms met with in Ūremia, and to which reference has already been made. Such toxins may arise in the blood from one of two reasons, either from retention of substances produced by metabolism having proceeded along wrong lines, or from abnormal changes in some normally produced substance.

We have seen that urea reaches a high percentage in the blood in these cases, and efforts were made to show that urea was the active principle in producing Ūremia, but they failed to do so; next ammonium carbonate was suggested, and finally the potassium salts were invoked, which, though certainly toxic and causing convulsions, do not, however, reproduce the true picture of Ūremia.

Bouchard has claimed that he separated from the normal urine substances which were of a toxic nature. He recognises seven such toxins, each with a slightly different physiological action. To these he gives the name urotoxins. He finds these bodies absent in urine from cases of Ūremia, and therefore concludes that they are retained in the blood, and give rise to Ūremic symptoms. He based his theory of toxicity on the result of injecting urine as a whole into animals. Since he did not inject his toxins in pure solution his method admits of severe criticism, and has not been enthusiastically received. Bouchard concludes that the toxicity of any urine depends on his urotoxins, but also on urinary salts (inorganic) and pigments, and not on urea or nitrogenous extractives. The potassium salts probably play a large part in producing toxic symptoms after injection of urine.

Now, there are two experiments which have a most important bearing on any theory of Ūremia, and which call for brief notice.

1st. Pawlow's experiments on dogs with Eck's fistula. You are all doubtless aware that an Eck's fistula consists in the junction of the portal vein with the superior vena cava and ligature of the hepatic veins. Pawlow found that one third of animals so treated survived the operation. Of these some refused all food and died with convulsions. Of the rest those which fed on a vegetable diet were able to exist fairly peacefully for some time, but the dogs fed on proteid food had more violent convulsions than the starved dogs, and died. The same result was obtained if the animals were fed on ammonium carbamate, whilst this produced no results when given to a normal dog. Ammonium salts and carbamates were found in the urine of dogs which had been operated on. The importance of this series of experiments lies in the fact that, when the liver is thrown out of action, the products of nitrogenous metabolism, either from animal food or from the dog's own tissues, in the cases where no food was taken, were very toxic; and further, that ammonium carbamate, a substance intermediate between ammonium carbonate and urea, was capable of giving rise to symptoms resembling those of uræmia. This is suggestive that, under certain conditions, this substance which occurs in the course of nitrogenous metabolism may start uræmia. Reference will be made again to this point shortly.

The other experiments to which I have referred are those of Rose Bradford on the results obtained by removing portions of kidney substance in dogs. The results, as we shall see, will raise another important question, namely, whether the kidneys exercise by an internal secretion an important influence on metabolism; such an influence being lost in severe cases of renal disease.

Rose Bradford found that removal of considerable portion of the total kidney substance produced marked results in animals. If three quarters of total kidney substance is removed there is a marked increase in the amount of urea excreted and the quantity of urine passed, together with a fall in body temperature and increasing weakness. Such results do not occur after removal of one kidney, nor after most extensive puncture of one kidney with removal of the other. This certainly seems to suggest that the kidney possesses some influence over metabolism, though the manner in which it does so is obscure.

Further evidence of the existence of an internal secretion from the kidney is to be found in the difference in symptoms of an attack of acute uræmia from those of latent uræmia due to obstructive suppression of urine. The two phenomena are totally unlike each other, which is quite what might be expected supposing the undamaged kidney substance in the latter case continued to produce an internal secretion. On the other hand, there are certain points which are somewhat antagonistic to this view. Briefly they are—

1st. There is no histological evidence in the kidney of

such a function, as is obtained in the case of the thyroid, pancreas, and liver where an internal secretion is undoubted.

2nd. The injection of renal extracts or serum from the renal vein has not been shown conclusively to benefit the uræmic condition, or have any specific action on animals in health. Brown-Séquard certainly held the view that the transfusion of nephrectomised animals with blood from the renal vein ameliorated their symptoms and prolonged their life. No good results have been noted clinically with any certainty from the use of renal extract, and Stern in 1903 found by experiment on nephrectomised animals that .8 per cent. saline was more efficacious than renal extract in prolonging life and improving their condition.

3rdly. The operation of double nephrectomy, which should cause symptoms of acute uræmia supposing an internal secretion had been removed, is found if done with aseptic precautions to cause symptoms identical with those of latent uræmia.

We cannot then definitely state that there is an internal secretion to the kidney, though there are certainly some points in its favour. It certainly in some way exerts an important influence on metabolism, as Bradford's experiments prove. It is not impossible, bearing Pawlow's experiments on dogs with Eck's fistula in mind, that the real cause of uræmia is to be sought for further afield than the kidney, and possibly an explanation for uræmia will be forthcoming from hepatic insufficiency. We know that the liver under conditions of health is an active detoxicating agent, a familiar instance of which is afforded by the formation of indoxyl sulphuric acid and phenol sulphuric acid from indol and phenol formed during digestion in large intestine.

How is the liver influenced by the destruction of renal tissue may well be asked, and to that no definite answer can be given. But we know that there is a mutual interdependence exhibited between the functions of various organs, and it is possible that renal disease may in some manner, unknown at present, but possibly by the suppression of an internal secretion, influence the liver in its detoxicating function, with the result that uræmia ensues.

TABLE I.

Symptoms.	No. of cases in which symptoms occurred prominently.	Percentages.
Convulsions	35	51
Vomiting	26	38
Dyspnoea	18	26
Drowsiness or coma	16	23.5
Eye symptoms	7	9
Mental	7	9
Skin eruptions	5	7
Abdominal pain	3	4
Deafness	2	3

TABLE II.

	Acute nephritis.	Deaths.	Uræmia.	Deaths.	Chronic parenchymatous nephritis.	Deaths.	Uræmia.	Deaths.	Chronic interstitial nephritis.	Deaths.	Uræmia.	Deaths.
1896	26	—	—	—	42	11	6	2	42	24	2	2
1897	23	5	—	—	28	10	5	4	42	23	2	2
1898	22	2	2	—	32	9	4	3	34	26	2	1
1899	36	1	3	1	30	10	3	3	40	26	5	5
1900	15	—	—	—	24	11	1	—	49	35	2	1
1901	20	—	—	—	27	10	2	2	47	36	4	4
1902	14	1	—	—	38	18	5	4	38	24	6	2
1903	26	5	3	3	37	11	3	1	45	29	6	4
Totals...	182	14	8	4	258	90	29	19	397	223	29	21

TABLE III.

	Per-centage of all cases which developed uræmia.	Per-centage of fatal cases which developed uræmia.	Per-centage mortality in cases of uræmia.
Acute nephritis	4.4	28	50
Chronic parenchymatous nephritis	11.4	21	65
Chronic interstitial nephritis	7.3	9.4	72

From the Letters of a Medical Student, 1829, 1830.

(Continued from p. 27.)

SEPTEMBER 18TH, 1830.—It is with no trifling pleasure that I write to say that I last night was admitted a Member of the Royal College of Surgeons, having had a very fair examination of half an hour's length from Mr. White. Nine of us were up and all passed. I am happy to say, three from Dublin—including, of course, myself; three from Bartholomew's, and two from the Doro' (one of the latter a son of Mr. Blackley, of Rotherham), and a man from Aberdeen awa', completed the party; and right glad were we all to meet in Paradise, as the room is called into which we go after passing. You must excuse the scrawl, for my nervous system has been so wound up lately, that it is in such a state of excitement now, I cannot command my fingers. I went up the fourth, and, as I was going upstairs, got courage and entered the room quite cool, but not knowing anything; was told to sit down, and my examination commenced with being asked to describe the

boundaries of the chest, then to describe a rib, the intercostals, levatores costarum, the diaphragm, to which he kept me very close and minute, physiology of respiration, branches of the abdominal aorta, vena cava, vena portæ, venæ cavae hepaticæ, vena azygos, relative situation of the artery, vein, and nerve below Poupart's ligament. The President then told him that was sufficient, and he then began on fracture of the rib, symptoms and treatment, punctured wounds of the lung, and just touched on pleuritis and peritonitis with regard to their treatment, and asked me how long a ligature generally remained on the femoral artery in a case of amputation. He then said he was satisfied. The President asked if any gentleman of the Court wished to ask any more questions. I kept my eye on Sir W. Blizard, but no one spoke. I was directed to retire, and immediately called in and told the Court approved of my examination, and was ordered to take a paper to Mr. Balfour, paid my money, and was ushered into Paradise, where a cup of coffee and some bread and butter was waiting for me. We talked over our examinations, and the party kept increasing till all were in about half after eleven. We were then ushered in and the President addressed us, and we took an oath to maintain the dignity of our profession, etc., and having written our names in a book retired. This morning I went to get my Diploma. The examination was conducted in a most particularly mild manner, and there appeared a disposition in two of the Members to give assistance if there was any occasion. Sir Astley was not there, and what was curious, the neck, hernia, and the perinæum were not given to anyone.

In the last three weeks I have been reading the *Dublin Dissector*,* but in the Court it was very little good, and

* For the *Dublin Dissector*, and its author, Professor Robert Harrison, see Professor Alexander Macalister's *James Macartney*, p. 256.

reading anatomy is most disgusting and dry; give me the subject. I tried to call to mind what the book said: I might have called long enough before it would come. I then transported myself to the dissecting room, and found I was dissecting, and then I could make something of it, but not before.

They may talk of grinding who like. I was often recommended to do so, but there is not half the pleasure on passing when a man has been crammed like a turkey just for an examination and no longer, in comparison to what a man feels who has not been under a grinder.

Last Sunday I met Dr. Macartney; he knew I was going up, and gave me great encouragement; told me that Balfour had told him his pupils knew more of physiology than any others; and hoped I should support the credit of the School. I told him I would try, and I hope the School of Anatomy has not lost any credit in my hands. In the eyes of the Examiners I endeavoured to keep it up. Now then for Rhubarb Hall.

SEPTEMBER 25TH, 1830.—I have not been to the eye infirmary this week. My time has expired there, and I wanted to see some of the hospitals. On Monday I went to . . . where —, —, and — are surgeons, and, though it is great presumption, I must say I never saw worse surgery. There were two or three limbs bound up in a way that would be a disgrace to any hospital, and the remark "We must do something" seemed to be pretty well and generally understood in their treatment. We went into the operating theatre, where Mr. — used the cautery to a cancer of the tongue. I never saw it applied before, and never wish to smell it again. He then removed a tooth, and removed a small cancerous tumour from the alveolar process, and applied the cautery to that. They may assume as a crest for the seal of that hospital the cautery. We then adjourned to one of the wards, and — proceeded to use one of the instruments for grinding down a stone in the bladder. The Brise-coque would not pass. It was the third time of using it, as this poor fellow had stricture in the anterior part of the urethra, so that was first slit by a stilet in a catheter, and then it passed. He got hold of the stone and worked it about a good deal, as if he had it in Mr. Lukin's bag, forgetting, I suppose, the delicacy of the bladder, but wishing to show he had nothing in but the stone. He then used the instrument for a short time, and when he let go, began sounding with it to find the fragments. Something rattled, but more like chains than stone. He asked: "Did you not hear the stone." A gentleman said: "It was the handle against your watch chain," and so it was.

On talking to him after, he told me that he was convinced that it would succeed in two cases out of three, but that it required very great practice to manage it. That, I saw. He also said it required to be repeated five or six times at intervals of not less than six days. I understand, a good deal of "detritrus" has since come away. On Tuesday I

went to the library at the college. On Wednesday I went round Bartholomew's with Mr. Lawrence, with whom I was very much pleased. Thursday I was at the college; and yesterday I went there to the Hunterian Museum. To-day I was at Bartholomew's to see lithotomy performed by Mr. Skey, assistant surgeon to Mr. Earle. It was his first case, and he had some difficulties to contend with. The incisions were very well made, but he could not get hold of the stone, so gave the forceps to Mr. Earle, who extracted the stone, which was broken. After the operation Mr. Skey explained the difficulty. The boy had had stone for two years, during which time he had laboured under complete incontinence of urine, so that the bladder, instead of being a receptacle, was merely a passage, and was contracted round the stone. There was protrusion to a great extent of the gut, and the portion of bladder in which the stone was, was drawn down by it. And therefore, it being his first case, he thought it better to give up to one who had more experience. The operation lasted about twelve minutes. Mr. Lawrence then removed a tumour from the breast of a young woman, so young that I doubted the possibility of it being cancer, but it turned out to be such; and we afterwards saw a dislocation of the humerus reduced by the use of the pulley.

I was very much surprised to see in Wilson Overend's advertisement the appointment of Mr. W. Wilson, M.R.C.S., as demonstrator. Mr. Potter is, I suppose, down in Sheffield. I called upon him a few days ago, but that was the answer returned. I have not yet had an opportunity of seeing Mr. Waller since I got your letter, but mean to do so in a day or two. Drs. Nolan and Green, two of Dr. Macartney's staff, are at present in town; the latter going up to the college. The former has been a member several years. I have had a letter from Abernethy, with his certificates for the college; but there is some bother about a certificate from Dr. Stratten, and it is rather doubtful whether they will allow him an examination. I wrote to Dr. Williams a fortnight ago, asking him for information about Paris for Jas. Bennett, who is going there this winter, but, though I wished him to write directly, I have not heard anything from him. I am a good deal vexed, as I told Bennett I was sure I should hear directly, and he wanted to make up his mind whether he should go there or to Dublin.

I paid £22 for my diploma, and as the beadle, who expects something, is forbidden to take money, I sent him some spirits.

OCTOBER 4TH, 1830.—I may say that I have been nearly two years from home, and it would be the greatest pleasure to me to be once more there, and sincerely hope I shall be with you in a fortnight, hit or miss, for I am sorry to say that the Hall has so much of the lottery in it that it is a complete toss-up; but, as I said once before, if exertion will gain the Licence, it shall not be wanting, and I hope I

may say it has not been so. If I can go in this week, I hope to leave London (and can assure you it will not be a trifling pleasure to turn my back on it) on Saturday, I think, or if not, Monday morning, and I understand it is only about a six hours' drive to Cambridge, stay Tuesday with H. Brown, and then get on to Doncaster and home by Robert, I suppose, and shall be very glad to see Sheffield once more.

On Friday I went to hear Lawrence give his introductory lecture, and such a simultaneous burst of applause as greeted him I never before heard; there was something so hearty in it—not a mere matter of form,—he seemed to feel it, for when it ceased he stood a minute or two as if trying to recover himself, and his hand shook like a leaf. He gave a most beautiful lecture of an hour and a half, and though it was almost word for word the same as was published last year in the *Gazette*, his manner of delivery, which is very agreeable, made it appear like a new one. I also heard Jones Quain give his first lecture in the Aldersgate Street School; he is a very talented man and a very good lecturer. The same evening I had the curiosity to go to Guy's to hear Mr. Key, but it would not do after Lawrence. This evening I went to St. Thomas's to hear Mr. Green begin. He is the man. Unfortunately, he read his lecture, which took away from the effect; but the language was so good and read so distinctly that no word was lost. The advice he gave was most excellent. In comparison with him and Lawrence, Mr. Aston Key sinks down into insignificance, and if I had to make a choice, while I could have either Mr. Green or Mr. Lawrence, I would not go to hear him. I do not see any Sheffield pupils up.

I think I mentioned the case of a poor girl whom Mr. Stanley operated upon a short time since for stone; she died last Friday. One of the men at Bartholomew's was bleeding a patient, and instead of the vein got into the radial artery; notwithstanding the blood came very freely, he thought he had not done enough, so dashed his lancet in again and got into the brachial. I have not heard any particular account of it, but they say the patient is dead. If Wakley had been coroner, he would have had an inquest. The only syringe recommended for the ear is such as I before mentioned; shall I get one, and have you any choice as to where?

OCTOBER 5TH.—I cannot get into the Hall this week, but shall next.

OCTOBER 14TH, 1830.—At length my troubles so far as London is concerned are over. It will be a month to-morrow since I received my Diploma as Surgeon, and this evening I got my Licence as Apothecary. I have now to prove whether I shall deserve the titles,—at any rate I will try to do so. I went to the Apothecaries' Hall at a quarter past four this afternoon, and about five minutes after five was ushered into the examination room, and being first on

the list was directed by the President to sit at his table. There were four of us in together, the number of candidates six. Robinson began with some common easy prescriptions, which he supposed I was not afraid of. He then turned to a written paragraph, and when I had got through that, he asked if I knew from what author it was taken; I said I supposed Celsus, which it was. We then began on the Liquor Plumbi and the Plumbi Acetas, and we got into one of the most desultory conversations I ever heard—the drugs, plants, poisoning by opium, arsenic, oxymuriate, enteritis, dysentery, intermittents, colic, the different kinds of worms, their situation and treatment, the skin, the veins of the bend of the arm, the accidents likely to occur in venesection, the abdominal parietes, the arteries supplying the intestines, the Vena Portæ and its use—on which I differed from him; he said it secreted the bile; I denied it, and had a long discussion, at the close of which he told me I had paid attention to my profession and dismissed me. It was the most curious concern possible. There is a great deal said about the Hall, but really it is nothing like what it is represented. There was, I am sorry to say, one poor fellow rejected; he took my place when I left it, and from the specimen I had, he must have been very deficient, for Mr. Robinson seemed anything but a rejecting man. I was in an hour and a quarter exactly, which in these days is thought a very short time, for one and a half, two, and two and a half are very common. They have slaughtered right and left latterly, because they say many are crowding in to avoid Celsus and Gregory, which come on in January. Next month and December they expect to be crowded.

OCTOBER 12TH.—I hope to leave to-morrow. I have been dining with Waller; I met him this morning, and he pressed me into the business. I left him going to lecture.

Abernethy is in to-night, and there is not much doubt of his passing. I hope to see you on Wednesday or Thursday.

CONGRATULATORY LETTER FROM DUBLIN.

OCTOBER 4TH, 1830.

MY DEAR JACKSON,—I assure you I have not heard for some time a piece of intelligence which has given me more real pleasure than what Macgregor communicated yesterday in his letter. It was that you now stand enrolled amongst the number of the *élite*, a worthy member of the Royal College of Surgeons, London. Happy, thrice happy, dog! no longer the slave of anxious care and harassing suspense, since you achieved an honourable victory over the bugbear of all who aspire to the dignity of enjoying a surgical diploma. When I say I offer my congratulations to you on your success I am sure you'll believe they are sincere, and consist not in the mere idle dictates of heartless pro-

fession. Poor —! I regret exceedingly his repulse from the Hall of Apothecaries. It is unfortunate that this should be the only reward to compensate for the toils of five or six years hard servitude in the profession. I hope, however, he may be more the child of fortune in the event of another trial.

Believe me, yours very sincerely,
MAXWELL MACARTNEY.

(To be continued.)

The Smoking Concert.

ON November 1st, shortly after the advertised time, the Chairman's hammer struck the table in the Crown Rooms of the Holborn Restaurant, and Mr. Holroyd was called upon to start the first Students' Union Smoker with a song, and we enthusiastically received his advice to "Take a Pair of Sparkling Eyes"—a "baustus" of exquisite quality and a popular prescription. Mr. J. E. Talbot then rendered, in capital style, "The Yeomen of England," and well deserved his encore. Judging from the applause which greeted his efforts we feel sure that our desires will be generally approved when we express the hope that we may hear him frequently at future smokers. Mr. K. D. Bell's fine voice was then heard to great advantage in "Queen of the Earth," and for an encore he gave us "When Dull Care."

We now settled down with great enjoyment to a very clever monologue by Mr. H. C. Waldo, who is undoubtedly "the funny man" of the Hospital, and the laughter which greeted his efforts was full testimony to his success. An encore was insistently demanded, and so he chirruped to us about certain "Girls he had come across." We venture to suggest that Mr. Waldo should be chaperoned in his walks abroad.

Mr. Baldwin came next with an excellent pianoforte solo, after which Dr. Herringham, the Chairman, announced his turn, and delivered one of the neatest speeches we have ever had the pleasure of hearing. After a humorous allusion to "The Cricket on the Hearth," he gave a brief *resumé* of the work which had been done by the Union, and remarked that he was particularly pleased to see that the Union Council was not neglecting the social side of its duties. The presence of so many that evening would be a great encouragement for similar efforts in the future. His facetious and kindly references to certain members of the Council were received with laughter and applause.

Dr. Samuel West then sang "Tom Bowling" in quite his best form, and after loud cries of 'core treated us to "Mary." Very loathe were we to let him leave the platform, and when he did so the whole house indulged in an unre-

hearsed turn of its own, and lustily serenaded the popular physician with a well-known ditty from "The Earl and the Girl."

A clever impersonation by Mr. Muirhead followed, and was the more creditable as the unexpected death of Dan Leno the day before rendered it necessary for him to substitute Harry Lauder for the former comedian.

Quite remarkable skill was displayed by Mr. F. J. Smith in the performance of sundry card tricks. His dexterity would have done credit to any professional.

A surprise now awaited us by Dr. Herringham announcing that Sir Ernest Flower would sing "Killaloe." Sir Ernest has a capital voice, and after his excellent rendering of the famous song an encore was loudly demanded, and we were treated to "Father O'Flynn." The presence of Sir Ernest Flower speaks well for the excellent understanding existing between Governors and Students, and the compliment paid us by his active assistance was heartily appreciated.

As it was now getting late the Chairman had to announce that no more encores could be permitted, and the first part of the programme was brought to a close by Mr. E. R. Evans, who appropriately warbled "Only Once More."

Part II was commenced by Mr. T. B. Davies, who thrilled us with "A Norseman's Song." It goes without saying that we wanted an encore badly. Mr. J. E. Talbot then sang with much vigour "The Cheerful 'Arn," and Mr. Waldo, funnier than ever, gave, as the programme had it, "An Impersonation of the famous Comedian, George Robey, in his Celebrated Songs:—(a) 'I had to be cruel to be kind'; (b) 'The Last of the Dandies.'" The great George himself could hardly have done it better. Mr. K. D. Bell followed with "Simon the Cellarer" capitably sung.

In a programme of such merit, it would be difficult to say what pleased us most, but if pressed for a statement we should be inclined to give the palm to the song and dance which followed, viz. "Blank, Blank, Absolutely Blank," *con espressione*, by Messrs. Lee, Berryman, and Waldo.

We append a topical verse they introduced:

B. "Many here are budding medicos,
Many too I know already budded.

L. And you'll all agree with me,
A doctor you can't be,
Unless at Bart's for five long years you've studied.

B. If only they'd abolish all exams,
My chance of qualifying would be safe.

W. I've never passed one yet,
And all I ever get
Is six months, and a horrid piece of paper.

ALL. Its pink, pink, such a nasty pink,
The examiners misjudged again your knowledge so you think,
You take it with a grin,
And down your feelings in
Drink, drink, alcoholic drink."

Mr. T. B. Davies, with "My Dreams," and Mr. R. C. Berryman, with "Lucky Jim," both capitably rendered, brought a thoroughly good programme to a close.

After a very hearty vote of thanks to the Chairman, proposed by Mr. Bruce Clarke, and carried with acclamation and "God Save the King," we imitated the Arabs, and, more or less, "silently stole away," carrying with us memories of a most enjoyable evening, and one which we hope will soon be repeated with equal success.

About 300 were present at the concert, including a goodly proportion of members of the Senior Staff. Every seat was occupied, with the exception of a few reserved for members of other hospitals.

Dinner and Presentation to Mr. Langton by his House Surgeons.

ON November 18th, at the Imperial Restaurant, Mr. Langton was entertained at dinner by his old house surgeons, thirty-four of whom were present to do honour to their old chief. Telegrams were received from two who at the last minute were unable to come, and letters containing many expressions of goodwill were received from the others who were unable to attend.

Mr. Bowly, in proposing the health of Mr. Langton in a singularly happy speech, in which he thoroughly expressed the feelings of all present, referred to the long period during which Mr. Langton has served the hospital so faithfully and so well, mentioning more especially the exceeding kindness of Mr. Langton to the patients, whose welfare he studied so entirely, apart from their interest as surgical cases. He referred to the esteem with which Mr. Langton was regarded by many generations of students of the hospital as a teacher, and finally mentioned the respect and admiration and even affection which one and all of his house surgeons cherish for their old chief and friend. In the course of his speech Mr. Bowly referred to the fact that no less than thirty-three of Mr. Langton's house surgeons have been admitted Fellows of the Royal College of Surgeons, and that many were on the staff of general hospitals, whilst others are filling important posts in the services or abroad.

Mr. Langton in reply, in a speech which was quite characteristic and brimming over with quaint humour, whilst evidently showing the kindly interest and affection he has always taken in his house surgeons, thanked Mr. Bowly for his kind remarks and the present towards which all his house surgeons had subscribed. He referred to the sorrow with which he relinquished his post of Surgeon to the Hospital, saying that that day was one of the saddest in his life.

Dr. Gow proposed the health of Mr. Gask, and thanked him sincerely on behalf of all present for the trouble he had taken to make the dinner such a success.

Mr. Gask suitably acknowledged the toast of his health.

Mr. O'Brien Harding proposed the toast of the health of the chairman of the evening.

Mr. Bowly, in reply, reminded those present that Mr. Harding had contributed part of his anatomy as a specimen to the Pathological Museum of the hospital.

The remainder of the evening was pleasantly spent in conversation, many old friends meeting again after many years' separation.

The bowl which was presented to Mr. Langton by Mr. Bowly on behalf of the house surgeons was of massive gold plate, with the names of his house surgeons arranged in chronological order, engraved on the under surface of the base.

The Clubs.

ASSOCIATION FOOTBALL CLUB.

ST. BART'S v. ROYAL MILITARY ACADEMY.

On Wednesday, October 26th, the Association XI travelled to Woolwich to play against the Royal Military Academy. The game was exciting from start to finish, and resulted in a draw of two goals each. Our opponents had rather more of the game in the second half, but our defence proved sound. The goals for the Hospital were scored by C. B. Butcher and J. C. Mead. Team:

C. E. Armitage (goal); J. R. Lloyd and H. Hardwick-Smith (backs); H. Rimington, A. Miles, A. W. Coventon (half-backs); E. R. Evans, J. C. Mead, F. J. Gordon, S. Tucker, C. B. Butcher (forwards).

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

Bart's played the R.I.E.C. on Saturday, October 29th, at Winchmore Hill. The pace, although very fast, was kept up throughout the game, and Bart's won comfortably by three goals to nil. The forwards combined well, and the whole team showed considerable improvement. J. C. Mead scored the first goal with a good shot, and E. R. Evans placed the second one nicely out of the goalkeeper's reach. The third goal came from a corner well taken by Evans.

After the match the teams dined together in Hall. Team: C. E. Armitage (goal); H. Rimington and J. R. Lloyd (backs); A. H. Glenister, A. Miles, L. T. Burra (half-backs); E. R. Evans, J. C. Mead, S. Tucker, F. J. Gordon, C. B. Butcher (forwards).

ST. BART'S v. WELLINGBOROUGH MASTERS.

This match was played at Wellingborough on Saturday, November 12th. The Hospital team showed good form, and played one of their best games this season, and won in a decisive manner by 5 goals to 1. At half-time we led by two goals to nil, scored by F. J. Gordon and E. R. Evans.

The second half was well contested, our opponents making strenuous efforts to reduce the lead. But the backs, well supported by Armitage in goal, defended well, and the forwards added three more goals, scored by J. C. Mead, S. Tucker, and F. J. Gordon.

After the match we were kindly entertained to dinner by the masters in the large schoolroom. Team:

C. E. Armitage (goal); H. Rimington and H. Hardwick-Smith (backs); J. R. Lloyd, A. Miles, L. T. Burra (half-backs); E. R. Evans, J. C. Mead, S. Tucker, F. J. Gordon, C. B. Butcher (forwards).

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

November 16th. Lost 5 goals to 2. Account of match not to hand.

After the match the teams adjourned to a neighbouring hotel, where our hosts had provided the Annual Tea. Over 150 guests had been invited to meet us, including the Borough Member and the Mayor. The names of our hosts, who are old Bart's men practising in Hastings and the neighbourhood, are as follows:—Mr. J. E. Manlove (in the chair), Messrs. C. B. Gabb, C. Christopherson, E.

Deck, L. Jowers, Dr. E. Kent, Dr. Brodie, Dr. Stanley, Dr. Trollope, Dr. Scarilyn Wilson, Messrs. E. Simmons, T. H. Wadd, A. Trower, and H. J. Weston.

After a substantial meal various songs and musical sketches were performed, while beer and good cigars were liberally dispensed.

Following these, the atmosphere of the room having become like the London fog which we had left behind in the morning, the chairman proposed "Success to the St. Bartholomew's Hospital Association Football Club." In an excellent speech, the chairman told us thrilling tales of his days at St. Bartholomew's, and of certain adventures round the Fountain in the Square. He also quoted the inscription on our new foundation stone in order to point out the antiquity of the Hospital and the noble work which it has carried on for centuries. We congratulate Mr. Manlove on his speech and on the reception which he got.

Mr. Miles responded for the Hospital, and made one of the best speeches which has been heard in Hastings from a "Bart's" captain. He frankly acknowledged defeat by a superior team; but trusted that we should have learned a useful lesson before next year's match. He congratulated the Hastings team on its marked improvement.

The chairman then proposed success to the local club, and the captain responded, followed by Mr. Gabb, who was loudly called for.

Mr. Gabb, to whom the Bart's Association team owe so much for their annual welcome to Hastings, was in his best form. He was most amusing when chaffing Mr. Manlove over the latter's presidency of the famous local chess club. Mr. Gabb had a very great reputation for his reputation as a keen sportsman interested in all the local clubs has made him very popular.

Following the toast of the local club, Mr. Meadows proposed the health of our hosts, which was heartily drunk.

The tea was brought to an abrupt conclusion by the hurried departure of our team, who were left with only a few minutes in which to catch their train; this was done by some of us in record time, to the astonishment of the natives.

Altogether, in spite of our rather heavy defeat, it was a most enjoyable outing, and we take this opportunity of again thanking our hosts and Mr. Gabb for their kindness in entertaining our team every year.

HOCKEY CLUB.

ST. BART'S v. R.M.C., SANDHURST.

The above match was played at Camberley on Saturday, October 22nd, and after a fast game ended in a win for the home team by 3 goals to 0.

For Bart's Phillips, Barton, and Adam played well. Team: A. L. Yates (goal); J. P. Griffin, L. L. Phillips (backs); R. C. Berryman, B. H. Barton, G. F. Page (halves); H. Gray, G. H. Adam, A. C. Wroughton, W. B. Griffin, L. Lewis (forwards).

ST. BART'S v. CROYDON.

Played at Croydon on Saturday, October 29th, and resulted in a win for Croydon by 7-0. The game was much more even than the score indicates. Team:

A. L. Yates (goal); J. P. Griffin, L. L. Phillips (backs); W. R. Collingridge, B. H. Barton, G. F. Page (halves); H. Gray, G. H. Adam, A. C. Wroughton, W. B. Griffin, L. F. Lewis (forwards).

ST. BART'S v. WOOLWICH GARRISON.

Played at Woolwich on Saturday, November 5th, and resulted in a win for the Hospital by 3 goals to 2.

For Bart's Yates in goal played a sound game. The goals were scored by Wroughton (2), and Gray (1). Team:

A. L. Yates (goal); L. G. Furber, L. L. Phillips (backs); R. C. Berryman, B. H. Barton, H. B. Hill (halves); H. Gray, G. H. Adam, A. C. Wroughton, W. B. Griffin, L. F. Lewis (forwards).

ST. BART'S v. WEST HEKES (October 12th).

In this match we were beaten by 4 goals to 1 after a fast game, though we had quite as much of the game as our opponents.

For Bart's Barton played a great game, and scored the only goal. Team:

A. L. Yates (goal); L. G. Furber, L. L. Phillips (backs); R. C. Berryman, B. H. Barton, G. F. Page (halves); L. F. Lewis, G. H. Adam, A. C. Wroughton, W. B. Griffin, H. Gray (forwards).

ST. BART'S v. SEVENOAKS.

Played at Sevenoaks on Saturday, November 19th. A very fast and even game ended in a win for the Hospital by 4 goals to 3.

For Bart's O'Neill, Lewis, Phillips, and Yates played well. The goals were scored by O'Neill (3), Lewis (1). Team: A. L. Yates (goal); L. G. Furber, L. L. Phillips (backs); R. C. Berryman, B. H. Barton, G. F. Page (halves); H. Gray, G. H. Adam, G. Viner, A. O'Neill, L. F. Lewis (forwards).

CLUB RECORD TO DATE.

Matches played	...	...	...	...	7
" won	...	...	...	...	4
" lost	...	...	...	...	3
Goals	...	...	For.	Against.	
			26	23	

SWIMMING CLUB.

INTER-HOSPITAL CUP TIE.

(SEMI-FINAL).

ST. BART'S v. LONDON HOSPITAL.

This was undoubtedly the most disappointing match of the season. Our team fell utterly to pieces at the beginning of the game, and never got the latter together. The London team shot a goal before the game had proceeded ten minutes. After this the game was a mere scramble till half time.

Shortly after half time our team improved a little. There was less muddling, and Watkins got in two shots, one of which just went over the goal post. London then played up again, and notched a second goal, which Hanschel ought to have saved, since we were then defending the shallow end. Watkins's shooting was for the most part poor, and, with the exception of McDonagh, the rest of the team was playing worse than in any previous match.

We lost the services of Trapnell at centre forward, which, though very unfortunate, did not the least excuse our losing the match. Team.—H. M. Hanschel (goal); C. F. O. White and R. C. P. McDonagh (backs); J. G. Watkins (half-back); F. Trewby, A. Ryland, E. Burstal (forwards).

INTER-HOSPITAL TEAM RACE.

(SEMI-FINAL).

BART'S v. LONDON.

A most exciting race. Hanschel was level with his man, Trapnell lost about ten yards to his opponent, White gained slightly on the lost ground, and Watkins, after a splendid race, just beat his opponent by a foot or rather more, thus winning us the race.

Team.—J. G. Watkins, C. F. O. White, H. M. Hanschel, F. C. Trapnell.

The result of the Hospital races were as follows:
Two Lengths (60 yards) Sealed Handicap.—C. F. O. White.
Polo Ball Race. (1) C. F. O. White, (2) F. C. Trapnell.
Four Lengths.—(1) R. C. P. McDonagh, (2) A. Ryland.
Eight Lengths.—(1) J. G. Watkins, (2) F. C. Trapnell.
Team Race.—C. F. O. White, P. Gosse, E. Burstal, A. Ryland.

Royal Army Medical Corps Notes.

THE following names, in addition to those of men who have passed into the Corps since that date, should be added to the R.A.M.C. list in the special Old Students' number of the JOURNAL, September, 1903:—Lt.-Col. S. Westcott, C.M.G. (Shoeburyness); Majors H. B. Mathias, D.S.O. (Punjab), J. Girvin (Guildford), A. Pearce (leave); Capt. A. H. Morris (Aldershot), M. H. G. Fell (South African Constabulary), F. G. Richards (Bombay), R. F. Ellery (Bengal); Lieut. M. G. Winder (Transvaal).

These bring up the total of Bart's men on the active list of the corps to eighty. Possibly there may be a few more whose schools are not traceable in the *Medical Directory*.

Lt.-Col. W. J. Bedford (Gibraltar) has been selected for increased pay.

Capt. C. W. Mainprize was with the recent expedition to Lhasa.

Major A. Pearse, having completed a term of service in West Africa, is home on a year's leave. Capt. A. O. B. Wroughton is also home on leave from Madras. Lt.-Col. T. M. Corker has arrived home from South Africa. Major T. F. II. Clarkson has been posted to Jersey.

The following have recently embarked:—Lt.-Col. F. H. Burton for South Africa; Majors B. J. Innies and H. B. Mathias, D.S.O., for India; Lt. R. M. Ranking for Hong Kong.

The Rahere Lodge, No. 2546.

MEETING of the Rahere Lodge, No. 2546, was held at the Imperial Restaurant, Regent Street, W., on Tuesday, October 18th, W. Bro. J. H. Gilbertson, W.M., in the chair. Bros. Gilmour, Stevenson, H. H. Clarke, and Ellis were advanced to a superior degree; and W. Bro. Maitland Thompson was elected a member of the Lodge. A grant of two guineas to "Our Brother's Bed" in the Home for the Dying was confirmed. It was announced that Miss Amy Sugden, in whom the Rahere Lodge was specially interested, had been elected at the head of the list for admission to the Girls' School. A vote of thanks to the other medical lodges in London for the generous and valuable help they had rendered in this matter was passed unanimously. The brethren and a number of guests subsequently dined together.

A Mad Tea Party.

IT was Prize Day at the Hospital, and there were tables set out under the trees around the fountain. At one of them a March Hare and a Mad Hatter were having tea. A Dormouse was sitting between them fast asleep, and the other two were saying rude things to each other across its head. The Hatter was dressed in a top hat and frock coat, and the March Hare looked for all the world like a prosperous undertaker out for a holiday. The Dormouse had a dirty white jacket with strange tubes sticking out of the pockets. "In fact," as Alice said afterwards, "he was the very image of Charlie."

Alice had come up with her mother all the way to London on purpose to see Charlie get a prize; for Charlie was her brother. But he had bitterly disappointed her; and as it was stupid work listening to speeches in the Hall, and as she felt rather sleepy, she went out before the end to wait for her mother in the Square.

The March Hare stared at her rudely. "Pernicious anemia," he muttered.

"Have some Liquor arsenicalis?" asked the Hatter kindly.

"Thank you, just half a cup please," said Alice, not wishing to appear rude by refusing his kind offer.

The Hatter felt in his hat and produced a small bottle. "What's the dose?" he asked the March Hare.

"Ask the Dormouse," suggested the March Hare. "Dormouse! Dormouse! wake up! What's the dose of Liquor arsenicalis?"

"I leave it to you, partner," said the Dormouse sleepily. "Does he *always* sleep?" asked Alice, for she was of an inquiring turn of mind.

"Better ask him!" said the Hatter, and he hit the sleepy Dormouse on the nose with the little bottle labelled "poison."

"Quite so! Quite so!" murmured the Dormouse, as if talking in its sleep. "Quite so! I agree with your diagnosis entirely. A most distinct dulness on percussion. I noticed it myself not a moment ago."

"What a stupid creature," Alice thought to herself. "It doesn't seem to be any use trying to get sense out of it. I wonder how the examiners manage." And she asked the Hatter again if the Dormouse was always asleep.

"Except when it's dressing," said the Hatter. "When does it dress?" asked Alice, to try to make the conversation interesting.

"When it isn't asleep, of course," said the March Hare reprovingly. "Really! for a little girl of your age you are painfully ignorant. I will see if you can answer a riddle. Now, tell me what is the difference between a dresser and a house surgeon?"

The Dormouse twitched its whiskers, and was heard to mumble something about "None at all," for which blasphemy the Hatter administered a tablespoonful of croton oil by the simple method of holding the Dormouse's nose and poking the spoon down its throat as far as it would go.

"O how unkind of you! Poor Dormouse!" Alice exclaimed.

"It will clear its—er—head," said the March Hare; and sure enough in a few moments the Dormouse was wide awake and shifting about uneasily on its chair.

"Shall I tell you a story?" it asked. "It won't take long. I shall have to go soon, so I may as well be polite—"

"Thank you ever so much," said Alice joyfully. "I should love to hear it above all things."

"Once upon a time," began the Dormouse, "there were three British workmen, and their names were Bill, Billy, and Billyus, and they lived in a hospital—"

"What did they live on?" asked Alice, glancing hungrily at all the good things on the table by the fountain.

"They lived on Dile Beans," said the Dormouse, after thinking a minute or two.

"That's impossible," said Alice, gently, "They'd have been ill!"

"So they were," said the Dormouse, "very ill."

"But why did they live in a hospital?" asked Alice.

"Because they could not afford to live anywhere else, of course," answered the March Hare, snappishly.

"What about workhouses?" began Alice.

"They would have had to work there," said the Hatter. "The Dormouse is asleep again!"

"Oh, Dormouse! Please wake up and go on again!" Alice pleaded; and the Hatter and the March Hare both spoke in loud and strident tones of "serious consequences of unwarrantable carelessness" until it woke up in a fright.

"A mere error of judgment," it squeaked, "I assure you —"

"What about the three men in the hospital?" Alice interrupted.

"What three men?" asked the Dormouse, nervously.

"The three well men in —"

"They were well in!" said the Hatter.

Alice was so puzzled that she thought it would be as well to change the subject. "What did they do?" she asked.

"They drew things," the Dormouse answered, after a moment's thought.

"What sort of things?" asked Alice.

"They drew their salaries for one thing," said the Dormouse, reflectively; "and they drew lines at lots of others, such as Oppression and Taxation, and Education, and anything beginning with a capital and ending in —ion, and the Upper Classes. They also drew everything which began with C, such as —," and here the Dormouse went to sleep; but, on being reminded by the Hatter of a place called "Examination Hall," it woke up with a little shriek and went on "anything beginning with C, such as Celery, and Comfort, and Sympathy, and Confidence-tricks."

"You have never seen a drawing of a Confidence-trick, have you?" asked the Hatter, nervously shifting away from the Dormouse.

"I don't think so," said Alice, doubtfully.

"You've never been drawn, I suppose," began the March Hare. But Alice was paying no attention to what he said; for she was watching the Dormouse, who was skuttling off across the Square as fast as he could go towards the Medical School, through the door of which he disappeared with a whisk of his tail almost like a puff of smoke.

Alice closed her eyes for a minute to try to collect her thoughts, and when she opened them again saw her mother bending over her telling her she had been asleep.

But, to this day, Alice most firmly believes that she was awake the whole time, although Charlie laughs at her very much every time she tells the story of her Tea Party with the Mad Hatter, the March Hare, and the Dormouse.

A. T. N.

New Addresses.

- BENNETT, F. D., 34, Weymouth Street, W.
BRADBURN, A. A., 51, Talbot Street, Southport.
BREWER, A. H., 27, New Cavendish Street, Cavendish Square, W.
COPE, R., Brighton, Hove and Preston Dispensary, Brighton.
ECCLES, W. S., Hôtel Bel Sito, San Remo, Italy.
EWEN, G. S., Tudor House, Montpelier Road, Twickenham.
HENDLEY, HAROLD, I.M.S., care of Inspector General, Civil Hospitals, Lahore, Punjab.
HEPBURN, M. L., 33, Briardale Gardens, Platt's Lane, Hampstead, N.W.
PETERS, A. E., Petersfield, Hants.
RHODES, HERBERT, 30, Brechin Place, S.W.
SMITHSON, A. E., R.A.M.C., Military Hospital, Middleburg, Cape Colony.

A few new addresses are unavoidably held over.

ATKINSON, JOHN GERALD, has assumed the additional surname of Fairbank.

Correspondence.

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

SIR,—I have attended a score of October dinners, and I have long ago come to the conclusion that their undoubted fitness lies in the dulness of many of the speeches and speakers.

The acoustic properties of the Great Hall prevent half the company from knowing what is being talked about at the high table, consequently the gentlemen sitting remote begin to talk and to laugh, and those placed nearer the centre wish that "manners" allowed them to do the same, and from that moment the festival goes to pieces. "God save the King" should be sung, and the Chairman should privately tell the orators to "speak up," and he should not forget to do the same himself.

Save that we are now spared "relative rank" (the bugbear of the eighties) we hear much the same remarks made year after year except we are not now quite so often told how far superior the modern student is to what we were. The bulk of the official speeches are suited for the May or July feasts, and not for a Medical School dinner, and evoke no interest in the majority of the company, especially those who live in the country.

I would suggest (1) the introduction of a few songs; (2) the cutting down of the toast list; (3) the selection of the members of the Staff and visitors to speak who command real interest, and who should all be told forty-eight hours before that they are expected to think over what they intend to say and to say it that all can hear.

For the rest I think the price, the dinner, the wine system, the waiting all good, and I would on no account change the venue.

Yours very truly,

A FRESHMAN IN 1873.

November 21st, 1904.

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

SIR,—In response to Dr. Herringham's invitation, I, though not a very regular attendant at the Old Students' Dinner, should like to express the opinion that to alter the inclusive charge of one guinea would be a mistake. I have had experience of similar changes in response to what seemed to be genuine expressions of opinion by a majority of one or two clubs and societies. The change has, in no case that I know of, increased the attendance at a dinner, while it has certainly lessened the camaraderie and geniality, which it would appear should be one of the principal objects of such gatherings.

One other point not mentioned by Dr. Herringham. At some hospitals the chairmanship of the annual dinner is not confined to the existing hospital staff, but other distinguished members of the profession who are old students are at intervals asked to preside. I express no opinion as to the advisability of such a course, but merely put it forward as having met with success elsewhere, notably, I believe, at St. Thomas's.

In conclusion, I may say I seldom enjoyed an evening more than at the last dinner.

Yours obediently,
FRANK POPE.

LEICESTER.

Reviews.

EX CAHEDRÁ ESSAYS ON INSANITY. By T. CLAYE SHAW, M.D., F.R.C.P. (Published by Adlard and Son.) Pp. 250. Price 5s. net.

We offer a most hearty welcome to these essays, for our expectations of a valuable and interesting book from Dr. Claye Shaw's pen are more than realised. The small book consists of twelve distinct essays upon some aspects of psychology and insanity, and yet the series is held together by a thread of continuity, and that thread is the personality of the author and his views. In the preface, which should appeal to all Bartholomew's men who have been fortunate enough to attend Dr. Claye Shaw's lectures and demonstrations, he says "there are plenty of text-books on insanity." Unfortunately, it is so; but, in our opinion, these "obiter dicta," "these reminiscences of the past," form a very essential complement to the text-books: and, of this we are certain, that a seeker after the truth will obtain much clearer ideas of what is known and thought about psychological medicine from these essays than by following the stereotyped dogmata and classifications of the text books. Where all is interesting, it is difficult to single out any particular essay for mention. It would be well if every member of the medical profession, whether interested in psychological medicine or not, could find time to read the essay "On Hysteria." The two most suggestive and speculative essays deal with "Evolution and Dissolution" and "Psychology and Nervous Diseases," and we regret very much that we have not space to go into some of the interesting problems raised. The great practical value of the book is centred in the essays upon the surgical treatment of insanity, and although the author "feels strongly the incompleteness" of what he urges, yet the facts and suggestions brought forward will perhaps induce others to make a more extended use of surgery, especially in the earlier manifestations of increased intracranial pressure. The publishers are to be congratulated on the careful way in which the book has been got up.

We have only two suggestions to offer. Firstly, that the essay upon "Impulsive Insanity"—which was read to the Medico-Legal Society last year—should be placed earlier in the book, for it seems out of place, and secondly, that Dr. Claye Shaw should publish some more essays.

We should advise everyone to read this book, not less for the intellectual pleasure that it will afford than for its value as a book of instruction.

GUIDE TO THE EXAMINATION OF THE THROAT, NOSE, AND EAR. WILLIAM LAMB, M.D. (Baillière, Tindall, and Cox.) Price 5s. net.

This should prove a useful little introduction to the student in the special departments as regards the technique of the ordinary examinations. The diagrammatic illustrations are clear and to the point: those reproduced from photographs, as usual, will give little help to anyone except those already thoroughly familiar with the anatomy of the regions dealt with. As a handbook it is, of course, insufficient, either for purposes of diagnosis or treatment, but the beginner will find a clear account of what he may hope to learn to see.

HANDBOOK OF DISEASES OF THE EAR. RICHARD LARK, F.R.C.S. (Baillière, Tindall, and Cox.) Price 6s. net.

This book is a second edition, but we have not been acquainted with it previously, and we confess to some feeling of disappointment over it. The introductory chapter on the anatomy of the ear, while containing much of purely anatomical interest, fails to properly impress on the reader the supreme surgical importance of the major relations of the tympanum. And while we read that the antrum "is separated from the sigmoid groove by about 0.48 inch" (we wonder why not "about half an inch"), nothing is said of the passage of small veins from this part of the bone directly into the sigmoid sinus, a fact of very much greater importance, and of real constancy. The coloured plates are above the average, but we think the author's diagnoses of the cases in Plate II open to very grave doubt on the appearances shown. We should also put in a caution against the forcible avulsion of aural polyp, an unnecessary and often dangerous procedure.

On the whole, however, the book seems sound, and strikes us as suffering chiefly from too great compression. We would point out that misprints in a second edition, such as "suppuration" for "suppuration," and errors of Latinity, e.g. "Fenestra rotundum" and "crurae," are hard to excuse.

AN INTRODUCTION TO DERMATOLOGY. By NORMAN WALKER, M.D. Third Edition. (Published by Simpkin, Marshall, and Co., London; John Wright, Bristol.) Pp. 278. Price 9s. 6d. net.

This is the third edition of a very useful and practical book, which might with advantage be more widely known in the London schools of medicine. There are no less than forty-nine full page plates and fifty illustrations in the text, and these alone make the book valuable.

It was originally written as a reproduction of Dr. Walker's lectures at the Edinburgh Infirmary. In our opinion the book is a thoroughly good introduction to dermatology, and very cheap.

THE DISEASES OF WOMEN. By J. BLAND-SUTTON, F.R.C.S., and ARTHUR E. GILES, M.D. Fourth Edition. (Published by Rebbman, Ltd., London.) Pp. 520. Price 11s. net.

This is the fourth edition of a well-known "handbook for students and practitioners." The authors congratulate themselves on the convenient size of their book, but we notice that, although "the established facts of the art can be presented in a very convenient compass," still, it is none the less difficult to "restrain the vanity of some surgical authors." The illustrations are very good and ample, and make up for deficiencies in the text, in which there is a great lack of method. We should recommend the book rather to practitioners than to students, because it is full of the personal experiences of one of the authors, and these are always instructive. The chapters on extra-uterine gestation and tubal pregnancy are particularly good.

AFTER-TREATMENT OF OPERATIONS. By P. LOCKHART MUMMERY. (Baillière, Tindall and Cox.) 5s. net.

The early appearance of a second edition of this book indicates that it fulfils a certain want. The inclusion of descriptive cases in a small book such as this is taking up valuable space, which might have been better devoted to a much more detailed account of abdominal operations, e.g. a detailed account of the treatment of a case of gastro-enterostomy during the first ten days after operation would be most valuable. The illustrations seem to have been chosen haphazard; those in the appendix are of no possible use,

whilst there are none of any of the splints mentioned in the text. This work can in no way be recommended as a "book of reference," but may be read with benefit with a view to obtaining an idea of general principles of treatment after operations.

TRANSACTIONS OF THE MEDICO-LEGAL SOCIETY. Vol. I. Edited by STANLEY B. ATKINSON, M.A., M.B., etc. (Published by Bailière, Tindall, and Cox.) Price 7s. 6d.

We must congratulate the Medico-Legal Society upon the appearance of the first volume of its *Transactions*, and the editor upon the very interesting collection of papers which he has published. The Society is only about two and a half years old, and already has nearly 100 members, whose object is to promote the advancement of medico-legal knowledge in all or any of its branches. We are glad to notice quite a fair proportion of St. Bartholomew's men among the list of members, and several of these are office-bearers. In addition to the learned inaugural address given by the first President, Sir William Collins, we may call attention to the following interesting papers:—"Medico-Legal Post mortem Examinations," by Harvey Littlejohn;—"Impulsive Insanity," by T. Clave Shaw;—"The Overlaying of Infants," by W. Wynn Westcott;—"A Plea for Cremation," by J. Wellesley;—"The Verdict Suicide whilst Temporarily Insane—a Legal Contradiction," by R. Henslowe Wellington; and—"The Weight to be Attached to Medical Evidence," by Earl Russell.

THE SURGERY OF THE DISEASES OF THE APPENDIX VERMIFORMIS AND THEIR COMPLICATIONS. By W. H. BATTLE, F.R.C.S., and E. M. COBURN, M.B., F.R.C.S. (Constable and Co., London.) Pp. 207. Price 7s. 6d.

During the last decade so much has been said and written about the appendix vermiformis that there is a tendency to think that everything is known about its diseases. However, this book will be found very useful, for it reviews shortly the history of the subject, and proceeds to give a clear account of the present state of our knowledge with the views and suggestions of the authors, which are the outcome of a large clinical experience. The authors seem very anxious to claim priority in the operation of opening the abdomen through the sheath of the rectus by temporary displacement of the muscle. We know that Mr. Bowlby has been in the habit of doing this operation for a great number of years, and has never sought to claim priority; so the authors' remarks upon this head are quite superfluous. It is enough that the operation is satisfactory. But we are surprised that "the originators" of the operation should make use of "this valvular opening in cases of suppuration about the appendix, as we gather they do from a sentence on p. 79. There is an excellent chapter on the "acute abdomen," and the whole book is thorough and well put together. It justifies the authors' desire to add to the history of appendicitis "a fourth stage, which recognises the paramount importance of the infective organisms which are at work, the great frequency of chronic or subacute appendicitis, and that the involvement of the cæcum is almost invariably secondary to that of the appendix."

Examinations.

UNIVERSITY OF LONDON.

M.B., B.S. Honours.—H. Pritchard (Distinguished in Medicine). Pass.—H. Finzel, S. Hunt, K. S. Wise.
B.S. Honours.—N. E. Waterfield (University Gold Medal), E. W. H. Groves. Pass.—G. E. Aubrey, P. G. Harvey, E. C. Mackay.

EXAMINATION FOR FELLOWSHIP OF ROYAL COLLEGE OF SURGEONS.

Primary.—E. M. Woodman, H. Blakeway, B. T. Lang, T. S. Hele, B. A. Reckless, W. B. Griffin.
Final.—R. C. Elmslie, M.B., B.S.; T. J. Faulder, J. A. Hayward, M.D.; N. E. Waterfield, M.B., B.S.

CONJOINT BOARD.

First Examination.

Chemistry.—S. T. Davies, D. M. Stone.
Practical Pharmacy.—S. C. Foster, W. H. S. Hodge, H. W. M. May, W. S. Nealon, F. M. Newton.

Second Examination.

Anatomy and Physiology.—C. J. Armstrong Dash, H. Gill, F. G. Hodder-Williams, J. A. Renshaw, E. L. Taylor, H. O. Williams.

Final Examination.

Diploma L.R.C.P., M.R.C.S.—L. A. Arnold, T. Bates, A. C. Brown, G. A. Bell, A. W. D. Coventon, L. C. Ferguson, H. Hardwick-Smith, E. C. Hayes, E. B. Lathbury, E. Leverton-Spry, C. W. O'Brien, A. C. Warren, R. G. Williams, J. K. Willis.

SOCIETY OF APOTHECARIES.

Diploma L.S.A.—H. P. Shanks.

Appointments.

GERARD, C. TAYLOR, M.D. (Canab.), D.P.H., has been appointed County Medical Officer of Health for Berkshire.

INGOUVILLE, J. G., M.R.C.S., L.R.C.P., has been appointed House Surgeon at the Queen's Jubilee Hospital, Earl's Court, S.W.

HOOLE, J., M.R.C.S., L.S.A., appointed Medical Officer of Health for the Ashbourne Rural District.

Births.

NUNN.—On August 4th, 1904, at Roose House, Upper Tooting Road, S.W., the wife of T. H. Francis Nunn, M.R.C.S., L.R.C.P., of a son.

HUGO.—At Sirdarpur, *vid* Mhow, Central India, on October 18th, 1904, the wife of Captain J. H. Hugo, M.B., B.S. (Lond.), D.S.O., I.M.S., Agency Surgeon, Bhopawar, of a son.

Marriage.

RHODES—MORRISON.—On October 27th, at St. Paul's Presbyterian Church, Redhill, by the Rev. Robert Campbell assisted by the Rev. J. M. E. Ross, Herbert Rhodes, M.B. (Lond.), son of James Rhodes, of Burton, Westmoreland, to Margaret Smeaton, eldest daughter of William Morrison, of Stonifers, Reigate.

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, relatives 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



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JANUARY 1st, 1905.

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

Calendar.

Tues.,	Jan. 3.	Dr. Herrington and Mr. D'Arcy Power on duty.
Wed.,	" 4.	Winter Session resumes.
Fri.,	" 6.	Sir Dyce Duckworth and Mr. Cripps on duty.
Sat.,	" 7.	R.F.C. v. Rosslyn Park. H.C. v. Molesey.
Mon.,	" 9.	A.F.C. and XI v. Here's County Asylum. Special Lecture, Mr. McAdam Eccles. "Orthopaedics."
Tues.,	" 10.	Dr. Norman Moore and Bruce Clarke on duty.
Wed.,	" 11.	Clinical Lecture, Mr. Harrison Cripps. R.F.C. "A" Team v. Guy's Hospital "A."
Thurs.,	" 12.	Abernethian Society. Mid sessional Address by Mr. D'Arcy Power. "London in the Early Days of the Hospital."
Fri.,	" 13.	Dr. West and Mr. Bowlby on duty. Clinical Lecture, Sir Dyce Duckworth.
Sat.,	" 14.	A.F.C. v. Holloway Sanatorium. R.F.C. v. Old Blues.
Mon.,	" 16.	Special Lecture, Dr. Ormerod. "Skins"
Tues.,	" 17.	Dr. Ormerod and Mr. Lockwood on duty.
Wed.,	" 18.	Clinical Lecture, Mr. Harrison Cripps. A.F.C. v. Casuals. R.F.C. "A" Team v. St. Thomas's "A."
Thurs.,	" 19.	Abernethian Society. "Some Notes on Feeding of Infants," by Dr. E. M. Niall.
Fri.,	" 20.	Dr. Herrington and Mr. D'Arcy Power on duty. Clinical Lecture, Dr. Norman Moore.
Sat.,	" 21.	A.F.C. v. London Welsh. R.F.C. v. Old Paulines. H.C. v. Hounslow.
Mon.,	" 23.	Special Lecture, Mr. Harmer. "Throats."
Tues.,	" 24.	Sir Dyce Duckworth and Mr. Cripps on duty.
Wed.,	" 25.	Clinical Lecture, Mr. Bowlby. R.F.C. "A" v. Cooper's Hill.
Thurs.,	" 26.	Abernethian Society. "The Effects of Heart Disease on Labour," by Mr. J. A. Willett, M.B., M.R.C.P.
Fri.,	" 27.	Dr. Norman Moore and Mr. Bruce Clarke on duty.
Sat.,	" 28.	A.F.C. v. Brentwood Rovers. R.F.C. v. Streatham. H.C. v. Croydon.
Mon.,	" 30.	Special Lecture, Dr. Lewis Jones. "Medical Electricity."

St. Bartholomew's in 1905.

THE new year finds us in a most satisfactory position. Since January, 1904, we have accumulated nearly one hundred thousand pounds; His Majesty the King has laid the foundation stone of our first new building; and a definite plan of reconstruction has been adopted.

It is well that it should be clearly understood that the erection of new buildings will now steadily proceed until the Hospital as a whole has been practically reconstructed, and it is possible now to supply many details of the first and largest block. A mixed Committee of Governors and Medical Staff has been busily engaged with the architects in settling the innumerable details required in such a building, and amongst matters thus decided are the materials for the floors and walls of the out-patient and special departments, the methods of heating and ventilation, the new dispensary, the lifts, and electric lighting, the baths for out-patients, and many other smaller matters. Next year will see the completed building. But it will specially interest old students to know that, in addition to providing such out-patient and special departments as shall have no equal in England, the house surgeons and physicians, and also the students, are provided for as they have never been before.

The new building, which faces on to Giltspur Street, will contain on the ground floor a students' luncheon and dining room capable of seating 150 men, and thoroughly well lighted and ventilated. There will also be a very large "common room," nearly as big as the present library, where men can sit instead of having to wait in the Square, and can write letters, or read the newspapers, or talk over the affairs of the Students' Union. On the same floor will be a dining-room for the resident staff, and above these the rooms of the same, consisting of bedroom and sitting-room for each man, facing on to Giltspur Street. The residents will thus be placed above the street level, where their rooms will be well lighted and ventilated, and where also they will be quite close to the casualty department.

Above the quarters of the residents there is at last supplied that which has been so long needed, namely, accommodation for the midwifery clerks, and their bedrooms on the top floor will also look into Giltspur Street, and will be near to the resident extern officer.

It is impossible to over-estimate the importance of this block to the Hospital patients and to the School, for it will supply all the most pressing wants of each of these. It will enable a vastly greater number of patients to be examined and properly treated under infinitely more favourable conditions than exist at present, and it will, for the first time, supply the necessary accommodation for the many residents and students without whose aid they could not in such numbers be treated at all. We regard the erection of this block as a guarantee that the Governors fully realise that, unless they strive to maintain both Hospital and School in the highest state of efficiency, it is useless to spend money on large new buildings which are valueless without workers to treat the patients. And we congratulate ourselves on the fact that our Governors have risen to the occasion, and have put their hands to the plough with a will, and have earned the hearty support of all who are interested in St. Bartholomew's.

Only one thing more is at present urgently required for Hospital and School alike, namely, a pathological and pharmacological department. Our post-mortem room is coming down to make way for the new buildings, and our present laboratories are hopelessly outgrown by the daily increasing work. It is a fact that it is barely possible to utilise the most recent pathological knowledge for the benefit of our patients on account of sheer want of space; and we feel sure that when it is properly appreciated that this is the case there will be no delay in providing the requisite laboratories, which are as necessary for the treatment of patients as is the dispensary itself. About twenty thousand pounds is all that is needed for them, and towards this more than two thousand are already subscribed. We hope that they may be built at the same time as the new out-patient block, and we fully expect to be in a position to state that our Governors will approve of this being done. We know it has their very serious attention, and that is the best guarantee that their decisions will be on the right line.

We cannot allow the present opportunity to pass without referring to the impending changes in the governing body and the office. Our Clerk, Mr. Cross, has resigned, and his successor is to be appointed very soon; and our Treasurer, Sir Trevor Lawrence, has intimated to the Governors that they must find a new Chairman in his place.

We can assure the new Treasurer and Clerk that they will have the hearty, keen, and unstinted support of all Bartholomew's men, whether Staff, students, or practitioners, if only they will continue to carry on with zeal and energy the great work of reconstruction.

What is expected is that there shall be no hesitation in pushing on that which has been already begun, no doubts as to the need for further developments of our great work, no fears that we shall not succeed. Nothing succeeds like success. Let us make 1905 so successful a year that, as the excellence of our first new building develops, we may obtain further support for the years yet to come. The money that is required for the future is a matter of no importance at all at the present, for it is quite certain that it will be forthcoming by the time it is required. We have already nearly enough to pay for our first great building before it is well begun. Let us continue, in the full confidence that if we do what is right, and do it well, we shall never lack public support, and let us remember that there is much real truth in the words "Vires acquirit eundo." Our strength lies in action, and by action we shall acquire strength.

Editorial Notes.

A FEW months ago we had thoughts of publishing an Extra Special Christmas and New Year Number of the JOURNAL, but discretion has proved the better part of valour, and has stayed our hand from inflicting upon our subscribers all the fairy and ghost stories of hospital life that lie upon our desk—unseen. Nevertheless, we take this opportunity of wishing that the year 1905 may bring nothing but happiness and prosperity to all Bartholomew's men, and especially to such as subscribe to this JOURNAL.

THE Students' Union Dance at the Wharnccliffe Rooms, on December 6th, was an unqualified success, and the Managing Committee is to be congratulated most heartily. It was a great pleasure to see so many members of the staff present, and our best thanks are due to them and to the Ladies' Committee for their invaluable co-operation; but where were the *junior* Students of the Hospital for whose benefit the dance was primarily intended? They need not have feared a scarcity of partners, for the stewards did their business gallantly. The supper was excellent, and all for half a guinea.

ON several occasions during the evening we discovered our reporter jotting down notes in pencil on his shirt cuff. However, we have received no account at present. We surmise that it has been sent by mistake to the *Queen* or the *Tattler*—for it was mostly about chiffon and Parisian gowns,—or else it has gone to the wash.

THE matinee at the Alhambra on December 8th was also a success from a financial point of view, as a substantial sum was realised on behalf of the Appeal Fund, and subscriptions are still coming in. It was a pity that the programme should have been so long. However, no one

was too weary to appreciate the beautiful ballet. The best thanks of the Hospital are due to the artistes who gave their services so generously, and also to the Directors of the Alhambra for placing their theatre at the disposal of the Committee of Management. Mr. Wood is to be congratulated upon the programme which he so kindly edited, and the generosity of the contributors cannot be over-estimated, both for sending sketches and other contributions, and also for allowing the originals to be sold on behalf of the Appeal Fund. Most of these are still on sale in the Appeal Office; also a few copies of the souvenir programme, price 2s. each.

THE Christmas Entertainment for the Resident Staff will be held in the Great Hall on January 5th and 6th, at 7.30 p.m. The Dramatic Society will perform Mr. W. S. Gilbert's play "Engaged."

WE are glad to notice that the Football and Hockey Club records, up to date, are very satisfactory. This is a sign of the times, and we trust that all these clubs will go on and prosper, so as to bring back the various Inter-Hospital Cups to the Library.

WE offer most hearty congratulations to our four representatives in the United Hospitals' hockey match *v.* Cambridge University Wanderers on January 3rd, namely, Messrs. Coalbank, Glennie, Page, and Postlethwaite.

THE Council of the Students' Union has decided to publish a year-book of the clubs. This is a very wise step, and it is to be hoped that the Council will be able to publish at the end the names and addresses of all Bartholomew's men past and present.

DR. A. R. J. DOUGLAS has been appointed Principal Medical Officer to the Burma Railways.

THE results of the M.D. Examination of the London University have just come to hand. We offer heartiest congratulations to Messrs. A. R. J. Douglas, R. Hatfield, E. M. Niall, E. Wethered, E. C. Williams, and A. C. Van Buren; and Lieut.-Colonel C. P. Lukis, I.M.S., must be specially congratulated on obtaining the University Medal in the pathological branch of the examination.

CONGRATULATIONS also to Messrs. R. C. Elmslie and E. E. Young on their success in the M.S. Examination of the same University.

MR. H. P. CHOLMELEY has taken the degree of M.D. at Oxford, and Mr. A. J. Fairlie Clarke the degree of M.C. at the University of Cambridge.

HEARTIEST congratulations to Mr. Gask on his appointment as Assistant Surgeon to the Metropolitan Hospital.

It is with deep regret that we have read of the deaths of two eminent Bartholomew's men, namely, Dr. Astley Gresswell, Chief Health Officer of the Colony of Victoria, and Dr. Vawdrey Lush, Physician to the Dorset County Hospital and Consulting Physician to the Royal Weymouth Hospital and to the Royal Portland Dispensary.

"THE Story of a Troll Hunt" is the title of a book just published as the posthumous work of our friend and fellow-student, the late James MacBryde, M.B.; it contains many of his sketches and much humorous letterpress. It has been ably edited by Dr. James, Fellow of King's College, Cambridge. We hope to publish a review next month.

If this should prove to be an unusually interesting number of the JOURNAL MESSRS. Cadbury are alone responsible, for they have sent to the editor a handsome Christmas present of their well-known chocolates and cocoas. We have found both very sustaining and refreshing in the early hours, at which time it is our custom to wrestle with the language of *some* contributors, and to disprove the validity of the saying, "Ex nihilo, nihil fit." If, however, the number be unusually dull, Messrs. Cadbury are not to blame.

SINCE writing the above we have also received a similar present from Messrs. Fry & Sons, but lest we should turn from intellectual pursuits to gastronomy we have distributed these chocolates and cocoas to the members of the Publication Committee for their report, which we will publish next month. "Christmas comes but once a year!"

The following is the additional list of Bartholomew's men who have subscribed to the Rebuilding Fund:

GENERAL FUND.	
Already previously acknowledged	£ s. d.
Capt. H. J. Walton, I.M.S.	7427 17 7
Capt. C. W. Mainprize, R.A.M.C.	1 1 0
C. H. Humphry, Esq.	5 0 0
Surg.-Major E. J. Hoskins, I.M.S.	10 10 0
W. A. Smith, Esq.	2 2 0
C. B. Innes, Esq., M.B.	5 0 0
Capt. R. H. W. Lloyd, R.A.M.C.	3 3 0
Lt.-Col. T. M. Corker, R.A.M.C.	1 0 0
Collected by H. Love, Esq.	2 0 0
" R. L. Haines, Esq.	4 4 0
" J. B. Irving, Esq.	0 0 6
" F. H. Preston, Esq.	1 11 6
" E. L. Martin, Esq., M.B., B.S.	9 17 0
" J. A. Kilby, Esq.	10 0 0
" M. Onslow Ford, Esq.	5 5 0
" J. Stirling Hamilton, Esq., M.B.	0 10 0
" B. Dutton Taplin, Esq.	5 0 0
	4 4 0
Total	£7498 5 7
PATHOLOGICAL FUND.	
Previously acknowledged	£ s. d.
A. A. Bradburne, Esq.	986 3 6
James Calvert, Esq., M.D.	1 1 0
	5 5 0
Total	£992 9 6

THE members of the League of St. Bartholomew's Hospital Nurses, together with the nurses at present being trained in the Hospital, have already collected £1500 towards the Rebuilding Fund, and they are still collecting. This sum will be set aside as the nucleus of a special fund for the Nurses' Home, and we sincerely hope that some worthy citizen, duly impressed with this example of patriotism on the part of the nurses, will come forward with a handsome donation which will enable this essential part of the reconstruction to be commenced with as little delay as possible. We think that many more students and old Bartholomew's men might follow the example of the nurses so as to raise a more substantial sum for the Pathological Block; and in this way we shall get our Hospital rebuilt in spite of the *Daily Mail*.

* * *

As we go to press we have read, with great regret, the announcement of the death of Mrs. Gee. We offer our most profound sympathies to Dr. Gee upon his sad bereavement.

A Case of Incipient Spinal Degeneration.

Abstract of a Clinical Lecture by Dr. ORMEROD.

THE subject of the lecture was a married woman æt. 36, whose health up to the time of her present illness had been perfectly good. At Christmas, 1903, she had begun to experience a feeling of numbness in her hands and feet, accompanied by a difficulty in walking and in using her hands. She was admitted as an in-patient on September 3rd, 1904, but beyond exaggeration of the knee-jerks and an unsteadiness in walking no definite symptoms could be made out. She had menorrhagia, due to sub-involution, and for this she was temporarily transferred to Dr. Griffith's care. She came back to the medical ward towards the end of September, and it still remained quite uncertain whether the nervous affection was hysterical or due to organic disease. True, there were some points which suggested organic disease, such as the distribution of the numbness in both hands and both feet, the absence of anaesthesia and of other hysterical symptoms, and the steady progress of the paraplegia. Still it was only quite lately that signs had developed which definitely negated the diagnosis of hysteria. The first of these was "Babinski's sign." The plantar reflexes, at first normal, were noticed on October 11th to be extensor in type. Further, ankle-clonus could now be demonstrated in the left leg. This left leg was considerably weaker than the right, and from time to time became involuntarily drawn up. The weakness in the legs was now such that the patient could not stand alone. The case had therefore passed from that preliminary stage

(exhibited by so many cases of chronic nervous disease), wherein the symptoms might be regarded as "functional," to a second, where the existence of organic disease could not be doubted. But what was this organic nervous disease? She had been admitted as a case of peripheral neuritis—a diagnosis doubtless suggested by the numbness of the extremities, coupled with the loss of power. But the signs now all pointed to disease of the upper neuron (the paralysis being of a spastic type); therefore this diagnosis could be negated. Another suggestion was disseminated sclerosis. The paresthesia, the mixture of inco-ordination and paraplegia, with increased knee-jerks and extensor plantar reflexes, were certainly in favour of this view. Against it might be put the steady progress of the disease, without change and fluctuations, the absence of nystagmus, of intention-tremor, and of any kind of sphincter trouble. Thus, while the diagnosis of disseminated sclerosis could not be confidently negated, the probability seemed on the whole against it, and in favour of a third diagnosis, namely, that of "subacute combined degeneration of the spinal cord." The symptoms presented in the first stage of this disease are very much those shown here, namely, numbness of the limbs, coupled with difficulty in walking and signs indicating disease of the upper neurons. The second stage would bring an inability to stand or walk, a definite rigidity of the legs, and a well-marked anaesthesia spreading from below upwards. In the third stage there would be paralysis of the sphincters, the rigidity would give way to a flaccid paraplegia, with disappearance of the knee-jerks and constitutional symptoms ending with death. Hence it was of extreme importance from a prognostic point of view to recognise the existence of this disease in its early stages, though unfortunately we did not yet know any means of stopping its fatal course.

Specimens were passed round showing the condition of the spinal cord in two cases which the lecturer had personally observed, the one published in the *Hospital Reports* for 1893, the other a case recently under his care at Queen Square Hospital, which he hoped to publish in a future volume of the same *Reports*.

William de Ripa.

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



WILLIAM DE RIPa was one of the chaplains on the Staff of St. Bartholomew's Hospital in the reign of King Henry III, as is shown by a document in the handwriting of that time.

Sciant presentes et futuri quod ego Egelina quondam uxore Willelmi de Viteri in libera potestate et viduitate mea consensu et assensu et consilio Radulphi filii et heredis nostri dedi et concessi et quietam clamavi et hac presenti carta mea confirmavi Willelmo Capellano Magistro Hospitalis Sancti Bartholomei de Smethefelde et fratribus ejusdem hospitalis totam terram cum omnibus pertinentiis suis que

fuit Willelmi predicti quondam viri mei in parrochia Sancti Sepulchri que est inter terram predicti Hospitalis versus Aquilonem et terram Reginaldi Longeiambe versus austrum quam vero terram cum omnibus pertinentiis suis habent de dono predicti Radulphi filii et heredis nostri. Scilicet quicquid predictus Willelmus quondam vir meus et ego ibidem habuimus in terris lignis et lapidibus in longitudine et latitudine et in rebus cunctis sine aliquo retinemento. Habendum et tenendum predictis Magistro et fratribus vel ubicumque predicti Magister et fratres assignare voluerint libere et quiete hereditarie in perpetuum. Reddendo inde annuatim predicto Radulfo filio et heredi nostro et heredibus suis unam libram cimini ad festum Sancti Michaelis vel duas denarios pro omni servitio: salvo servitio dominorum illius feodi. Ita etiam quod ego Egelina predicta sive aliquis pro me nullo modo potissimum neque debemus dictos magistrum et fratres vel eorum assignatos de dicta terra cum pertinentiis dehospitalari causa me vel aliquem hominem vel feminam quietam hospitandi. Pro hac autem donatione concessione quietaclamacione et carte mee confirmatione dedecur michi dictus Willelmus Capellanus, Magister predicti Hospitalis, et eiusdem loci fratres quinque marcas esterlingorum. Et ut hec mea donacio concessio quietaclamatio et presentis carte mee confirmatio rata et inconcussa in perpetuum perseveret presens scriptum sigilli mei munimine roboravi. Hiis testibus Domino Willelmo de Ripa Capellano Hospitalis sancti Bartholomei, Domino Joco filio Petri Aldermanno, Domino Ricardo Rengero, Hugone Blundo Aurifabro, Willelmo Horpedemann, Roberto de Gipeswich Aurifabro, Johanne le Chapelain, Rogero le Palmere, Reginaldo Longeiambe, Edmundo Othe, Gileberto Spensero, Alexandro de Smethefelde clerico et aliis.

Egelina, the widow of William de Viteri, with the assent of her son Ralph, grants to William, the Master of St. Bartholomew's Hospital, and to the brethren, a piece of land in the parish of St. Sepulchre, which lay between the land of the Hospital on the north and the land of Reginald Longeiambe on the south. The Hospital is to pay Ralph a pound of cummin or twopence every year on Michaelmas Day for every service due from the land except the service due to the lords of the fee. For this grant the Master and brethren gave Egelina five marks sterling, and she confirmed it with her seal. The seal bears a bird with open wings and the inscription "Sigillum Egeline de Viteri."

William de Viteri was living in 1229, as is shown by a convention between him and William, the Master, during the Mayoralty of Roger Duke, and when Richard, son of Renger, Robert, son of John, and Walter Adrian were sheriffs. He probably took his name from Vitre, in Brittany. He had a house and land near the Hospital, and a lane, of which one end seems to have been near the present Medical School building and the other near the city ditch where the present isolation wards stand. It was long called Vitry Lane from his residence. He was living there before the year 1222, and had for his neighbours Robert, the Englishman, and Sibilia, daughter of William de Cravene, as is shown in a charter of hers witnessed by Constantine, son of Alulf, who was hanged at a place a little beyond the present meat market in 1222. Constantine juvenis, as well as Jocus, son of Peter, then Alderman, with Robert de Britain, a countryman of William de Viteri, were also witnesses of Sibilia's charter, and twelve others, Richard Fundar, Hugh Blund, William Viteri, Robert the Englishman, Robert son of Otho, Hugh and Roger, both bakers, Reginald Lungeiambe, Edmund the mercer, John his

brother, Firmin the Clerk, and Odo of St. Martin's. William, the chaplain, was Master of the Hospital between 1212 and 1240, and this charter seems to suggest that he was identical with William de Ripa. Jocus, or Jocelyn, son of Peter, was Sheriff in 1212-13, and his name often appears in charters at St. Paul's, at St. Mary's, Clerkenwell, and at St. Bartholomew's from the reign of Richard I to about the year 1230. He had two sons, one of whom, Nicholas, was a benefactor of the Benedictine nunnery of Clerkenwell, and gave twelve pence annual rent to the Franciscans, who lived on the late site of Christ's Hospital, from a tenement of his in Styngkyng Lane, now King Edward Street. The other son, named Jock after his father, lived in Cornhill, and is called Jocus de Cornhill. The first Franciscan brethren arrived in London September 11th, 1224. Soon after this Jocus joined them. He was the third person to do so in London, and long after died in Spain, as recorded in the *Franciscan Chronicle* (Monumenta Franciscana I, 13, Rolls Series).

"Frater Jocus de Cornhulle clericus qui post multos labores quos ibi sustinuerat profectus est in Hispaniam moraturus et ibidem feliciter obiit."

Richard Renger was Sheriff in 1220 and 1221, and Jock, son of Peter, in 1211.

Reginald Longeiambe, as the charter shows, was a neighbour of the Hospital. Hugh Blund and Robert, of Ipswich, goldsmiths, are likely to have dwelt on the other side of St. Martin's, near Gudrum (now Gutter) Lane. Alexander de Smethefelde was a scribe who wrote a very beautiful hand, and this is an early example of his writing.

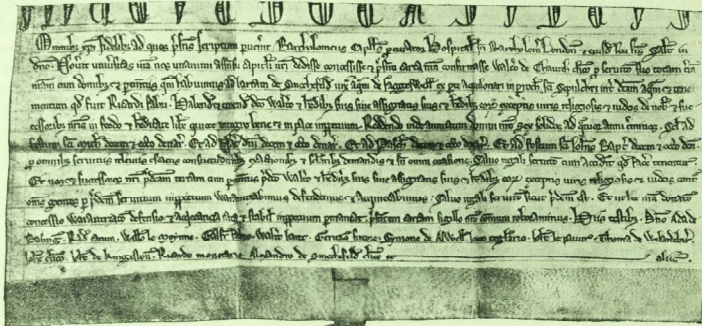
William de Ripa was acquainted with William de Viteri himself, for they are both witnesses of a charter, which probably belongs to the end of the reign of John, in which Reginald Bonus Christianus grants to William, the Master, and the brethren of St. Bartholomew's his rights in two messuages in the parish of St. Botulf in the suburb of London. The witnesses being Dominus Martin de Abingete and Dominus Martin de Feltham, then chaplains of the Hospital: William de Ripa: Luke the clerk: William de Viteri: Ralph de ecclesia Sancte Marie: Robert de Gardino: Gilebertus le despenser: Hedward juvenis: Philip de Basingbourne, and others. It is interesting to observe that William de Viteri, of Breton origin, is followed by a Norman, for Ralph came from the village of Sainte Mère, Eglise, in the Cotentin. The aspirate at the beginning of the name of the London youth deserves notice. The "de Gardino" of Robert probably alludes to the Hospital garden in Vitry Lane.

In a charter of Hugh, the chaplain, procurator (or master) of the Hospital, who was a contemporary of William, the master, of which there is copy in the Cartulary, William de Ripa, clerk, is a witness, and in a grant of Alan, Abbot of St. Mary de Pratis at Leicester, to Cristina,

daughter of Ralph, the smith, of Newgate, the first witness is Dominus William de Ripa, Vicar of the Church of St. Sepulchre. He is followed by Goce, son of Peter, the Alderman, and Nicholas, his son, and the two last witnesses are John, the bedell, and Alexander, of Smithfield, the clerk. The last was, for the latter half of the reign of Henry III, one of the finest scribes in London. In another charter Alexander states that he himself was the writer. There are several charters in his writing at St. Paul's.

The Hospital Charter, of which an autotype is here given, shows the characteristics of his hand. Whenever

to this day, and the bedell was the lowest official. The office continues to our own times, and one day, as I was walking down King Edward Street, a worthy man, who then lived at the Barbers' Hall, crossed the street, and, coming up to me with the air of a man about to show a treasure, said, "I thought you would like to see the mace of the Ward of Billingsgate," and, unfolding the cover of a parcel he was carrying, displayed a small and very ancient silver mace. He was the bedell or serjeant (in Latin, serviens) of the Ward. If William de Ripa be the same man as William, the master of the Hospital, it is particularly



CHARTER IN HANDWRITING OF ALEXANDER DE SMITHFIELD, OF BARTHOLOMEW, MASTER OF ST. BARTHOLOMEW'S HOSPITAL.

there was room he gave the final *et* a long connecting dash to the word *alii*. This charter belongs to the period 1241-70, when Bartholomew was master, and is a grant of land at Smithfield Bars to Walter de Chaurch, cleric, at a rent of six shillings a year.

The seal of Walter, "Sig. Walteri clerici," is appended, and is one of those interesting medieval seals made out of a classical gem. The stone, which is deeply excavated, shows in relief the figure of a nymph bearing a flower and a wand.

William de Ripa used a terminal flourish after *alii* instead of after *et*, and wrote a somewhat less ornate hand than did Alexander de Smithfield.

The alderman was the first man in a ward as he continues

interesting that, like the Hagno of Rahere's charter, he was connected both with the Hospital and the Church of St. Sepulchre, a living belonging to the priory.

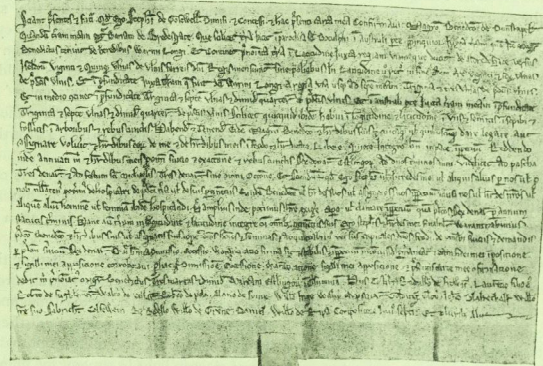
The scribe of a charter often named himself as the last witness or, in London, sometimes placed the name of the bedell of the ward last, and his own name last but one. Sometimes he actually stated that he had composed or written the charter, and in this way the hand of several scribes may be recognised. A grant of Matilda, daughter of Alexander, to John, son of Symon, of Stanes, of a house in a lane leading towards the Thames, in the parish of St. Swithun, Cannon (then Candlewicke) Street, in 1250, when Roger, son of Roger, was mayor, ends with the words "Johanne Hanyñ clerico qui presentem scripsit et multis

alii." By a similar expression we are able to recognise the handwriting of William de Ripa in a charter of twenty lines, to which is attached the seal of Stephen de Goswelle bearing a lion rising on its hind legs, but not quite rampant.

"Sciant presentes et futuri quod ego Stephanus de Goswelle dimisi et concessi et hac presenti carta me confirmavi Magistro Benedicto de Dunestapel' quendam terram meam extra Barium de Aldredesgate. Que scilicet terra jacet in parochia Sancti Botulfi in australi parte propinquiori juxta terram quam idem magister Benedictus tenuit de heredibus Warini Longi. Et continet pronominata terra in latitudine juxta regiam viam que ducit de Aldredesgate versus Iseldon viginti et quinque ulnas de ulnis ferreis domini Regis mensuratis sine polibicis. In latitudine vero setero in fine eisdem terre viginti et sex ulnas de predictis ulnis.

statutis terminis. Hanc autem terram in longitudine et latitudine integre cum omnibus pertinentiis suis ego Stephanus et heredes mei finabiliter warrantabimus predicto Benedicto et heredibus suis vel assignatis suis contra omnes homines et feminas et ad quietibus versus capitales dominos feodi de omnibus serviciis et demandis per predictum servitium sex denariorum. Et ut hec mea dimissio concessio warrantacione firma sit et stabilis et in perpetuum in concussa permaneat eam fidei mei impositione et sigilli mei appositione corroboravi.

"Pro hac dimissione concessione warrantacione sigilli mei appositione et presentis carte mee confirmatione dedit mei pronominatus magister Benedictus tres marcas et dimidium marcam esterlingorum in Gersumam. Hiis testibus Radulfo de Frowice, Laurencio filio eius. Roberto de Fugeblemere. Waltero de Cellar. Roberto de Pola. Alano de Fonte. Willelmo Inge. Waltero Carpentario. Goldinge Glouer. Johanne Blackehalf. Willelmo fratre suo. Sabricet. Colsewein. Ricardo bedello. Willelmo de Grene.



CHARTER IN HANDWRITING OF WILLIAM DE RIPA, OF STEPHEN DE GOSWELLE.

"Et in profunditate juxta terram que fuit Warini Longi a regia via usque ad soperam meam triginta et tres ulnas de predictis ulnis. Et in medio continet in profunditate triginta et septem ulnas et dimidium quarteri de predictis ulnis. Et in australi parte juxta terram meam in profunditate triginta et septem ulnas et dimidium quarteri de predictis ulnis. Scilicet quicquid ibidem habui in longitudine et latitudine in viis et semitis et sopicibus et fossatis et arboribus et rebus cunctis. Habendum et tenendum eidem Magistro Benedicto et heredibus suis et cuiuscumque vel quibuscumque dare legare aut assignare voluerit et heredibus eorum de mo et de heredibus meis in feodo et hereditate libere quiete integre bene in pace in perpetuum. Reddendo inde annuatim mei et heredibus meis pro omni servicio et exactione et rebus cunctis sex denarios esterlingorum ad duos terminos anni. Videlicet ad pascha tres denarios et ad festum Sancti Michaelis tres denarios sine omni occasione. Et sciendum est quod ego Stephanus et heredes mei vel alii alius pro nos vel pro nobis nullatenus poterimus dehepitar de predicta terra vel de suis pertinentiis habere exigere capere vel clamare in perpetuum Quam predictos sex denarios per annum

Daniel. Willelmo de Ripa compositore huius scripti. Et pluribus aliis."

Goswell is well known to every reader of literature at the present day from its mention in Pickwick. I myself can remember hearing the genius who wrote it read the trial in Pickwick, and in almost every part I can recall his emphasis and the tone of his voice, "Mrs. Bardell shrunk from the world and courted the retirement and tranquillity of Goswell Street." "The plaintiff's house in Goswell Street," and its associations will never be forgotten while a taste for fun remains among readers of English, but very few know that that thoroughfare was the street of a hamlet, "extra barram de Aldredesgate," outside the bar of Alders-

gate, on the way, "versus Iseldone," towards Islington. Granite pillars, at the present day, mark the site of the bar, and if you walk along the Street of Goswell, where the Stephen of this charter lived, you come to Islington.

In much later times than those of Stephen de Goswell Islington was a small village. Cowley compares its diminutive size to the vastness of London—

"Ev'n thou that dost thy Millions boast
A village less than Islington wilt grow
A solitude almost"

The town has swallowed up both, and the name only of Goswell is preserved in the street immortalised by Dickens, while the open space of the green of Islington is the sole trace of its rural quiet in the past.

Lawrence de Frowic was sheriff in 1246 and 1251, so that as his father, Ralph, is the first witness the charter probably belongs to the earlier half of the reign of Henry III. It is interesting to observe Inge, which still survives in Essex used as a surname, and Sabrichet is the name which survives in Sabrichetstead or Sabstead, the native pronunciation of Sawbridgeworth.

The intelligence of a particular patient in the out-patient room was being discussed in relation to his symptoms. "What place did he come from," the Assistant Physician asked. "He said he came from Sawbridgeworth," replied the Clinical Clerk. "Then, at any rate he did not know the correct pronunciation of the name of his home," said the Assistant Physician, who had been instructed on the point by Henry Bradshaw, the learned University Librarian at Cambridge. "Oh!" interjected the patient, "I know it is Sabstead, but I thought the gentleman would not understand."

Stephen de Gosewelle, with the artistic lion on his seal, and Benedict de Dunstable, with Ralph and Lawrence de Frowic, and Alan of the Spring and Sabricht, and Richard, the bedell, and the rest standing by while William de Ripa wrote their deed and added their names to it seem to give a touch of poetry to the modern aspect of St. Botulf's and Aldersgate, and Goswell Street, and the King's highway to Islington.

Abernethian Society.

Abstract of the Sessional Address delivered on October 6th.

By JOHN LANGTON, Esq., F.R.C.S.

MR. LANGTON opened his address with a few remarks on addresses to medical societies in general, and to the Abernethian Society in particular, stating that he considered all students ought to make the greatest use of the Society, not only as a meeting where points of general interest might be discussed, but also as a means of uniting the students of the Hospital.

He then contrasted the conditions of education at the present time with those which obtained forty years ago. To-day a much higher standard was required in the elementary subjects, such as chemistry, physics, and biology, and he was most strongly in favour of this tendency towards improving the general scientific training of the medical student.

The intuition of the Middle Ages, the experience of the later centuries, are as nothing compared with the more exact physical knowledge of to-day. Mr. Langton illustrated this by a *consultation* case. Sir Benjamin Brodie, who was among the consultants, held the case to be a papilloma of the bladder, although he admitted that an encysted calculus of the bladder would account for the signs and symptoms equally well. If, at that time, the cystoscope had been invented the exact nature and position of the tumour could have been demonstrated, and so would have confirmed the diagnosis, which was the outcome of experience. Events justified his opinion, as the patient died some months later, and the post-mortem revealed a growth on the floor of the bladder.

Great importance should be made of the training of the special senses, not only touch, but in the words of Sir George Humphry, "Eyes first, then fingers, and tongue last."

Mr. Langton passed on to discuss the uses of light as a mechanical aid to surgery, making a reference to the admirable work done by Dr. Lewis Jones and Dr. Hugh Walsham at this Hospital. He pointed out the great field in surgery opened up by the use of the ophthalmoscope, and by the use of electric light in general for illuminating bony cavities as well as the trachea, œsophagus, etc. He laid especial emphasis on the importance of the cystoscope, instancing the case of a woman with supposed tuberculous cystitis. She had been in two other hospitals previously, and in both the disease was diagnosed as tuberculous cystitis. Cystoscopic examination showed the presence of a phosphate-covered hairpin, which was removed, and the patient completely cured.

The discovery of the Röntgen rays had proved of incalculable value to surgery, for, by their means, the situation of foreign bodies can be localised, the relative positions of the ends of fractured bones can be observed, and the position and extent of new growths—often their nature and suitability for operation can be determined. The rays should, however, only be used as a supplement to careful examination of the patient.

A few interesting details of the life of Professor Röntgen followed, including the way in which he accidentally discovered the rays known by his name, but it was a notable fact that the discoverer was enabled to make use of his accidental observation, only as the result of a thorough scientific education.

The fuller development of the nature of these rays has

been investigated by Professor Thomson, of Cambridge, and Sir George Stokes.

The Röntgen rays have unfortunately, in several cases, proved a danger to the operator, causing incurable ulceration, followed by squamous-celled carcinoma.

Mr. Langton gave an instance of the occasional failure of the Röntgen rays to demonstrate the presence of metals. It was a case in which he "wired an aneurysm," but the skiagram showed no sign of the silver wire.

In his concluding remarks Mr. Langton again laid great stress on the need of a sound scientific education for all students.

The Clinical Significance of Vomiting in Childhood.

Abstract of paper read before the Abernethian Society.

By WILLIAM P. S. DRANSON, M.D., M.R.C.P.,
Assistant Physician, East London Hospital for Children.

VOMITING is an act easily excited in childhood, and by stimuli of the greatest variety, acting either as direct gastric irritants or through the vomiting centre. I propose to attempt a classification of the commoner causes of vomiting in childhood from a diagnostic point of view, in the hope of assisting those who, like house physicians in the surgery, have little time to diagnose any given case.

It is to be observed, in preface, that in sucklings reported acts of vomiting are often not vomiting at all, but mere regurgitation of the excess of an over-ample feed. In such cases the milk returned is not curdled.

Cases of true vomiting fall into two main groups, viz.:

- A. *With diarrhoea.*
- B. *Without diarrhoea.*

A. These cases are due to a bacterial or chemical invasion of the whole alimentary canal. In sucklings an acute case may be fatal in a few hours, and the cause is the bacterial decomposition of the milk administered. In older children over-ripe fruit or unsound food will set up the same symptoms, but to a slighter degree.

This combination of symptoms is straightforward, and seldom conceals diagnostic traps.

B. Vomiting without diarrhoea supplies a complex group. It is to be divided into—

- (1) Causes generally limited to infancy, *i. e.* the first two years.
- (2) Causes common to all periods of childhood.
- (3) Causes generally limited to the later years of childhood. Each of these again may be divided into—
 - (a) A group in which fever is high, say 103° or over, *i. e.* asthenic cases.

(b) A group with little fever or none, *i. e.* asthenic cases.

Class 1, Group A.—*Cases more or less peculiar to infancy, with high fever and without diarrhoea.*—The bulk of these cases are of obscure pathology, and often associated with the eruption of teeth,—cases of "teething." Whatever the exact cause, they often occur during the eruption of a tooth, and end with the appearance of the latter. A dose of castor oil will cure most of them, but I believe a fair number depend upon a limited pneumonia, not reaching the surface of the lung, and only to be diagnosed symptomatically. But I cannot prove it.

Class 1, Group B.—*Cases more or less limited to infancy, without diarrhoea and with little fever or none.*—Here the following possibilities have to be considered.

1. Chronic gastritis.
2. Posterior basic meningitis.
3. Intussusception.
4. Hypertrophic stenosis of the pylorus.

1. *Chronic vomiting* without other symptoms, after the first few months of life, depends upon chronic gastritis. It is an indication of improper feeding, though correction of the diet may take long to effect a cure when the complaint is well established. Still, a cure can generally be effected by perseverance.

2. *Posterior basic meningitis* is the mildest of all varieties of meningitis. It is very insidious in onset, and quite frequent in the early summer. The special features are:—A marked preference for the first year of life; always some stiffness of the neck, and often marked retraction of the head, which led to the disease being christened "cervical opisthotonus"; a dazed appearance of the eyes, with more or less blindness; constipation, with retraction of the abdomen, and occasional attacks of clonic convulsion, or tonic spasm of the whole body. Further, bulging of the anterior fontanelle, due to a commencing hydrocephalus from inflammatory sealing of the foramen of Magendie may be an early point of confirmation of the cerebral origin of vomiting, and should be looked for in a suspicious case.

3. *Intussusception* seldom occurs after the first year. It affects fat and healthy babies for choice, and the symptoms are vomiting, collapse, and what is sometimes described as diarrhoea. The supposed stool, however, is not faecal. It consists of mucus and bright blood, derived from the more or less strangulated intussusceptum, and discharged with great tenesmus. Do not be misled by hearing this spoken of as diarrhoea, for such a mistake is fatal to the child. You cannot mistake the discharge if you see it, so endeavour to view a napkin into which the "motion" has been passed. Also you will generally be able to feel in the abdomen the tumour formed by the intussusception, but not always, for it may be hidden under the liver.

4. If a new-born infant, after living in apparent health for two or three weeks, begins and continues to vomit everything, in spite of treatment, you may suspect *hyper-*

trophic stenosis of the pylorus. The lesion is a true muscular hypertrophy of the pyloric sphincter, and such children usually die in two or three months. You may know them by the age of onset and course of the symptoms. Some people have been able to palpate the enlarged pylorus through the abdominal wall, but most, I think, fail in this, as I have.

Consider next Class 3, cases more or less confined to the post-infantile period, and firstly Group A, *i. e. vomiting with high fever and without diarrhoea.* These items are acute throat affections, in chief—

1. Follicular tonsillitis.

2. Quinsy.

1. *Follicular tonsillitis* is rare in infancy: at that age an exudative tonsillitis is more likely to be diphtheria. In older children vomiting may be associated with the onset of a simple follicular tonsillitis, but this association *per se* suggests the likelihood of scarlet fever. Many cases of the latter disease have been diagnosed as follicular tonsillitis.

2. *Quinsy* seldom occurs before the tenth year or thereabout. It offers little difficulty in diagnosis.

Class 3, Group B, *i. e. post-infantile cases without diarrhoea, and with little fever or none.* These require further subdivision thus:

1. Those with severe headache.

2. Those with little or no headache.

1. With headache. a. Migraine.
b. Uræmia.

a. *Migraine* generally appears at about the sixth year. It is marked by unilateral headache, vomiting, and extreme general malaise. Also, its periodicity helps identification, except, of course, in the first attack. Anomalous cases may be very puzzling.

b. *Uræmia* is uncommon in children, but vomiting and headache may antedate dropsy as signs of renal failure. Examination of the urine will suffice for the diagnosis as a rule, for the kidney lesion is usually parenchymatous, and albumin abundant. But cases clinically resembling the granular kidney of adults are occasionally met with. In such cases the cardiac hypertrophy is extreme.

2. Without headache. *Post-diphtheritic palsy.*

Vomiting may be the first symptom of acute dilatation of the heart after an attack of diphtheria so trifling as to have escaped notice altogether. The soft palate, eyes, and limbs generally suffer first, but not always. In such cases syncope is common enough to be dreaded, and complete rest essential. Confirmation of such a suspicion may always be found in the absence of knee-jerks, and generally in sluggishness of the soft palate when it is tickled.

Consider next cases common to all periods of youth from birth to adolescence, *i. e.* Class 2, and firstly

Group A.—Cases with high fever.

Possibilities.—1. Pneumonia.

2. Scarlet fever.

3. Otitis media.

4. A condition sometimes called "gastric fever."

5. Variola.

1. A cerebral type of *pneumonia* is well recognised, but deceptive. In such cases physical signs, and even respiratory symptoms, may be absent for two or even three days, while there may be extreme headache and constant vomiting. The case, in fact, may be symptomatically meningitis. The persistently high fever of pneumonia is a cardinal point of distinction under such circumstances. It may even be the only one.

2. The vomiting of *scarlet fever* is practically always associated with sore throat, and the diagnosis lies between this disease and follicular tonsillitis. The condition of the throat may be identical in the two, but vomiting is more common in scarlet fever, and the pulse-rate also higher. A pulse-rate of 140 or more is presumptive evidence in favour of scarlet fever.

3. *Otitis media*, appearing acutely, and especially in infants where there is lack of definition of the seat of pain, may simulate meningitis, though the fever is generally higher in the former. In cases of obscure illness in children quite young it is well to examine the tympanic membrane, and to puncture it if it shows signs of internal tension. In a successful case the relief is immediate.

4. *Gastric fever* is fever associated with vomiting and a foul tongue. The name is preserved for lack of alternatives, and the pathology of the condition is unknown. It is clinically allied to "teething" (though such cases occur after the first dentition), and like it, may be cured by castor oil.

5. *Variola* is very rare now. Except in an epidemic, it cannot be reasonably predicted in advance of the eruption, but vomiting is a marked symptom of the invasion.

Class 2, Group B.—Cases without fever.

Subdivide as before. a. Cases with marked headache.

b. Cases without marked headache.

Subdivision a.—Possibilities.—1. Tuberculous meningitis.

2. Cerebral tumour.

3. Cerebral abscess.

1. It may be impossible to diagnose *tuberculous meningitis* in its early stages, and many reputations have been hazarded over it. It is always secondary to a tuberculous focus elsewhere, most often in the thoracic or abdominal lymphatic glands, and such tuberculosis may exist to a large extent without appreciable impairment of health. Vomiting and headache are conspicuous symptoms, and, if combined with constipation, should always arouse your suspicion. Early signs of the disease are:—Irregularity of the pulse or respiration—a dropped beat, or a long sigh, photophobia, drowsiness, irritability. Flaccidity of the abdomen is the rule, and if you can feel enlarged mesenteric glands (which

are not to be confused with faecal accumulations), the likelihood of the disease is enhanced. Finally you may see tubercles on the choroid, or optic neuritis, though the search is always tedious and often vain, unless performed under chloroform with the help of a fixation forceps. Kernig's sign is variously estimated. I have had little help from it.

As to distinction between this disease and the posterior basic form, the basic variety may be suspected—

When (a) the age is under one year;

When (b) there is stiffness of the neck or retraction of the head;

When (c) there are no ocular palsies or optic neuritis;

When (d) there is no marked drowsiness.

2. *Cerebral tumour* is not uncommon. The tumour is at this period of life most often a mass of yellow cascating tubercle. The cardinal signs are those of tumour in the adult,—headache, vomiting, and optic neuritis. The masses may be quiescent for years, but commonly end by setting up a tuberculous meningitis.

3. *Cerebral abscess* is quite rare in children, especially considering the frequency at this age of its commonest cause, otitis media. When it does occur it presents the signs of tumour, with in addition a peculiar slowness of the pulse. Extra-dural abscess, in connection with a diseased petrous bone, is commoner in children than the intracerebral variety found in adults.

Finally, Subdivision b—cases without fever and without headache.—Here are found all cases of intestinal obstruction, viz.:

1. Strangulated hernia.

2. Obstruction by a band, or Meckel's diverticulum, or by impaction of feces.

3. Tuberculous peritonitis with kinking of the gut.

1. *Strangulated hernia*.—Congenital inguinal herniæ are very common, and often become strangulated. Umbilical herniæ very seldom suffer similarly. I have no special remarks to make about strangulated hernia, except to say that in children a large proportion can be reduced under an anæsthetic.

2. *Bands, diverticula, and impacted feces* behave in precisely the same way, whether they affect an adult or a child.

3. *Tuberculous peritonitis*, in its plastic form may mat the intestines profoundly without causing noticeable illness. In such cases a coil of gut may become kinked by an unusually firm adhesion, and the first symptoms of illness may be those of acute intestinal obstruction.

Here, in conclusion, is a series of questions likely to be helpful in defining the cause of any given attack of vomiting in a child:

1. Has the child diarrhoea?

If so, the case is probably one of gastro-enteritis.

If the child has no diarrhoea.

2. Is he under the age of two?

If so, you may generally eliminate the items of Class 3, viz. Follicular tonsillitis, quinsy, migraine, uræmia, post-diphtheritic palsy. This last occurs in infants, but seldom.

If the child is over the age of two, you may with equal justice eliminate the items of Class 1, viz. teething, chronic gastritis, posterior basic meningitis, intussusception, hypertrophic stenosis of the pylorus.

Whatever the age of the child.

3. Is he highly febrile?

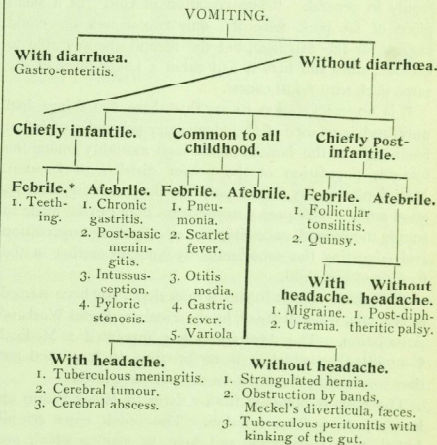
If so, you have to consider the acute infections, pneumonia, scarlet fever, and variola, with otitis media, and what we have called *gastric fever*, plus the febrile items in Classes 1 or 3 according to the actual age of the child.

Lastly, if there is little or no fever.

4. Is there marked headache?

If so, think of tuberculous meningitis, cerebral tumour or cerebral abscess, again adding the possibilities peculiar to the age from Classes 1 or 3 in the same subdivision.

If not, there remain the causes of intestinal obstruction, plus the items peculiar to the individual's time of life.



The Hinsbury Infants Milk Depot.

By J. E. SANDILANDS, M.D.



WITHOUT any reflection on the honesty of purpose of members of the milk trade, it may truly be said that the milk consumed by the poor of London is bad. Some of it comes from Glasgow, and

* Febrile = sthenic; afebrile = asthenic.

most of it travels for many hours before it arrives in London. There is no foodstuff so susceptible to unsuitable surroundings, and there are no surroundings so unsuitable as the one or two-room homes of the poor.

So then if milk, as it is drunk, is often in the initial stages of putrefaction, there are innumerable circumstances and persons more worthy of blame than the owners of the small milk shops in the poorer districts of London. A few days ago I came across a mother who was feeding her baby on both condensed milk and cow's milk. The condensed milk she gave for the evening feeds, as she found that cow's milk taken in at four in the afternoon was generally sour by night, or if not sour that it smelt "strong." It was her opinion that milk that smelt "strong," even though not sour, was an improper food for her child. It is not difficult to believe that this story of hers is the story of the greater part of the milk from small retail shops. The second mother will be familiar to all readers of the *Hospital Journal*. Her baby was suffering from diarrhoea, although it had strictly adhered to the diet of the family in general. "The visitation of God" or a small piece of fat pork were the only two causes she could suggest for the diarrhoea, but the second she was able to exclude, since she herself had eaten a larger piece of the same pork with no ill effects.

It is no exaggeration to say that these two things, bad milk and ignorance of the elementary principles of infant feeding, lie at the bottom of the high mortality among the infantile population of the poorer districts of London. Milk depôts in any form supply the first necessity, namely, good milk. With proper supervision they can be made to supply the second necessity, that of dispelling superstition and educating the conscientiously ignorant mother in the feeding of her child.

With these objects in view a milk depôt has been started at No. 264, Goswell Road, by the Finsbury Social Workers' Association. The Association has appointed a Medical Committee, on which it is my privilege to serve, and are now conducting the depôt on the following lines.

The milk is obtained from a farm in Essex within an hour's journey from London. The milch cows are all tested with tuberculin, and kept in stables which are models of scrupulous cleanliness. Within fifty yards of the cowsheds is a complete plant for the separation and sterilisation of the milk. The cows are milked in the morning and at about four o'clock in the afternoon, the afternoon milk being used for the Finsbury depôt. Within twenty minutes from the time the milk leaves the udder it has been passed through a centrifugal machine, separated into skim milk and cream, mixed again and diluted according to prescription, and put into bottles, in which it is then sterilised by pasteurisation. Early next morning it is despatched by train and delivered at the depôt at about 10 o'clock.

The Committee has been fortunate in obtaining as honorary manageress of the depôt a lady, with a wide experience of the needs of the poorer classes, who has undertaken the daily distribution of the milk, and the supervision of the work of two lady visitors whose duty it is to personally instruct the mothers in their own homes, in the administration of the milk and the proper care of their babies.

The depôt is supplied with three modifications of the original cow's milk, suitable for babies of different ages. The milk is issued in bottles which contain a quantity sufficient for one feed only and no more. Baskets constructed to hold six, eight, or nine bottles contain one day's supply, the number of bottles corresponding to the number of feeds which the child is given in twenty-four hours. Finally, each child is supplied with a rubber teat to be fitted over the mouth of the bottle in which the milk was sterilised in the first instance. Thus the milk, which the children take direct from our bottles, would be as germ free as breast milk, could we only guarantee the sterility of the teat. Unfortunately this is not possible, but it is hoped that the risk of dirty teats will be reduced to a minimum by compelling mothers to bring or send them daily for inspection and thorough cleansing.

Milk is dispensed daily at 12 o'clock to the representatives of any babies on the books, such representatives being required to return the old bottles and baskets, and to bring the rubber teats for cleansing. On any day of the week, at the same hour, mothers can attend to have their children's names entered as applicants, but cannot be supplied with milk till their babies have been examined by the medical men whom the Committee have appointed to attend every Wednesday afternoon at the depôt, in order to decide on the suitability or otherwise of fresh cases. If a baby is accepted, it is weighed, a note is made of its general health and the health of the mother, and these details with others concerning the home surroundings of the child are entered in a register. Once a fortnight on the same afternoon mothers are required to bring children already on the register to be weighed, these fortnightly visits affording an opportunity for entering a short report on the general progress of each child.

Thus every fortnight the mothers will be called to a "*consultation des nourissons*" modelled on the type of Budin's institution in Paris, so that they may be urged to continue on the right path, to confess all departures from it during the past fourteen days, and to abjure all future deviations. Any woman who persistently disregards the instructions she is given will have her baby struck off the register.

It is proposed to accept every Finsbury child under the age of twelve months whose mother cannot suckle it, provided the mother will consent to the fortnightly weighing of the child, and undertake to give the depôt milk in the

manner and quantity recommended, and no other kind of food. According to the age of the child a week's supply will cost 1s. 6d., 2s., or 2s. 6d., and the mother will have to find the money or cease attending. Roughly the price paid works out at 4d. a quart, or the price of ordinary cow's milk. Recommendations to the depôt may be given by any one interested in the welfare of the children of the poor, and although we expect the greater number of the babies to be introduced by medical men, we do not pretend that any medical certificate is required, or that a recommendation amounts to anything more than a request for good milk for an artificially fed child.

From what has been said it will be seen that the whole scheme is drastic and uncompromising, but perhaps not more so than the circumstances of the case require. Unless a complete record of each case is kept, it will be impossible to form any idea of the value of the depôt. If children are going to mix our milk with the diet often described as "just what we eat ourselves," if dirty bottles or dirty teats are going to be used, if mothers are going to bring their children for one week and not for another, two evils will result: one, that the benefit, if any, to the children attending will be diminished; and the other, that the very existence of any benefit at all will inevitably remain a matter of speculation. The second from some points of view would be the greater evil of the two. Without a fair trial it is as absurd to extol milk depôts as to condemn them, and a fair trial is not consistent with the promiscuous admission of large numbers of children who do not conform to rules, and do not stay on the books for more than a few weeks.

Hence it has been necessary to start with an exaggerated attention to detail and strict rules, which will have to be maintained, until time has shown where they can be relaxed and amended with the minimum of risk to the efficacy of the milk. It is perhaps too much to hope for the ideal combination of a modified but unsterilised milk, and a mother who has been educated to clean the baby's bottle, but the Committee is working with this end in view.

It has been thought that the surgery of St. Bartholomew's Hospital and the Extern Midwifery Department might provide a number of babies who require no other treatment than that of good milk. In the interest of such babies I have been permitted to publish this outline of the Finsbury Milk Depôt in order to make its existence known. I must now leave it to the readers of the *JOURNAL* to decide whether the depôt scheme is likely to meet the requirements of the large number of babies who are in urgent need of better milk than they have hitherto been able to get.

I should perhaps add that the Depôt is independent of the municipality. The capital expenses have been raised by voluntary subscriptions, and the greater part of the cur-

rent expenses will be met by the proceeds of the sale of the milk.

NOTE.—The work of honorary secretary and general adviser to the Committee has been undertaken by Dr. G. Newman, to whom applications for further information or for Recommendation Forms should be addressed at the Town Hall, Rosebery Avenue, E.C.

Letter from a Student at St. Bartholomew's Hospital, 1844.

PREFATORY NOTE.

THE following letter, addressed to my father by his pupil and friend Benjamin Micklethwait, will interest any who have cared to read the extracts "From the Letters of a Medical Student, 1829, 1839," which have appeared in previous numbers of the *JOURNAL*. Micklethwait returned to Sheffield, and practised there. He was alive in 1847, but I think that he died soon afterwards. I have pleasant recollections of his kindness to me in my childhood. As on former occasions, I am indebted for dates to the biographical notices added by Mr. S. Snell to Mr. J. D. Leader's book about the Sheffield General Infirmary.

HENRY JACKSON.

TRINITY COLLEGE, CAMBRIDGE;
4th December 1904.

15, CRANMER PLACE, WATERLOO BRIDGE;
November 3rd, 1844.

MY DEAR SIR,—I have been looking very intently for an hour which I could get at liberty in which to thank you most sincerely for your last kind letter. I am indeed thankful for your advice, and exceedingly glad that I availed myself of Mr. Lawrence's offer as dresser. It has placed me in a position to learn; and I sincerely trust the information I am receiving, and that which I happily received from yourself and others at Sheffield, will enable me to do my duty with credit; and I am sure it will give you pleasure to hear that I have as yet taken a good place at Hospital, which I attribute to Sheffield information. I am exceedingly obliged for your kind advice about my health; I am thankful it is at present very good. I should very much like to take your advice, and have leisure to see the sights of London, but at present I seem to have too much on hand to get at liberty. I think I shall manage after a few weeks to take more holiday. The wards of the hospital have contained me every day since the 20th September, and I have there got my interesting flock, and I seem as if going home among them. I am exceedingly fortunate in being coupled with Reid, the House Surgeon. He is a right good, clever worker; and I seem daily to get something from him; and to me he is extremely kind, as in all the cases, before he prescribes, he asks me what I think and

would do. I am thus led to examine and think rather more than I perhaps should otherwise do. Lawrence does not say a great deal; but all he does is very good, and I try to treasure it up. I have dined with him at his country seat, Ealing Park, a most magnificent place; but where he seems to favour me most is in asking me to assist him at private operations, and as we go and return he generally gives me some information. Last Monday I was prevented seeing the grand sight of the Queen and procession by his asking me to accompany him to an operation at the time. He, however, himself could not get, so it was put off until Tuesday, when he removed a small tumour from the side of the nose, and adjoining the inner canthus of the eye. All went on well. But Saturday, when he came into the operating theatre, he came to me and told me that since the operation the patient had had violent inflammation around the eye of such a character and extent as he had never before seen, and concluded by saying that he was obliged to go off to Brighton, and would be glad if I would take charge of the patient until Monday morning. Of course I was most happy. The inflammation seemed to me more like phlegmonous erysipelas last evening, but when I called this morning, I found that in the superior lid there was a small slough about four lines wide and the length of the lid. Tonight he is better, and suppuration has occurred. Treatment: Leeches, aperients, and the application of water, warm or cold as the patient liked. You were kind enough to say you should like me to continue my report of cases; I shall be glad to do so, but I don't seem to know where to begin; but at all events when I return to Sheffield, I can give you a full account, as I keep a brief notice of every case admitted under my care; of the interesting ones of my own and others I write a more lengthy account; these I shall be glad to show you. About the end of September Lawrence amputated the leg (circular) for a disease of the tarsal bones. The bones of foot all softened and could be cut with knife. In appearance the patient, a carpenter, twenty-six years of age, resembled exactly the men you got at Sheffield from Derbyshire. On seeing the resemblance I inquired and found him a Northamptonshire man. I made the remark to the House Surgeon that the men having the same appearance always did badly after operations at Sheffield. He rather smiled. The man did well until the fifteenth day, when he became sick, his pulse got up to 120, and remained that and higher for about a week, when he died. During life the symptoms were not traceable to any particular organ. I found the liver enlarged, at least one and a half inches below ribs; there was a slight friction with the heart. The lungs, from his weakness, I only examined anteriorly, but found nothing, and he had no cough. We got a post-mortem, and found brain healthy. Lungs studded with deposits of curdy pus posteriorly; very little anteriorly. Heart, one patch lymph. Liver enlarged and containing a lot of purulent cysts. Left lobe healthy.

The iliac veins were healthy. The friends were waiting, so no minute examination was made of other veins. During life one day there was inflammation of the absorbents.

I do not exactly remember the cause or time of death in your men, but I always fancy it is the shock they cannot bear. I must get you to tell me some day. If they die in the same way, this post-mortem will be interesting, and yet it don't seem to point out an indication of treatment. Operations we have plenty of. Stanley removed the arm for traumatic gangrene, and the case has done well. The law here is to operate in those cases, nature will not form a line of demarcation. Mr. Thomas* told us in his lectures we might tell whether gangrene would spread or not by making an incision in the part of doubt, and waiting to see whether it secreted pus or became gangrenous. They do not acknowledge that here, saying that, if you wait to see the state of incision, your patient will, in all probability, be dead first. By the way—you will perhaps have heard though—that Stanley is elected an Examiner at the College. Vincent improves on acquaintance, but I don't see much of him, my own wards take up so much time.

Last week I had the accidents at Surgery. I had sixty men, besides women, one day, with injuries. I get every chance of getting the proper feel of parts. The same day I saw two fractures of scapula in different situations. We had a case of stricture with retention of urine; a false passage had been made, and no catheter could be passed. Lawrence tried first to push catheter through the prostate but failed; on Wednesday night he punctured above the pubes. The man died next day. I think we shall find extravasation; as he is going to be dissected, we shall get post-mortem when he goes across. Reid was away at the funeral of a sister, so Lawrence told me to watch patient for six hours, so I could not leave before three in the morning. I had not got away until one the two nights previous, so I was not over pleased. However, I saw progress of case, and had some accidents at Surgery. One was a dislocated jaw, so it repaid me. Lawrence continues long incisions yet in erysipelas; they seem to take a long time to get the cuts granulated after, else it seems to relieve them at time. Division of tendons is very common and seems to answer exceedingly well. I think you saw the kind of hoot they wear afterwards.

I find I have only time to attend Lawrence's lectures besides dressing, so I comfort myself by trying to learn all I can from them. Lawrence is a beautiful lecturer; I only take short notes of his course. He does not give any clinicals at present; I wish he did, but I don't know how he finds time to do what he does. He was at Manchester professionally a week or two ago, but was only away one day. Connington is up at Bart.'s, and working very hard;

* Henry Thomas, of Sheffield, surgeon, 1809—1892.

he brought a very poor account of Dr. Favell,* I sincerely hope he is better. I cannot meet with anyone who can give me a specific for gout, or who knows anything about the benzoic acid; but, as I am just getting to know the medical clinical clerks, I shall inquire of them some day and let you know. Woodhouse is here working. He went in for a prize examination last week, but will not know the result until he goes in for another next Saturday. I hope he will get it.

I was called upon a week ago to read a paper at the Students' Debating Society (Abernethian). I declined, but the House Surgeons would not hear of it; so last Thursday I brought forward the use of nitrate of silver in burns and bedsores, and gave you the credit of originating the practice. It went off well, and many of the members promised to try it. Mesmerism is brought forwards next week. It will be opposed, and I hope expunged from minutes of Society. I voted against its admission.

I wanted to have filled this side of my paper, but I find I must be off to Hospital. I had a letter from Mr. Ray two weeks ago. He says how much better he is. I hope it may continue, and that you too may continue to enjoy good health.

Believe me, my dear Sir,

Yours very truly,

B. MICKLETHWAIT.

The Clubs.

STUDENTS' UNION.

Meetings of the Students' Union Council were held on November 3rd, 25th, and December 7th.

At the meeting held on November 3rd, Mr. Hogarth in the chair, it was decided that boxing should be discontinued in the Smoking Room after November 8th.

Several alterations were made in the papers supplied in the Abernethian Room.

It was decided that a slate be put at the head of the cloak room stairs whereon be written the names of gentlemen for whom telegrams are waiting.

The Secretary was instructed to make arrangements for improving the ventilation in the telephone boxes, and to make arrangements for the supply of notepaper and stamped envelopes at 1½d. for one sheet of notepaper and one stamped envelope.

At the meeting held on November 25th, Mr. Harmer in the chair, the Secretaries were requested to ask the Dean of the Medical School to give instructions to the Librarian re the supply of notepaper and envelopes to members.

* Charles Fox Favell, M.D., of Sheffield, physician, 1804—1846. I remember seeing the physicians and surgeons of Sheffield as they went in procession to Dr. Charles Favell's funeral. A memorandum of my father's shows that there were twenty-nine on horseback, and seventeen in carriages.

The Secretaries were requested to ask the postal authorities to place a letter box in the hall of the Medical School, and clear the same at stated intervals daily.

It was decided that a Students' Union *Year Book* be published, and a sub-committee, consisting of Messrs. Hogarth, Neligan, and Gauvain, was elected to suggest the contents, estimate the probable cost, recommend a suitable date for publication, and report to the next meeting of the Council.

At the meeting held on December 7th, Dr. Herringham, the President, in the chair, information was laid before the Council re the proposal to place a letter box in the hall of the Medical School, and it was decided the Medical School Committee be asked to share the expense of its erection and maintenance.

The report of the *Year-Book* sub-committee was read, and, after some modifications, adopted. It was decided that the first *Year-Book* should be published in May, 1905, that an outline of its proposed contents be circulated among the members of the Council, and the arrangement of the contents brought up for final decision at a subsequent meeting. The cost, exclusive of the names and addresses of members, was estimated at from £10 to £15. The sub-committee further recommended that the election of the officers of all clubs and societies take place during March, immediately after the election of the Union Council, and that the financial year be altered to coincide with the Students' Union year. Both these recommendations were adopted.

The London University representatives on the Council and the two Secretaries were elected to represent the Hospital at a forthcoming meeting to be held at University College to appoint a Students' Representative Council for London University.

ASSOCIATION FOOTBALL CLUB.

ST. BART'S v. OLD REPTONIANS.

The Old Reptonians sent a comparatively weak team against us on November 19th, and so our whole side, especially the forwards, gave an idea of its capabilities. The great drawback is felt when the forwards hesitate before starting. They are inclined to "play" with the ball instead of going ahead. Holthusen scored five goals and Miles one. The final result was 6—2. Team: C. E. Armitage (goal); H. Rimington and H. Hardwick-Smith (backs); A. Forrester, A. Miles, L. T. Burra (half-backs); E. R. Evans, J. C. Mead, A. Holthusen, S. Tucker, and C. B. D. Butcher (forwards).

ST. BART'S v. WELLINGBOROUGH MASTERS.

This return match was played at Winchmore Hill on November 30th. The game was fast and vigorous, resulting in a win for the Masters by 4 goals to 3. Many opportunities of scoring were missed by the erratic shooting of the forwards, and this lost us the game. The goals scored for the Hospital were by Tucker, Holthusen, and Gordon. After the match some members of the two teams dined together in Hall. Team:

C. E. Armitage (goal); H. Rimington and H. Hardwick-Smith (backs); A. Weakley, A. Miles, L. T. Burra (half-backs); E. R. Evans, S. Tucker, A. Holthusen, F. J. Gordon, C. B. Butcher (forwards).

ST. BART'S v. ROYAL ENGINEERS.

Played at Chatham on December 7th. The ground was in a good condition, and a very enjoyable game ended in favour of the Hospital by 4 goals to 1. Bart's played well, and there was great improvement in the combination of the whole team. The goals were scored by Gordon. Team: C. E. Arncliffe (goal); H. Rimington and H. Hardwick-Smith (backs); W. M. Glenister, A. Miles, J. R. Lloyd (half-backs); A. Forrester, J. C. Mead, S. Tucker, F. J. Gordon, C. B. Butcher (forwards).

ST. BART'S v. OLD FELSTEDIANS.

Played on December 10th at Walthamstow. Bart's turned out a very weak side as many of the team were unable to play; but thanks to the help of some of the rugby men we were able to muster an eleven. We found our opponents were also weak, and we lent them one of our team—Townsend. Throughout the whole of the game we held the upper hand, and pressed hard, eventually winning by 3 goals to 1. Owing to the state of the ground the ball was difficult to command. The defence of our opponents proved sound, especially the goalkeeper, who saved and cleared extremely well. The goals scored for Bart's were by Way (1) and Gordon (2). Team:

A. Killby (goal); H. Rimington and A. Symes (backs); W. M. Glenister, A. Miles, F. Trewhy (half-backs); L. F. Way, S. Tucker, F. J. Gordon, C. B. D. Butcher (forwards).

ST. BART'S v. OLD WESTMINSTERS.

We were not at full strength for this match at Winchmore Hill on Wednesday, December 14th. However, we won easily by 5 goals to 1. Two of our opponents missed the train, and one turned up late, and so Fielding kindly played for them. The scorers for Bart's were S. Tucker (1), J. C. Mead (1), F. J. Gordon (2), A. Miles (1). Team:

A. Sturdie (goal); H. Rimington and J. R. Lloyd (backs); A. Coventon, A. Miles, W. M. Glenister (half-backs); E. R. Evans, J. C. Mead, S. Tucker, F. J. Gordon, C. B. D. Butcher (forwards).

RESULTS UP TO DATE.

Played	.	.	.	.	14
Won	.	.	.	.	8
Lost	.	.	.	.	5
Drawn	.	.	.	.	1
Goals for	.	.	.	.	43
„ against	.	.	.	.	37

RUGBY FOOTBALL CLUB.

v.	Points.	Points.	
		For.	Against.
v. United Services (Lost)	.	3	18
v. R.M.C. (Drawn)	.	13	13
v. Civil Services (Won)	.	9	6
v. Leytonstone (Won)	.	21	5
v. Upper Clapton (Won)	.	9	5
v. Bedford (Won)	.	3	Nil
v. Hampstead Wanderers (Won)	.	18	3

The season up to date has been most successful, as the above results show. Two good matches—v. Old Leysians and London Irish—unfortunately had to be scratched.

The team has improved greatly since October. The forwards, though light, are quick, and pack very well. The halves are the strong point of the team, and are largely responsible for the team's success. The three-quarters have shown good form on one or two occasions, but have suffered from too frequent changes up to the present. With has played a safe game at back, but hesitates too much.

The best games have been against United Services, R.M.C., and Bedford. Against the last—which was an unbeaten side—the whole team played very well. Lee was, unfortunately, badly hurt for a great part of the game.

We were unfortunate in not defeating Sandhurst, as they only drew level in the last minute of the game, when we were playing one short.

The "A" team has won four matches, v. St. Mary's, London, and St. Thomas's Hospitals, and Blackheath, and has lost to Guy's. The record of points is 110 points to 13 in our favour. These matches have all been played on Wednesdays, and are very useful for keeping men fit, as has been proved by the form shown by the 1st XV.

The 2nd XV has not done so well, and has a record of two wins—v. Upper Clapton and Old Charltonians; three defeats—v. Leytonstone, Mill Hill School, and Old Charltonians; one draw—v. Norwood.

HOCKEY CLUB.

ST. BART'S R.M.A.

The above match was played at Woolwich on Wednesday, November 23rd, and resulted in a draw, 4 goals all. Owing to the hardness of the ground accurate play was impossible, but a fast and even game ensued. The goals were scored by Adam (2), Viner (1), O'Neill (1). Team:

J. Postlethwaite, L. G. Furber, L. L. Phillips, G. C. Grey, B. H. Barton, G. F. Page, H. Gray, G. H. Adam, G. Viner, A. O'Neill, L. F. Lewis.

ST. BART'S v. BERKSHIRE GENTLEMEN.

Played at Reading on Saturday, November 26th. The ground being covered by frozen snow and ice, combination was impossible, but a fast game resulted in a win for Bart's by 2 goals to 1.

For Bart's Lewis and Phillips played well, and Postlethwaite in goal was very safe. The goals were scored by O'Neill (2). Team: J. Postlethwaite, L. G. Furber, L. L. Phillips, R. C. Berryman, B. H. Barton, G. F. Page, H. Gray, G. H. Adam, G. Viner, A. O'Neill, L. F. Lewis.

ST. BART'S v. ST. ALBANS.

Played at St. Albans on Saturday, December 3rd, and resulted in a win for the Hospital by 3 goals to 1. For Bart's Furber and Postlethwaite played well. The goals were scored by O'Neill (2), Griffin (1). Team:

J. Postlethwaite, L. G. Furber, L. L. Phillips, R. C. Berryman, B. H. Barton, G. F. Page, H. Gray, G. H. Adam, W. B. Griffin, A. O'Neill, L. F. Lewis.

ST. BART'S v. R.N.C.

Played at Greenwich on Wednesday, December 7th. A fast even game resulted in a win for Bart's by 4 goals to 3. The goals were scored by Adam (1), Viner (1), O'Neill (1), Barton (1). Team: J. Postlethwaite, L. G. Furber, L. L. Phillips, R. C. Berryman, B. H. Barton, G. F. Page, H. Gray, G. H. Adam, G. Viner, A. O'Neill, L. F. Lewis.

ST. BART'S v. HENDON.

Played at Hendon on Saturday, December 10th, and ended in a win for the Hospital by 3 goals to 1. Unfortunately Hendon started two men short, and consequently Bart's scored their first goal at the beginning of the game. However, Hendon soon equalised, and during the second half Bart's added two more goals. The defence on both sides was far better than the attack. The goals were scored by Griffin (3). Team:

J. Postlethwaite, L. G. Furber, L. L. Phillips, R. C. Berryman, B. H. Barton, G. F. Page, H. Gray, G. H. Adam, W. B. Griffin, A. O'Neill, L. F. Lewis.

CLUB RECORD TO DATE.

	Played.	Won.	Lost.	Drawn.	Goals.	
					For.	Against.
1st XI	12	8	3	1	43	34
2nd XI	10	6	4	—	33	20
3rd XI	8	2	5	1	23	51

The Students' Union.

BALANCE-SHEET, 1903-1904.

		£	s.	d.			£	s.	d.	
To Members' Subscriptions	...	461	6	0	By Grants to Clubs—	...	...	...	...
„ Grant from Medical School	...	100	0	0	Rugby	...	14	15	6	
„ Profit on JOURNAL (transferred)	...	225	0	0	Association	...	16	8	4	
					Boxing	...	20	0	0	
					Cricketer	...	21	2	4	
					Hockey	...	8	5	0	
					Swimming	...	13	15	7	
					Tennis	...	10	1	8	
					Athletic	...	25	7	0	
					Shooting	...	18	14	0	
					„ Musical Society	...	20	0	0	
					„ Abernethian Society	...	73	10	0	
					„ Transferred to Maintenance and Reserve	...	544	5	1	
Audited and found correct.		£	786	6	0		£	786	6	0
J. H. DRYSDALE.										
L. B. RAWLING.										
H. E. G. BOYLE.										

MAINTENANCE AND RESERVE FUND, 1903-1904.

		£	s.	d.			£	s.	d.		
To Balance from year 1902-1903	...	2	1	10	By Rent	...	300	0	0		
„ Funds as per General Account	...	544	5	1	„ Rates, Taxes, and Water	...	40	8	10		
					„ Coal	...	11	12	6		
„ Deficit per Pass Book:					„ Wages of ground man and boy, keep of horse, and general maintenance of ground and pavilion	...	147	17	8		
Debit, Nov. 10th, 1904	...	£357	18	11	„ Band (Past v. Present)	...	6	6	0		
Crs.	...	239	18	1	„ Lunches (G. F. Page)	...	1	4	0		
					„ Refreshments, etc.	...	38	18	9		
					„ Secretaries:						
					W. G. Loughborough	...	£1	10	11		
					H. J. Gauvain	...	2	0	0		
Audited and found correct.					„ Prize Bats	...	3	10	11		
J. H. DRYSDALE.					„ Mrs. Madden	...	4	0	0		
L. B. RAWLING.					„ Gerard	...	1	0	0		
H. E. G. BOYLE.					„ Adlard and Son	...	100	0	0		
					„ Evans and Witt (Papers)	...	12	10	9		
					„ Cheque Book	...	0	8	4		
							£664	7	9		
									£664	7	9

The Great Chirurgeon.

LOQUITUR—
 "H! all ye struggling students who desire to learn what knowledge is, Who hope to make a fortune when you once get through the colleges, If you would know the royal road, pray hear my faint and hollow muse (So pluck up heart, ye loafers in the Square of St. Bartholomew's!). I do not work for sordid dross, so why should you? Are we not "Our great profession has rewards that cannot be expressed in gold?" Take my advice and follow me, and fame and wealth you'll soon attain! (Good day!—Er—THREE guineas—thanks!—next Monday afternoon again?)

Of course I am a specialist; I love appendicectomy; I also love the wealthy and the cheques they send direct to me. I hate the wretched middle class who say "they can't afford a foal." I thank the happy fates that send a bishop or a lord to me. But yet some patients fear me, and they say they all "the chopper hate!" When meaning, in their vulgar way, they don't want me to operate. (A chopper is an instrument of butchers and such messy men, And not a surgeon cutting off a rare museum specimen.)

Physicians who're behind the times I'd like to put a question to; I cut out gastric ulcers now; then why not indigestion too? I feel inspired to operate (it gradually got to me); Instead of "Gent. cum Rheo." try a "little laparotomy"! Yet isn't it astonishing to see how his "little Mary" is? Or letting me (aseptically) see how his "little Mary" is? The safest thing I know of (and I'm paid a biggish sum) is Aseptic explorations into other people's tummies!

My fame is spread throughout the world wherever Bart's men sail to; The public read about me, and I'm in the Daily Mail too; They like to see my letters in the Lancet and the B.M.J. (You don't suppose I write 'em just to let the public see 'em, Eh?) My views on modern surgery I venture thus to propagate—" (Whenever you can get the fee) you always ought to operate." I love my great profession; I also love the pelf; You need not sneer, good reader; you do the same yourself. "DIGNAM!"

Round the Mountain.

CERTAIN patient suffering from a "complication of complaints" was advised to take a course of Swedish exercises. He writes: "I am not satisfied, as I do not think that all the exercises, electricity, and massage in the world would get the stomach (sic) right." But of a bottle of medicine containing "four or six tabloids of mercury, a little lot. of pot., brom. of pot.,

gentian, aq. chloroform, and ammonia," he says: "This mixture moved the system, and with it the stomach righted itself; that is to say, the wind was removed and the nerves got alright (*sic.*). Medicine of an ordinary nature is of no avail; it simply stimulates the system temporarily, but the symptoms still remain." He proceeds to ask for the name of a "skilful senior physician who has had some experience in nervous cases complicated with a congested state of the system."

If any of our readers feel equal to the case we will gladly forward the address. The patient requires the above-mentioned medicine "every Fall, but in the Spring quinine must be included in the prescription."

OBITER AUDITA MALAPROPRIANA.

Ultra-violent rays. Congenital syphilis. Curious teeth. The Casuist (physician). Sarcasm of the brain. Fractured frivola. Mixed demeanours. Purple fever. Insomania. Ring pedestal. Ping-pong pupils.

So much for the patients, but clerks and dressers are responsible for the following:

Octopetal blood-crystals. Afritus. Oil of Jupiter. Change-stroke breathing. The abscess was cleared out with a *fork and spoon!*

The Royal Army Medical Corps.

II.

IN a previous letter* I tried to set forth, for the benefit of those interested in the matter, some of the *pros* and *cons* of life in the army as compared with private practice. It seemed to me that the advantages of the latter are those of a permanent home in a white man's climate, and all that this may mean in the future to a possible wife and children. The pecuniary possibilities also are greater than those which the army holds out. On the other hand your income in the army is certain, though moderate; you can live on it from the start, and there is a pension at the finish. You see a good deal of the world, and have chances of service, sport, and adventure, which appeal to the natural instincts of most of us. You escape most of the drudgery and lack of freedom of which your brother in private practice so bitterly complains. Your ordinary work is just as interesting as his, and, nowadays, you have far more chances than fall to his lot of taking up any special line that appeals to you. It is with some of these opportunities that I propose to deal now.

But before doing so there are one or two points which apparently are not as well understood as I had assumed them to be. Thus, the system of regimental doctors and hospitals was abolished a quarter of a century ago, except in the Household Cavalry, where it still exists; and in the Foot Guards, a few regimental medical officers of which still remain, though no more are to be appointed. The Royal Army Medical Corps is an independent organisation, just as is the Corps of Royal Engineers. Its strength is about 950 officers and 4000 N.C.O.s and men. The latter do not serve in India. The former are, roughly, distributed as

* *St. Bart's Hosp. Journ.*, March, 1904.

follows:—Home, 390, in which number are included the promotion class and probationers, say 50; India, 330; Colonies, etc., 200; seconded for various appointments outside the Corps, e.g., Egyptian Army, 30. Next, as to the spheres of action of the two medical services in India. The I.M.S. holds all the civil appointments, and has charge of the Indian Army on the regimental system. The R.A.M.C. has the care of the British troops. The higher posts on the military side are shared by the two.

Lastly, as to the question of rank. On this point I cannot do better than quote an impartial authority who has had exceptional opportunities for forming an opinion. Dr. Tooth says* "This question (rank) has given rise in the past to some adverse feeling on the part of combatant officers, and it is one which the medical profession, as a whole, scarcely understand, and the public still less. It is necessary for a civilian to live among soldiers to appreciate rank. Rightly or wrongly it is the axle round which the military wheel revolves, and the medical corps can no more dispense with the authority conferred on its members by rank than can any other branch of the service."

To return to opportunities for scientific work, taking pathology first. In a recent leading article† on the far reaching discovery in tropical pathology, with which the name of Major Leishman, professor at the R.A.M. College, is associated, the *Lancet* remarks:—"In comparison to discoveries made in Europe appertaining to pathological subjects tropical pathology advances at a rate which is sometimes dangerous it may be, yet it advances and obtains confirmation or negation within an incredibly short space of time. The reason probably is that most medical practitioners in the tropics are investigators and careful observers as well as practitioners." As half your service will probably be spent in the gorgeous East, you will have no lack of material wherewith to improve the shining hour. In addition to antirabic treatment, a great deal of pathological work of all kinds is done at the Pasteur Institute of India, at Kasauli, under Lt.-Col. D. Semple, R.A.M.C., assisted by officers of both services. As to this country, doubtless when the laboratories of the new Royal Army Medical College at Millbank are built more medical officers will be struck off for research work than is at present the case. However, pathologists have been appointed to the larger hospitals, such as the Royal Herbert at Woolwich; and the following extracts from the Corps Journal will show that, even now, men qualified for special work will not be left to bluish unseem in the junior ranks.

April, 1904.—Lieut. A. C. H. Gray, M.B.(Lond.), is seconded for service under the Foreign Office, and has proceeded to Uganda to assist in the investiga-

* "The Army Medical Service from a Civilian Standpoint," *Household Brigade Magazine*, June, 1903.

† *Lancet*, September 10th, 1904.

tion of sleeping sickness. Lieut. A. B. Smallman, M.B.(Lond.), has been struck off ordinary duty, in order that he may assist in the investigation of methods of prophylaxis in enteric fever, and especially of anti-typhoid inoculation.

In this connection another extract may be quoted, which speaks for itself.

Gazette, December 10th, 1903.—Lt.-Col. David Bruce, F.R.S., to be Colonel in recognition of his services in investigating the cause of sleeping sickness, as well as in consideration of the distinction already attained by him in researches connected with Malta fever and tse-tse fly disease.

Under the new scheme of specialist appointments, carrying extra pay, at least twenty-four sanitary officers have been appointed to the various commands at home and abroad. These officers devote their whole time to their special work, and are not available for other duties. Such posts have the further advantage that they necessitate fixity of tenure for a definite period at the headquarters of a district, which means even more to a married man than the additional pay. In India they probably mean hill stations in the hot weather and tours of inspection in the cold. Other appointments in the same branch are those of professors at the College and a representative on the Advisory Board. Of course, a D.P.H. is necessary. So, if a man has six months to wait before going up for the next entrance examination, and is not holding a house appointment (which, by the way, counts as service if you have passed), it is a good thing to try for the diploma, in case you want to take up that line later on. In a future communication I hope to deal with other possibilities.

X. Y. Z.

The Rahere Lodge, No. 2546.

IN ordinary meeting of the Rahere Lodge, No. 2546, was held at Odeon's Imperial Restaurant, Regent Street, W., on November 15th, W. Bro. J. H. Gillenison, W.M., being in the chair. Bro. Gilmour, Stevenson, and Ellis were advanced to the rank of Master Masons, while Mr. Albert Corner, M.R.C.S., L.R.C.P., of Forest Gate, was initiated into Freemasonry. The brethren and their guests subsequently dined together.

St. Bartholomew's Cambridge Graduates' Club.

THE members of this Club met for their Annual Dinner at Frascati's Restaurant, on November 22nd, under the Chairmanship of Professor Howard Marsh, who is a member of the Club by virtue of the distinguished post which he holds in the University of Cambridge. The gathering was a large one, and in every way representative, there being many senior members present, besides those who are only just qualified to join. The usual toasts of the evening—The King, The Guests, and The Club—were proposed in appropriate speeches by Professor Marsh and Dr. Norman Moore. The Club may be congratulated on having amongst its members one who can always be trusted to produce a witty speech, but we doubt if Dr. Moore has

ever spoken better, which is very high praise indeed, considering that he is one of the greatest living exponents of the difficult art of after-dinner speaking. His reference to Mr. Bowly's recent Court appointment may be cited as an admirable example of good taste and real wit. Between the speeches Mr. Paine, with his violin, and Mr. Holbrook, with his voice, added much to the success of the evening. Afterwards there was the customary meeting in Dr. Fletcher's house, where there was more singing and many first-class card tricks by Mr. Smith. Dr. Fletcher and Dr. Horton-Smith, the Secretaries, are to be heartily congratulated on a most successful meeting.

Reviews.

WALSHAM'S HANDBOOK OF SURGICAL PATHOLOGY. 3rd edition, revised by HERBERT J. PATERSON, F.R.C.S.Eng. (Baillière, Tindall and Cox, 1904: London). Pp. 529. Price 10s. 6d.

Although the first and second editions of this book, published in 1878 and 1880, have long been out of print, the book is so well known to students in the Hospital Museum that very little need be said about it. Mr. Walsham first published this work with the object of making the Museum more useful to the student by giving short general accounts of surgical affections, illustrated by collected specimens; very little was said of affections not represented by specimens. In the second edition Mr. D'Arcy Power greatly assisted by adding much new matter and in bringing the previous text up to date. Fifteen years have elapsed since that time, and the publishers have had repeated calls for a new edition. The tedious work of revision has been carried out by the present editor with the hope that the book may be useful as a guide for studying pathology not only in St. Bartholomew's Hospital Museum, but in other museums generally.

The plan of the book remains unaltered, though it is considerably enlarged. We feel sure it will be much appreciated.

LANDMARKS AND SURFACE MARKINGS. By L. B. RAWLING, F.R.C.S. (H. K. Lewis) 5s. net.

This is a thoroughly useful book, and will meet a long-felt want. The excellent illustrations are all original, and most of them are from photographs. We would suggest that in the next edition a more muscular subject be chosen, and that the muscular prominences be figured and named. In marking out the Rolandic fissure only one method is given, one or two of the other methods in use might have been included with advantage.

On p. 68 "small internal plantar" is an obvious misprint for "small internal planter."

Fig. xviii requires a slight alteration, as from it one would be under the impression that the transverse colon passed behind the stomach and duodenum.

MALIGNANT DISEASE OF THE LARYNX. By P. DE SANTI. (Baillière, Tindall, and Cox.)

This is a small volume of little more than one hundred pages. It contains a full account of the symptoms, signs, diagnosis, and treatment of carcinoma and sarcoma of the larynx.

The importance of the lymphatic system in the spread of the disease is fully appreciated, and, on that account, the author has made special investigations into their distribution. As a result of his observations he points out that the distinction between the clinical course of extrinsic and intrinsic growths of the larynx, as originally made out by Krishaber, is really dependent upon the distribution and course of the lymph-vessels.

In a detailed discussion on treatment the merit of thyrotomy is contrasted with the disadvantage of laryngectomy. It is gratifying to Bartholomew's men to note that Mr. de Santi gives ample recognition to the brilliant work of Mr. Butlin, who, in conjunction with Semon, established thyrotomy as the operation which should be undertaken wherever possible.

We congratulate Mr. de Santi on his excellent little book.

AN ATLAS OF HUMAN ANATOMY. By CARL TOLDT, M.D. Translated by Eden Paul. (Rebman and Co.) Price 16s. 6d. Vol. VI. Neurology and the Organs of the Senses.

This is the last section of Professor Toldt's admirable atlas. There is little to add to our criticism of former sections. The illustrations of the brain are extremely good, and will form a valuable aid to dissection. Fig. 1233, which represents the subarachnoid

space injected with gelatin, is original, but the drawing is *deceptive*, and not intelligible at first sight. The peripheral nerves are all well done, but would be more easily followed in the more complicated diagrams if coloured yellow.

The special senses offer more difficulties in perspective, and are not in all cases so successful in catching the eye.

An immense amount of labour has been expended in this volume, as on the others, but it is nearly double the price of some of the earlier volumes; nevertheless the value is good, and the whole series, though a luxury, is well worth buying.

THE CHIEF OPERATIONS OF OPHTHALMIC SURGERY. By HAROLD B. GRIMSDALE, M.B., F.R.C.S. (The Medical Times, Ltd.) Price 5s.

This useful little book is justly described by the author as a guide to a practical course in ophthalmic operative surgery rather than a complete manual of the subject. A summary of the after-treatment is given in every case, and the reasons for each practice are stated clearly. A few more figures would be an improvement, e.g. one is needed in the description of Motais' operation for ptosis.

We have received an illustrated catalogue of Aug. Becker's *Microtomes*, which has been translated into English by Mr. R. Kanthack, and published by F. Sartorius, of Göttingen. Anyone desirous of purchasing a microtome cannot do better than consult this catalogue, which contains many excellent descriptions and illustrations of these instruments.

The Editor regrets that many reviews are unavoidably held over for want of space.

Examinations.

UNIVERSITY OF OXFORD.

Anatomy and Physiology.—W. W. Wells.

Pathology.—L. T. Burra, R. Jameson, C. A. Smallhorn, E. H. White.

Medicine, Surgery, and Midwifery.—A. W. Brodribb, E. Burstal, A. H. Hogarth, R. H. Sankey, M.D. Degree.—H. P. Cholmeley.

UNIVERSITY OF CAMBRIDGE.

Pharmacology and General Pathology.—J. W. W. Bean, J. M. Hamill, C. N. le Brocq, E. V. Oulton, R. Puttock, K. M. Walker.

Medicine, Surgery, and Midwifery.—C. E. A. Armitage, C. R. Crowther, C. W. Cunningham, H. P. Gibb, H. E. Graham, M. F. Grant, J. M. Hamill, H. Hardwick-Smith, W. B. Knobel, R. Puttock.

M.C. Degree.—A. J. Fairlie Clarke.

UNIVERSITY OF LONDON.

M.D. Examination.

Medicine.—A. R. J. Douglas, R. Hatfield, E. M. Niall, E. Wethered.

Pathology.—C. P. Lukis.

Midwifery and Diseases of Women.—C. E. A. Van Buren, E. C. Williams.

M.S. Examination.

R. C. Elmslie (obtained marks qualifying for the University Medal), E. E. Young.

Appointments.

BELL, J. A., M.B., B.S. (Dulham), M.R.C.S., L.R.C.P., appointed Junior Resident Medical Officer to the North-West London Hospital, Camden Town.

DOUGLAS, A. R. J., M.D., B.S. (London), F.R.C.S., appointed Principal Medical Officer to the Burma Railways.

DOUGLAS, R. I., M.R.C.S., L.R.C.P., appointed Junior House Surgeon to the Metropolitan Hospital.

FIELD, F. A., M.D. (London), appointed Honorary Anaesthetist to St. Paul's Hospital, Red Lion Square, W.C.

GUTCH, JOHN, M.A., M.D. (Cant.), has been appointed a member of the Hon. Medical Staff of East Suffolk and Ipswich Hospital.

MACLAREN, NORMAN, B.C. (Cantab.), F.R.C.S. Eng., has been appointed Assistant Surgeon to Cumberland Infirmary.

NICHOLAS, C. F., M.R.C.S., L.R.C.P., appointed Senior House Surgeon to the Macclesfield General Infirmary.

SAMUEL, H. G., appointed Senior R.M.O. to the Cardiff Infirmary.

New Addresses.

ARKWRIGHT, J. A., 13, Welbeck Street, W.
BECK, E. A. A., Chest Hospital, Brompton, S.W.
HEARN, R. S. F., Elmdene, Southbury Road, Enfield.
HENDLEY, H., I.M.S., Sialkot, Punjab, India.
HURST, WALTER, 731, Green Street, Augusta, Georgia, U.S.A.
JESSOP, W. H., 113, Harley Street, W. (till September, 1905).
MARSHALL, J. COLE, 30, Albion Street, Hyde Park, W.
MCKINSEY, H. G., West African Medical Staff, Northern Nigeria.
PEARCE, T. M., Zoffany House, Bushy Hall Road, Watford.
PRESTON, F. H., 240, Burrage Road, Plumstead.
ROBEKS, BRATHWAITE, Junior Constitutional Club, Piccadilly, W.

Births.

ADDISON.—At Wican Croft, Northwood, Middlesex, on December 8th, the wife of Christopher Addison, M.D., of a son.
FIELD.—On December 16th, at Friern Lodge, 449, Lordship Lane, Dulwich, the wife of Frederick A. Field, M.D. (London), of a son.

Marriage.

PHILLIPS—COXON.—On the 7th of December, at Hampstead Parish Church, by the Rev. John Crosby, Precentor of Ely Cathedral, and the Rev. Brooke Deedes, Vicar of Hampstead, Llewellyn Powell Phillips, M.A., M.D. Camb., F.R.C.S., M.R.C.P., of Kasr-el-Ainy Hospital and the School of Medicine, Cairo, Egypt, only son of the late Dr. James Mathias Phillips, of Cardigan, to Edith Helen, daughter of the late Alfred Coxon and of Mrs. Coxon, Grindon House, Surbiton.

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.

VOL. XII.—No. 5.]

FEBRUARY, 1905.

[PRICE SIXPENCE.]

St. Bartholomew's Hospital Journal,

FEBRUARY 1st, 1905.

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

Calendar.

- Wed., Feb. 1.—Clinical Lecture, Mr. Bowlby.
St. Bartholomew's Oxford Club. Annual Dinner at Trocadero Restaurant.
Christian Association. "The Basis of the B.C.C.U.," by C. W. Taylor, Esq.
- Thur., " 2.—Abernethian. "The Transmission of Parasitic Diseases by Insects," by Dr. J. W. Stephens.
- Fri., " 3.—Clinical Lecture, Dr. Ormerod. "Meningitis."
- Sat., " 4.—R.F.C. v. Leytonstone.
H.C. v. Epsum College.
- Mon., " 6.—Special Lecture, Mr. Cumberbatch. "Acute Purulent Catarrh; its complications and treatment."
- Wed., " 8.—Clinical Lecture, Mr. Bowlby.
A.F.C. v. R.I.E.C. at Cooper's Hill.
- Thurs., " 9.—Abernethian. "The Relation of Genius to Insanity," by Mr. H. H. Clarke, M.B.
St. R.H.C.A. "Ideals in Relation to our Lord Jesus Christ," by Rev. H. Cronshaw.
- Fri., " 10.—Clinical Lecture, Dr. Herringham. "Hæmaturia."
- Mon., " 13.—Special Lecture, Mr. McAdam Eccles. "Flat-foot."
- Wed., " 15.—Clinical Lecture, Mr. Lockwood. "Swellings in the Inguinal Canal, Neck of Serosum and Serosum, especially Inguinal Varicocele and Hydrocele."
A.F.C. v. R.N.C. at Winchmore Hill.
- Thurs., " 16.—Abernethian. "Phyvic and Metaphyvic." Sir William Collins, M.D., M.S., F.R.C.S.
Meeting of Medical Missionary Society. Address by E. W. G. Masterman, F.R.C.S., D.P.H.
- Fri., " 17.—Clinical Lecture, Sir Dyce Duckworth. "The Varied Manifestations of Rheumatic Affections."
- Sat., " 18.—R.F.C. v. Old Alleynians.
H.C. v. Leytonstone I.
- Mon., " 20.—Special Lecture, Dr. Ormerod. "Seborrhœa."
- Wed., " 22.—Clinical Lecture, Mr. Lockwood. As on Feb. 15th.
- Thurs., " 23.—Abernethian. "The Prevention and Corrections of Deformities resulting from Paralysis," by Mr. E. Laming Evans, M.B.
- Fri., " 24.—Clinical Lecture, Dr. Moore. "Hæmophilia."
- Mon., " 27.—Special Lecture, Mr. Harmer. "Surgery of the Nose."
- Smoking Concert, Criterion, 8.30 p.m.
- Wed., Mar. 1.—Clinical Lecture, Mr. D'Arcy Power. "Recent Advances in the Surgery of Blood-vessels."

Editorial Notes.

THE new year has begun satisfactorily for the Hospital. In the first place we are pleased to announce that at a Court of Governors on January 26th Lord Ludlow was elected the new Treasurer. We congratulate the Governors upon their happy choice, and welcome Lord Ludlow to St. Bartholomew's. His task will not be easy, for there are many difficult matters to face; but of this we are certain that he will have the enthusiastic support of all Bartholomew's men if his plans tend to restore the efficiency and maintain the reputation of our Hospital. We know that Lord Ludlow is a busy man, but we hope that he will afford us much of his time, so that he may become known personally to all the officers and servants of the Hospital. And it is very gratifying to hear that in his speech to the Governors after his election he gives every promise of exercising his own personality in the administration of our Hospital.

* * *

AND secondly, the Building Committee has almost brought the first part of its arduous duties to a close, and has selected contractors who will send in their tenders for the new Out-patient and Casualty Block. Those of us who do not know cannot realise what have been the duties of this Committee, and especially of the architect; and we little think that every brick and every coat of paint—to say nothing of the internal fittings—must be discussed in full detail before any estimates can be obtained. Thus the apparent delay has been more than justified.

* * *

THE Annual Christmas Entertainment took place in the Great Hall on January 5th and 6th, and was an unqualified success. The Amateur Dramatic Club is to be congratulated most heartily upon the excellent representation of W. S. Gilbert's play "Engaged." The clever impersonation of the female characters was undoubtedly the feature of the performance, but where all was good it is difficult to

particularise. The efforts of the orchestra were thoroughly appreciated, and we must congratulate the Musical Society upon the great advances it has made since the Summer Concert. The presence of Dr. Dundas Grant's orchestral party was an useful acquisition. A critique of the entertainment appears in another column.

MR. D'ARCY POWER read the Mid-session Address to the Abernethian Society on January 12th, and very interesting it was. He took as his subject "London in the Early Days of the Hospital." We publish a short abstract in this number of the JOURNAL, but we fear it does small justice to the paper. The Hospital is indeed fortunate in having on its staff two such eminent antiquarians as Dr. Norman Moore and Mr. D'Arcy Power; otherwise many delightful stories of the early days of the Hospital would be lost to us and to posterity.

WE were very sorry indeed not to see a larger gathering at this meeting of the Abernethian Society. Men have now no excuse for not staying on Thursday evenings for the meetings. The club rooms are kept open, and are passably comfortable. An eatable dinner is served in Hall for 1s. 6d. or 1s. 10d. or *à la carte*. Smoking is allowed at all meetings except those to which the nursing staff are invited. Tea and coffee are provided afterwards. An excellent series of papers has been arranged for this Session; some to instruct, some to amuse, all to interest. Some members of the Senior Staff have very kindly offered their assistance at the clinical evenings. What more can be done? Finally, the Abernethian is the oldest medical society in London.

IN the January number of the *Practitioner* there appeared an article of exceptional interest upon the "History and Buildings of St. Bartholomew's Hospital," with seventeen photographs beautifully reproduced. We will not review the article, because we think that all Bartholomew's men will take care to secure a copy. It will serve as an excellent foretaste to Dr. Norman Moore's history. We think we can trace the authorship to Mr. D'Arcy Power's pen, but in the February number, at the end of the second article upon the famous alumni of St. Bartholomew's, we shall see. The management of the *Practitioner*, always up to date and instructive, is to be congratulated upon its idea of publishing the histories of "Famous Hospitals and Medical Schools," and St. Bartholomew's naturally comes first in the series.

WE are glad that the *City Press* recognises St. Bartholomew's as the only City Hospital, for it gave a list of the St. Bartholomew's candidates who were successful at the recent M.D. and M.S. examinations of London University, with special reference to Mr. Waterfield's distinction. From the

same source also we learn that our late clerk, Mr. W. H. Cross, has been placed by the Lord Chancellor upon the Commission of Peace for Middlesex.

THE Council of the Students' Union has decided to hold another Smoking Concert on Monday, February 27th, in the Grand Hall of the Criterion. The Sub-Committee has already got the programme in hand, and it promises to be even more successful than the last. The Committee has secured the exclusive services of the troupe of eight Le Barta girls from the Martha Theatre of Varieties, and we understand that the famous quintette of "White Niggers" are holding practices almost daily. The original *Bill Bailey* is the accompanist. The orchestra of the Musical Society will perform during the intervals, but one of the Committee has been told off to stand, watch in hand, and ring the bell when the time limit is reached. No classical music will be appreciated on this occasion. The tickets are only 1s. 6d., so every man at the Hospital, Junior and Senior alike, should make it a point of duty to be present.

WE should like to call the attention of our readers a second time to the fact that a new special department for the Study and Treatment of Children's Diseases was opened three months ago. We are certain that it is quite worthy of the constant attendance of all students who intend to become general practitioners; for there is no more difficult branch of our profession than the correct diagnosis of children's ailments, while the treatment is simple and yields satisfactory results. Dr. Garrod and Dr. Fletcher preside on Monday and Wednesday mornings respectively.

DR HUGH THURSFIELD has been appointed Assistant Physician to the Hospital for Sick Children, Great Ormond Street.

WE congratulate Dr. Clive Riviere on his appointment to the post of Assistant Demonstrator of Pathology.

LIEUT. F. H. NOKE, R.A.M.C., has gained a prize for pathological work at Aldershot. He is in the hands of the War Office, and we cannot find out whether he has sailed for India or not.

MR. BUTLIN delivered an interesting lecture at the Great Northern Central Hospital, on January 12th, before the North London Medical and Chirurgical Society, upon "Predisposing and Pre-cancerous Conditions which can be Seen and Felt."

IN connection with the vexed question of physical deterioration, we notice that Sir Lauder Brunton has lately given two addresses upon the importance of laying the

foundation of an improved national physique during the period of the children's attendance at schools.

MR. McADAM ECCLES read a paper before the Society for the Study of Inebriety on January 10th upon "Alcohol as a factor in the Causation of Deterioration in the Individual and the Race." It is interesting to compare this with the short account of Professor Sims Woodhead's address, which appears in this number of the JOURNAL.

WE have been asked to state that a meeting for all students in London will be held at the Mansion House on Tuesday, February 21st, by kind permission of the Lord Mayor, when an address will be given by John R. Mott, Esq., M.A., F.R.G.S., of Cornell University, the General Secretary of the World Student Christian Federation. The Lord Bishop of London will preside.

IT is with the deepest regret that we record the very sudden death of Mrs. Howard Tooth, on January 27th. We beg to offer our most profound sympathies to Dr. Tooth and his family in their great sorrow.

Notes from the Resident Staff Quarters.

WE regret very much that Mr. W. F. Cross is still away on sick leave. A favourable report, however, has reached our ears, and we understand that he is enjoying a thoroughly good holiday.

WE welcome Mr. Ledward back to the fold. He has grown older in wisdom and younger in years as the result of his absence from Hospital.

MR. BURFIELD, we are glad to say, has recovered sufficiently from his serious indisposition to go away for a short holiday. The attack must have been the outcome of his dramatic efforts in the Great Hall and after, or was it a visitation for his sins, of which we read below?

THE Christmas festivities passed off with an unusual amount of *bonhomie*. It would be invidious to say which wards had the best entertainments. Suffice it to say that all the patients had a very Happy Christmas, and thus the only object was achieved. A detailed account appears in another column.

A CERTAIN famous anaesthetist had an unexpected shower-bath the other day. He was taking his morning bath when suddenly *Cæla ruunt*, or in English, the ceiling fell in. It has been repaired already, but not the anaesthetist's head. We sympathise with him most heartily, especially as moral and intellectual damages to a large amount were

claimed, but not awarded. However, we understand that he is an authority on the feeding of infants; he swears by Mellin's Food himself.

THE reputation of the Junior Staff for the drama was thoroughly upheld this year at the Christmas entertainment by Mr. Adams, as a lowland widow; and Mr. Burfield, who played the part of a ladies' maid with great feeling. However, he should have confined his antics to the Great Hall, and not have brought misguided reproaches upon a worthy class of folk for frivolous behaviour in the Square on festive occasions. Not content with these two clever impersonations our ladies' maid covered her shapely head with a shawl and gained admission to the surgery as a patient. She quite deceived the house physician on duty until the Apomorphine was produced, and then all was explained.

WE were very grateful to Mr. Harrison Cripps for his handsome present of four brace of pheasants. There was high feeding in Hall at the New Year.

THE physicians to the Hospital have made the following nominations for the House appointments:

SIR DYCE DUCKWORTH	{ April	C. H. Fielding.
	{ October	H. E. Graham.
DR. NORMAN MOORE	{ April	T. G. M. Hine.
	{ October	S. L. O. Young.
DR. WEST	{ April	A. W. Brodribb.
	{ October	
DR. ORMEROD	{ April	J. K. Willis.
	{ October	F. Burstal.
DR. HERRINGHAM	{ April	J. G. Slade.
	{ October	H. H. Rolfe.
INTERN MIDWIFERY ASSISTANT	{ April	A. R. Neligan.
	{ July	R. B. Etherington-Smith.
EXTERN MIDWIFERY ASSISTANTS	{ April	H. D. Ledward.
	{ July	R. F. Moore.

London in the Early Days of the Hospital.

Being an Abstract of the Mid-session Address to the Abernethian Society.

By D'ARCY POWER, M.A., M.R.Oxon, F.R.C.S., F.S.A.

IN his opening remarks Mr. Power showed how easy it was to say that our Hospital had occupied the same site for 782 years, but how difficult it was to estimate its real antiquity; so he began by emphasising certain well-known historical events that were associated with the Hospital or its surroundings in its early days. The first event he cited was the martyrdom of Thomas à Becket, who had known the Hospital from his childhood, and whose clothes had been distributed to the poor of the neighbourhood annually. The next event was the insurrection of Wat Tyler in Smithfield, who, when stabbed in the breast, was carried by his followers into "the Hospital

for poor people near St. Bartholomew's" 258 years after its foundation.

Other events more or less contemporary with the foundation of the Hospital were the consecration of old Westminster Abbey, the entrance of William the Conqueror into London, the building of the Tower of London, and the foundering of the White Ship in which King Henry's only son was drowned.

So remote indeed is the foundation of the Hospital that in those days—strange to say—Scotsmen were in reality Irishmen. At this time, too, there was no Parliament, and yet we are accustomed to think of this as one of our oldest, as it certainly is one of our most cherished, institutions; while the division of the Great Council into greater and lesser barons was only just beginning, and it was from this division that the House of Lords and the House of Commons took their origin.

The Hospital, too, had been in existence for more than fifty years before Oxford became a University, and Oxford is older than Cambridge as a University town. Yet even at this early time the position and defences of Oxford made it a place of importance—only a few years after our foundation—we read that Queen Matilda escaped from the castle by letting herself down from the ramparts clothed all in white because snow was on the ground. It was not until 1170 that Oxford was occupied by students and tradesmen whose dealings imply the existence of schools, and it seems probable that the University began by the migration of a large body of English students from the University of Paris about 1167. These small beginnings were continued until 1229, when after a great town and gown row at Paris another large migration took place bringing back to England William of Durham, who established University—the oldest of the Oxford Colleges.

When the Hospital was founded all who made any pretence to culture spoke Anglo-Norman, but the sick poor and the infirm who came here to be treated spoke English, and of their tongue we still have fragments preserved to us in *The Revelation of the Monk of Evesham*, which was written not earlier than 1196. The brethren who attended the sick spoke, wrote, and probably thought in Monkish-Latin, which, as we know from that prototype of Boswell, Jocelin of Brakelond's chronicle, was fully capable of conveying all their ideas in a form still easily intelligible to us.

William Fitzstephen, a monk of Canterbury, a Londoner, and a friend of Thomas à Becket, has left us the following account of London written at some time between 1170 and 1182. We can picture from it the lighter side of London life soon after the hospital was founded. He says, and I shall not trouble you with the original Latin, "In point of divine worship there are in London and the suburbs 13 large conventual churches and 126 parochial ones. On the east stands the palatine tower—a fortress both large and strong,—the walls and body of which are erected upon deep

foundations, and built with a cement tempered with the blood of beasts. On the west are two castles, well fortified, and the city wall is both high and thick with seven double gates, and many towers or turrets on the north side thereof placed at proper distances. London once had its walls and towers in like manner on the south, but that vast river, the Thames, which abounds with fish, enjoys the benefit of tides, and washes the city on this side, hath, in a long tract of time, totally subverted and carried away the walls in this part. On the west again, and on the bank of the river, the Royal Palace exalts its head and stretches wide an incomparable structure furnished with bastions and a breastwork, at a distance of two miles from the city, but united to it as it were by a populous suburb.

Adjoining the buildings all round lie the gardens of those citizens who dwell in the suburbs which are well furnished with trees, spacious, and beautiful.

On the north are cornfields, pastures, and delightful meadows intermixed with pleasant streams on which stand many a mill whose creak is so grateful to the ear. Beyond them an immense forest extends itself, beautified with woods and groves, and full of the lairs and coverts of beasts and game—stags, bucks, boars, and wild bulls. The fields above mentioned are by no means hungry gravel or barren sands, but may vie with the fertile plains of Asia as capable of producing the most luxuriant crops and filling the barns of the hinds and farmers "with Ceres' golden sheaf."

Round the city again and towards the north arise certain excellent springs at a small distance whose waters are sweet, salubrious, clear, and whose runnels "murmur o'er the shining stones." Amongst these Holywell, Clerkenwell, and St. Clement's well may be esteemed the principal, as being much the best frequented, both by scholars from the schools and the youth of the city, when in a summer's evening they are disposed to "take an airing."

Fitzstephen gives the following account of Smithfield:—"There is also without one of the city gates, and even in the very suburbs a certain plain field, such both in reality and name. Here, every Friday, unless it should happen to be one of the more solemn festivals, there is a celebrated rendezvous of fine horses brought hither to be sold. Thither come, either to look or to buy, a great number of persons resident in the city—earls, barons, knights, and a swarm of citizens. 'Tis a pleasing sight to behold the ambling nags so smoothly moving by raising and putting down alternately the two side feet together. In one part there are no horses better adapted to esquires, whose motion is rougher but yet expeditious; these lift up and lay down the two opposite fore and hind feet together. In another part are the generous colts not yet accustomed to the bridle 'which, proudly prancing, place their shapely limbs.' In a third quarter are to be seen the horses for burthen with their stout and strong limbs, and in a fourth the more valuable hackneys and charging steeds, beautiful in shape, noble of

stature, with ears and necks erect and plump buttocks. . . There also stand the mares adapted to the plough, the sledge, and the cart."

But Smithfield was also used for other purposes than a horse market, "for," says Fitzstephen, "after dinner all the youth of the city go into the suburbs and address themselves to the famous game of football. The scholars of each school have their peculiar ball, and the particular trades have, most of them, theirs. The elders of the city, the fathers of the parties, and the rich and wealthy come to the field on horseback, in order to behold the exercises of the youth, and in appearance are themselves as youthful as the youngest, their natural heat seeming to be revived at the sight of so much agility and in a participation of their festive sons. Every Sunday in Lent a noble train of young men take the field after dinner, well mounted on horses of the best mettle. The lay sons of the citizens rush out of the gates in shoals, furnished with lances and shields, the younger sort with javelins pointed, but disarmed of their steel. They ape the feats of war and act the sham fight, practising the agonistic exercises of that kind. If the King happens to be near the city many courtiers honour them with their presence, together with the juvenile part of the households of the bishops, earls, and barons, such as are not yet dignified with the honour of knighthood and are desirous of trying their skill. The hope of victory excites their emulation. The generous chargers neigh and champ the bit. At length, when the course begins, and the youthful combatants are divided into classes or parties, one body retreats and the other pursues without being able to come up with them, whilst in another quarter the pursuers overtake the foe, unhorse them, and pass them many a length."

Writing of the winter amusements, Fitzstephen speaks of a "vast lake," which may be either in Smithfield before it was drained or, as I think is more likely, Moorfields itself. He thus describes a sport which is known to most of us, was essayed by Mr. Winkle, and was protested against by Mr. Pickwick. "And when that vast lake which waters the walls of the city towards the north is hard frozen, the youth in great numbers go to divert themselves on the ice. Some, taking a small run for the increment of velocity, place their feet at the proper interval, and are carried, sliding sideways, a great distance. Others will make a large cake of ice, and, seating one of their companions upon it, they take hold of one another's hands and draw him along, when it sometimes happens that, moving swiftly along so slippery a plain, they all fall down headlong. Others there are who are still more expert in these amusements on the ice. They place certain bones—the leg bones of some animal—under the soles of their feet by tying them round their ankles, and then, taking in their hands a pole shod with iron, they push themselves forward by striking against the ice, and are carried along with a velocity equal to the flight of a bird or

a bolt discharged from a crossbow. Sometimes two of them, thus furnished, agree to start opposite one another at a great distance. They meet, elevate their poles, attack and strike each other, when one or both of them fall, and not without some bodily hurt. And even after their fall they shall be carried a good distance from each other by the rapidity of the motion, and whatever part of their heads comes upon the ice is sure to be laid bare to the skull. Very often the leg or arm of the party that falls is broken if he chances to light upon it."

I like to think that Fitzstephen thus enjoyed himself on the ice, and, from the feeling manner in which he writes, I imagine that he must either have cut his head open at some time or have taken a companion to the hospital with a bad scalp wound or a fracture. At any rate, the horse fairs, the sports, and the skating in Smithfield must have provided our predecessors in the casualty department of the hospital with plenty of minor surgery, and the brother on duty in the surgery must sometimes have been as busy as the house surgeon or dresser who now acts in his stead.

Then followed an interesting description of the fashions and costumes of the day. It is instructive to learn that long hanging sleeves were then in vogue, as now, among the ladies, so long indeed that they had to be knotted up to make them at all convenient. However, it is said that the ladies as a class were vain, frivolous, and extravagant coquets, who painted their eyes, bored their ears for jewels, fasted and bled themselves to look pale, tight laced to alter their shapes, and dyed their hair to make it yellow.

Mr. Power told us about the city wall and gates, and especially the New Gate, which, like all the other gates, was shut at the first stroke of eight from the great bell of the Collegiate Church of St. Martin-le-Grand, where now is the General Post office, and immediately the wicket was opened for late comers. At the last stroke of the curfew the wicket was closed, and there was then no admittance to the city until the following morning except by special precept of the ruler of the city—in later times the Mayor. Each gate was in charge of two sergeants to open the same, skilful men and fluent of tongue, who are to keep good watch upon persons coming in and going out, so that no evil may befall the city. At New Gate there were to be found at night eight men of the ward of Chepe well armed; but as the Hospital is outside the walls we have always escaped the arduous duty of watch. In 1297 it was enacted that no one shall be so daring as to be found walking through the streets after curfew rung at St. Martin-le-Grand, and that no taverner or brewster shall keep the door open after curfew rung as aforesaid, and that whoever shall be convicted thereof shall be amerced in half a mark, which shall be expended in repairing the walls and gates of the city. Just outside the walls and close to us was the cloth fair, established there by permission of the King, who took the dues rather than the city, and you remember that when Rahere

wanted to build his Priory and Hospital here, in accordance with Bartholomew's wishes, his friends laughed at him, saying, "You won't get *that* site, for it is a part of the King's market." The city walls were washed by the town ditch, whose width is fairly represented by the Postman's Park and by the paved space of the Bluecoat School lying in front of the Treasurer's house, which is visible through the iron railings as we come down King Edward Street from the "Tube" to the Little Britain gate. For many years the town ditch contained excellent fish, but in course of time it became a mere sewer, which was covered over about 1553 by John Calthrop, citizen and draper, for the benefit of the children in the Bluecoat School. The Fleet, too, running along Farringdon Street, under the bridge at Holborn, was sufficiently broad and deep to allow ten or twelve ships at once with their merchandise to come as high as Holborn Bridge. But if the town ditch contained fairly pure water, it was not free from pollution. The shambles were situated just inside Newgate, and many of us still remember their lineal descendants, the butchers' shops in Newgate Market. The butchers, and close to the butchers, the tanners, made the lane near the town ditch so unsavoury that King Edward Street was called Foul or Stinking Lane.

Mr. Power next gave an account of the first Franciscan house and of the magnificent Grey Friars' Church, which contained the tombs of no less than three queens—Margaret, Isabel, and Joan of Scotland. The existence of this church, he pointed out, accounts for the curiously irregular shape of Christ Church passage, which creeps along the north wall of Christ Church, Newgate Street, crosses at a right angle in front of the west door of the church, and opens into Newgate Street, passing the main entrance into the Bluecoat School on its way. The Grey Friars' Church occupied not only the site of the present Christ Church, but it extended right up to the iron gates through which we used to see the Great Hall of the Bluecoat School. The church was so large that it was divided by a transept into an upper and a lower church. The transept passed the screen which shut off the choir from the nave, and gradually became a public way leading from Stinking Lane—now King Edward Street—into Newgate Street. This way is now Christ Church Passage, and when we walk along the transverse part we are crossing the middle of the Old Grey Friars' Church, and, if it were still standing, we should have had to pass through two doors, one on either side of the church. After the dissolution the Grey Friars' buildings were given to the Bluecoat School.

Mr. Power then described the customs and habits at home in private life, and gave an account of the streets and scavenging by swine and kites, which were as numerous as pigeons are to-day.

The Hospital buildings were much smaller than they now are, and they were probably connected with a great hall

which contained most of the beds, just as we still see them in some of the hospitals in Italy and in the south of France. Several chapels, with lodgings for the chaplains, stood within the enclosure, as well as many private houses, some of which had gardens. The last of the chapels, known to us as the church of St. Bartholomew-the-Less, is on the point of disappearing, as the parish has just been amalgamated with its twin sister, St. Bartholomew-the-Great. The Great Hall had a large fireplace in it, and King Henry III made a present to the Hospital on September 11th, 1223, and again in 1224, in these terms:

"The King to Engelard de Cicogny, greeting. We command you to give to the patients of the Hospital of St. Bartholomew in London as our gift one old oak in our forest of Windsor on the Thames, with the least possible injury to our forest, and the greatest use to the aforesaid patients for their hearth."

The Hospital had eight brethren and four sisters, and they elected a head who was called master, proctor, or warden. On his election the Master was presented to the Prior of St. Bartholomew's for institution; or, if the Prior refused to confirm the election, to the Bishop of London. The Master and every brother on admission had to swear obedience to the Prior and Canons of St. Bartholomew's Church, and he had to render an account twice a year of all receipts and expenditure in the presence of the Bishop of London and of the Prior.

Mr. Power then gave some details of the water supply of the Hospital and the Grey Friars in 1433, and after describing the execution of Wat Tyler's prototype, William Longbeard, in 1190, he proceeded to speak of the Elms, situated on the far side of the present meat market, to which, being the common place of execution, Sir William Wallace, the Scot, was brought to suffer in 1305 the extreme rigour of the law. His sentence read as follows:—"You shall be hanged, drawn, and, as an outlaw, beheaded, and afterwards, for your burning churches and relics, your heart, liver, lungs, and entrails, from which your wicked thoughts came, shall be burned, and, finally, because your seditions, depredations, fires, and homicides were not only against the King, but against the people of England and Scotland, your head shall be placed on London Bridge in sight both of land and water travellers, and your quarters hung on gibbets at New Castle, Berwick, Stirling, and Perth, to the terror of all who pass by." Perhaps, if the current physiology had been better taught, there would have been less need for so much dismemberment, and the brain alone might have been dispersed.

An account of the burning of the Lollards in Smithfield in 1409 follows, and also the burning of the martyrs, whose memory is kept alive by the tablet fixed in the surgery wall.

Our Hospital is so old that when it was founded there was neither a mayor nor a corporation in London. The

very commune of London, modelled as it was on the commune of Rouen, was not granted to the City until 1191, when the Hospital had been in existence for nearly seventy years, and the commune only developed very slowly into the present form of government by a mayor with his brethren the Aldermen and the Court of Common Council; even the Sheriffs of London and Middlesex were still appointed by the Crown, so remote is our foundation. The rulers in the City needed a firm hand to control the citizens. The people for the most part led an open-air existence because their houses were too small to accommodate them conveniently. Every one, too, carried a knife at his side, so that street brawls were of frequent occurrence, and they were apt to attain formidable proportions unless the mob was at once dispersed.

Mr. Power finally described the long journeys and voyages that were frequently undertaken in those days, and detailed the means of conveyance by land and by sea.

But, gentlemen, I do not wish to weary you. I have shown you how venerable is our alma mater, the Hospital. When she was born, London was not the capital of an empire or even of a kingdom. It was second in importance to Winchester, where the King kept his treasure so literally in a treasure house that he had a watchman to guard it at night, and made him an allowance of candles for the execution of his duty. The King was not as *rex Dominus Rex*, but he called himself *Dominus Angliæ et Rex Anglorum*, and governed by means of earls and sheriffs, who farmed his territory at a fixed sum, which often made them wealthy whilst it kept the sovereign poor. Thus, for many years the City of London was leased for £300 to £500 a year, or no more than the price of a single set of chambers at the present time. In very truth nothing now remains as it was in the year 1134. Religion is changed, government is changed, the English nation itself is changed, but there still remains throughout all the changes the sympathy with the sick poor which led Rahere to found this House and so many benefactors to endow it.

Five Cases of Ante-partum Hemorrhage occurring in the Extern Midwifery Department.

By NORMAN MACFADYEN, M.B.



H—, æt. 37. Confined on October 14th. Previous labours eight. Last period December 28th, 1903.

The woman on October 14th began losing blood *per vaginam*. When seen two hours later she was pale, almost pulseless, and complaining of continual abdominal pain. The uterus was distended, and quite hard. No fetal parts made out. *Per vaginam* the os uteri was hard, thick, and just admitted one finger, which felt a head, freely movable, and with yielding bones. A Champetier de Ribes bag was

introduced. There were, however, no regular pains, and it took two hours and a half before the bag came out. Some bleeding was going on the whole of this time. Forceps were at once applied, and the child delivered. The uterus was then emptied of placenta, membranes, and a large quantity of blood clot, and a douche at 120° given. Contraction and retraction was established. By this time the woman was pulseless, restless, and only semi-conscious. She improved slightly, but died three hours after delivery, after an epileptiform fit.

The child was dead, skin peeling, and weighed 4½ lbs. The placenta was not attached to the lower uterine segment, and was quite separated by the time the hand was inserted.

E. W—, æt. 38. Confined on October 21st.

Previous labours eight. Miscarriages one. Last period January.

The woman was bleeding freely when first seen. Copulency prevented a definite abdominal examination. *Per vaginam* os uteri fully dilated; arm presenting, with the head in the right iliac fossa. Under chloroform internal version was performed. The bleeding was due to a lateral placenta prævia, and ceased after version had been performed. The after-coming head stuck in the brim, so forceps were employed, but, before the delivery could be effected, the cord stopped pulsating, and the child was dead. The child weighed 10 lbs. The puerperium was uneventful.

K. T—. Confined on October 23rd.

Previous labours eight, last November, 1903. Last period March, 1904. Two sets of twins in former labours.

History.—Two "floodings," one in August, another in September. Also lost blood on October 20th.

On October 23rd the woman was anæmic; temperature 100°, pulse 124. The abdomen was large, and a fetal heart heard halfway between umbilicus and left anterior superior spine. *Per vaginam* the os admitted one finger, which came upon a hard, spongy mass. The os only dilated slowly, and bleeding still continued. Under chloroform the edge of the placenta was found, the membranes ruptured, and a Champetier's bag put in. The os was fully dilated in half an hour, and a child delivered by forceps to the head. A second bag of membranes now presented, and were ruptured. The breach of the second child presented, but the delivery was quickly effected.

The uterus was quickly emptied, and contracted down after a hot douche had been given. Recovery was uninterrupted.

The children weighed 2½ and 2¼ lbs., and only lived a few hours after birth.

L. B—, æt. 39. Confined on October 24th.

Previous labours eleven. No miscarriages. Last period March, 1904.

History.—Always had hydramnios. Nearly all children stillborn and premature.

On arrival abdomen found very large, and the woman in continuous pain. *Per vaginam* the os admitted two fingers, and the membranes bulged. The membranes were at once punctured, and much liquor amnii ran off. The head then came down on the os. The pain still continued, the woman being anæmic and faint. Pulse 130; very weak. The os now dilated to size of half a crown, and internal hæmorrhage was found to be taking place; a lateral placenta prævia was then diagnosed. Digital dilatation of the os uteri was effected, and forceps applied. The child, which was small, immature, and dead, was quickly delivered. Much internal hæmorrhage was found to have taken place, but the uterus, after being emptied and douched, contracted well. The patient afterwards recovered satisfactorily.

M. C—, æt. 26. Confined November 12th.

Previous labours three. No miscarriages. Last period February 14th.

The woman, when seen first, was found to be pale and anæmic; pulse 120. The bed clothes were saturated with blood. *Per vaginam* the os admitted two fingers, which came upon an almost central placenta prævia. Under chloroform the margin of the placenta was reached, the membranes ruptured, and a *de Ribes* bag inserted. There were some weak pains.

The bag came out after three hours, and delivery was effected by forceps. The child was dead, the cord being wound tightly five times round the neck. The placenta was born, and the after progress uneventful.

It was remarkable that within twenty nine days we should have had a series of five such cases. The incidence of placenta prævia is about 1 in 600 cases, so that we were very fortunate in such an exceptional occurrence. The points which struck me in these cases were:

(1) The hopelessness of the first case from the onset. The treatment now recommended for such cases is to pack the vagina thoroughly and put a binder on the abdomen, but I doubt whether it could have been adopted in this case.

(2) The absence of any effective pains. This is a serious complication in these cases, and is not made much of in the books.

(3) The bad prognosis for the children. There was only one child in the series of six children which might possibly have been delivered alive.

Vis Medicatrix Naturæ.

WE have received from China the following notes which accompanied a specimen kindly presented to the Museum by Dr. Williams. We publish the case in full on account of several interesting local touches.

NOTES OF A CASE OF SPONTANEOUS CURE OF INTUSSUSCEPTION.

By Dr. J. E. WILLIAMS.

Summary.—The intussusception was passed *per ano* on June 15th, 1904—seven days after the patient came under my notice, and fourteen days after severe (not acute) symptoms occurred. The patient got up to stool as usual, and thought he had passed a "large motion," or possibly "worms." It came away without any untoward symptoms, no pain, no hæmorrhage. The bowel I at once recognised to be ileo-cæcal with the vermiform appendix (?), and after daily cleansing in disinfectant solution and water I found it to weigh about two and a half ounces, still containing some hardened feces, much bile pigment diffusing in the preserving fluid of Spiritus Vini Rectificati and Thymol. The length of whole intussusception, if drawn out (which I did not do, fearing to spoil the specimen), I guess to be about twenty inches—twelve or more inches being ileum.

History.—Chow Nien, a youth of 20 years, in humble circumstances, living at Chang Chuang, or village of Chang family, three miles east of Sia K'ien, in province of Honan, China. His parents are farm labourers, and he has been accustomed to do his share of field work as his strength permitted. The usual dietary of people in his station of life in this province is exceedingly coarse and simple. Thin wheat flour porridge, in which one of many kinds of pulse is boiled, half cooked, varied with millet and sorghum, porridge or dough-strings made of flour, accompanied with barley bread or coarse wheat bread, and all kinds of cooked vegetables, raw onions, garlic, leeks, capsicum, and pickled vegetables; sometimes Indian corn cakes, and at the four feasts of year some pork, beef, and mutton according to means.

Chow Nien's past history.—When an infant of two summers, had the usual bowel trouble with gastric irritation and vomiting due to improper feeding; four years later this recurred; when aged thirteen years he had eight days of remittent fever, and a similar attack three years later. In June, 1903, he partook too freely of some fried pork—the pig died of disease—which gave rise to diarrhoea lasting ten days. In July and August of same year he had diarrhoea with fever, off and on, for the two months; this pulled him down considerably, and he became fallow in complexion, and lost flesh and strength.

On June 1st, 1904, when atmospheric temperature was ranging between 72° to 94° daily, he slept out in open yard of his mud-brick home to avoid the close air within. On rising early next morning he was seized with severe pain in abdomen, and shortly he passed a loose motion followed by constant nausea and vomiting, inability to retain anything—fluid or solid—in stomach, loss of appetite, and constant pain in abdomen. This continued for six days without any evacuation by bowels. A native doctor (?) was called in who punctured him once in abdomen with a red-hot needle or skewer, and twice in each arm besides ordering him to take the fresh-flowing blood from a decapitated cockerel, all which instructions were faithfully carried out, but sad to say he got no better. On June 8th his maternal aunt, who is in our employ (being, with her sister, members of our communion), induced his mother to bring him in, as he had not benefited by exhibition of worm powder and Epsom salts grs. xlv, Pulv. Rhei. grs. v, dispensed for him, on verbal statement of his friends, who came in to ask for worm medicine for pain in abdomen; accordingly he came to reside on the premises for treatment, and, without seeing him, I prescribed *Ol. Ricini* ʒiv, brandy ʒj, Tinct. *Opii* mxxx.

In afternoon of same day I was passing through our side courtyard and noticed in distant passage a youth sitting on a low chair bent forward "nursing his knees." I then learned for the first time that he was the patient in question. I ordered him to bed and found him in following condition:

Patient reclining on straw mattress, the abdomen uniformly hyper-distended, a slightly exaggerated fulness on right of mesial line in hypochondriac region, and passing down into umbilical region. The bowels could be seen distended through the thinned abdominal parietes, increased peristalsis, constant borborygmi, no marked seat of pain on pressure in any part, only tenderness on right side where fulness existed, the whole abdomen being soft and yielding on palpation. Vomiting occasionally dark, yellowish-brown, bile-coloured, highly-offensive fluids, which afterwards became stercoraceous. Appearance decidedly ill-looking, complexion fallow. Pulse 96 to 100.

I drew my assistant's attention to the peristalsis and fulness above mentioned, and tried to explain to him by infolding of handkerchief what I believed was the cause of his trouble, but I must confess I

addressed my treatment to the symptoms, and sometimes overlooked my own tentative diagnosis "Intussusception." Vomiting always gave relief to his symptoms of distress and discomfort after food. One marked feature was that his breath always smelt peculiarly sweet, not offensive in any degree.

Treatments.—The castor oil and opium having given relief on morning of June 8th, I gave Grey Fri. grs. ij, Pulv. Rhei. grs. iij, Sod. Bic. grs. iij in evening, and during night he had three very small motions—black-brown and yellowish-brown—of semi-solid consistence.

June 9th.—As vomiting and discomfort continued, and he spoke of deriving benefit from castor oil and opium I repeated it, and it was retained two hours.

June 10th (6.30 a.m.)—Bad night. Vomiting continued. Barley and rice-water not retained. I gave hypodermically Quin. Tact. grs. ʒj, Morph. gr. ʒ, and half an hour later Hyd. ʒ Cret. grs. v, by the mouth, this was retained for three hours; 11.30 a.m. gave Hypod. Cocain gr. ʒ, Digitalin ʒj, Strychnine ʒj, followed in half an hour, by the mouth Hydrarg. subchlor. grs. iv; retained.

From this time on he began to pass *fatus per anum* freely; borborygmi diminished. Temperature in month 100°, pulse 120. Patient showed his gratitude by biting the bulb off my thermometer. Generally lying on right side; lower extremities semi-flexed. He began to feel hungry for first time since obstruction. At 7 p.m. he had a semi-fluid, foul-smelling, dark brown motion. He went on improving slightly every day, but still very weak and ill-looking.

June 14th.—I began to fear his disease was typhoid fever.

June 15th.—Tongue and conjunctiva anæmic. Pulse 100, temp. 98°. Evening of this day the "intussusception" was passed while at stool; gave him sensation of a "big motion" or "worms"; no pain, no hæmorrhage. After this it was almost impossible to keep him on his back; he would sit up in bed, so we gave him reclining chair, and he continued to improve very slowly day by day, so on July 13th, after his temperature had been normal for fourteen days, and his pulse had improved in tone, though his bowels were still relaxed three times in twenty-four hours, and easily upset by any error in diet, I suggested his returning home.

I have been told by his aunt-to-day, August 3rd, that he continues much as usual, strength very indifferent, appetite good, with three or four loose motions a day; no astringent medicine appears to help him.

One of the "sequelæ" of this case is the unenviable notoriety it has brought upon the work here in general and myself in particular. It was bruited abroad the streets, after the patient had gone home, that "the foreign devil's medicine was so strong that it could make a sick man 'shed' or defecate his own bowels."

Yuletide at the Hospital.

THE Christmas festivities extended over two days. There was the patients' dinner of turkey and plum pudding, with carol singing on Christmas day—to say nothing of all the presents so lavishly dealt out in the wards. The decorations were enchanting, from the tree in Lucas to the holly and *birch* in Isolation. It is wonderful how much can be done with a piece of crinkly paper and one of the new electric lights. Then came Boxing day with all the amusements; so varied were they that it was said all previous Christmas festivities had been excelled. But it is always thus! There was the organ-grinder with his monkey, and after them followed shrieks, groans, and laughter. Some believe in the transmutation of souls. Not one could have doubted it, had they seen our Simian friend at the close of his performance, exhausted by his antics and the tightness of his skin, quaffing fire-water in a ward kitchen. Surely we knew him earlier in the morning as an orderly member of the junior staff; at all events, he now answers to the name of Parker.

Gramophones of course there were in plenty; some thought too many. And especially was this true of the Mackenzie's Band. These gentlemen, with their extraordinary music and still more extraordinary instruments, won the admiration of every audience. Smithfield sleeps again now that their practices have ceased.

But it was not all local talent. There were ladies and gentlemen from all quarters, including many members of the staff, whose presence had a cheery effect upon the patients. Miss Moore with her violin and Dr. West with his songs delighted several wards. One who had recently been a patient in the wards, and who has no small reputation on the stage, gladly came down and gave some delightful comic sketches in a few of the wards. And so we take this opportunity of thanking them, one and all, for their kindness in coming to help us in making the day a happy one for the patients.

Perhaps the most popular of all the strolling performers were the six carol singers of the day before. On this occasion they sang nigger minstrel songs from 4 o'clock till 8 amidst loud applause, and never seemed to tire. However, they scored a well-earned, unexpected, and therefore all the more enjoyable, supper. The turkey and trifle just went round, and a spoon is as useful as a knife at a picnic. Who said that serenading was a lost art? The games afterwards caused a deal of amusement. It was said that the New Zealander's shoe had travelled all round THE DISTRICT. But what is a shoe without a *man* to play with? The game continues, but all further engagements are cancelled on account of the frost.

And so the great day ended in good will and peace, except for the men on duty,—and the last fairy light went out, and the kiddies fell asleep,—and sister had her first rest that day and thought—of the morrow!

The Christmas Entertainment.

THE efforts of the Hospital Dramatic Society have been always appreciated by the indulgent audiences assembling each year in the Great Hall to witness the annual entertainment, but the measure of their good will would never have been known but for the unfortunate circumstances which, for the first time in the history of the Club, last year prevented the usual performance from being given.

It is not too much to say that the abandonment of the Christmas entertainment of 1904 was regarded by the staff and those of the public who are accustomed to be present as quite a calamity. It is in the rough places of life that one finds one's best friends, and certainly the A.D.C. has discovered this to be the case.

In order to insure success this year the Club decided to revive the farcical comedy "Engaged," by W. S. Gilbert. It was last presented in 1893, and then proved a great triumph, and, though it would be invidious to recall the excellent performances of certain of the members, we may say with propriety that the show of 1905 well held its own with the former one.

The play is perhaps stuffed too full of good things. There is hardly a line that has not some quaint turn, and it is therefore difficult for the audience to catch the complete spirit of the piece from the beginning, but when once laughter comes it is almost continuous, and quite exhausting.

Each part, large and small, is good, and gives an opportunity to every member of the cast, if we except the two "friends of Mc Gillicuddy," who appear at the end of the first act with the wedding cake. For representatives of these two gentlemen the Club had to rely on the good nature of whoever could be found to sacrifice themselves for the good of the community. This year the A.D.C. is indebted to Messrs. Almond and Holroyd.

Each year has been marked by the success of one or more individual members, and 1905 will be memorable for the excellent presentation of the female characters, and especially for Mr. N. G. Horner's Belinda Treherne.

Mr. Horner is a newcomer, and it is not too much to say that he is a great acquisition. He made probably the best lady we have yet had, and we speak recalling such clever impersonations as Messrs. Knight, Holmes, Cornish, and Berryman. He quite identified himself with his part, and his stage carriage, for a man, was wonderfully good. To this he added the virtues of an enthusiastic and thorough acting manager.

Mr. C. P. Charles, as Minnie Symperson, made his *débüt* in a part with less opportunities, but his acting was sound, and he also bore himself remarkably well, though handicapped in the second act by an unbecoming wedding dress.

Mr. A. C. Wilson was demure as Maggie Macfarlane, and played her part consistently well all through.

Mrs. Macfarlane had a very good exponent in Mr. Basil Adams, who raised a small part into one of distinction.

Mr. Burfield, as Parker, used a terrific smile to much advantage in her love scene.

Of the male characters the palm goes to Mr. Philip Gosse, whose Belvayne, without exaggeration, scored many subtle points.

Mr. A. H. Muirhead, as Cheviot, had an immensely difficult part, which was not altogether suited to him, and he was apt to over-accentuate it, but he scored well in the second and third acts.

Mr. V. Favell was a very natural Symperson, and he had a quiet manner on the stage, which leads us to hope that we may see him next year in a more important rôle.

Mr. "W. Macgregor" was lachrymose and very amusing as Angus, and Mr. Trevor Davis's selection for McGillicuddy showed the wisdom of putting a good man into a small part. His vigour was of immense service at the climax in Act I.

The excellence of the make-ups was due to the fact that Mr. George Fox was present in *propria persona*.

The cottage scene was very pretty, but this cannot be said of the interior which followed, though the stage manager, Mr. Elmslie, gallantly struggled with the hopeless task. The mustard and magenta of the proscenium, with its green curtains, was probably the greatest æsthetic horror conceived even by a fit-up proprietor.

The Musical Society, whose orchestra has of late years reached so high a level, was strengthened by numerous members of Dr. Dundas Grant's Orchestral Party, which has met under his direction for many years. The result of the combination was a really first class amateur orchestra.

The selection of music was very happily chosen. The success of the evening, Lugini's "Eggyrion" ballet music, was very warmly appreciated, and deservedly so. It was unusually attractive, while it afforded prominence to each section of the orchestra in turn, thereby displaying their powers to the best advantage. Mendelssohn's "Fingal's Cave" and Gounod's "Mirella" were also charmingly rendered.

Finally, we must congratulate the officers of both Dramatic and Musical Societies on the outcome of their efforts.

The audience were heard to say many complimentary things as they left the hall.

Considering the popularity of the entertainment, it is surprising that the existence of the A.D.C. should not be more widely known among the students.

The three chief reasons for this are:

Firstly, that the Club wakes to life only during the first half of the winter season.

Secondly, that for several well-considered and sufficient reasons, the A.D.C. does not form one of the Amalgamated Clubs, and loses advertisement thereby; and

Lastly, because the greater number of students are unable to gain admission to the annual performance.

The first of these disadvantages can be removed by the resumption of the very successful nurses' entertainments which have for some years fallen into abeyance, and by giving an occasional performance

outside the hospital for charitable purposes. Our own rebuilding fund would be an excellent opportunity in the near future.

The last drawback could be remedied by the introduction of a third evening performance, which would afford room for many students to gain admittance.

Now that we are generally setting our house of St. Bartholomew in order, surely these suggestions should not be difficult to carry out.

The Clubs.

STUDENTS' UNION.

A meeting of the Students' Union Council was held on January 17th, at 4.45 p.m., Dr. Morley Fletcher in the Chair.

A skeleton plan of the proposed Year Book, which had been prepared by the Sub-Committee (Messrs. Hogarth, Neligan, and Gauvain), and circulated among members of the Council, was considered in detail, and on the motion of Mr. Harmer, seconded by Mr. Loughborough, adopted unanimously. It was decided that at least three thousand copies of the Year Book be printed, and that advertisements for it be accepted.

The responsibility for the preparation of the details of the book was allotted to various members of the Council and others, with instructions to submit the necessary manuscripts to the Sub-Committee before the end of February.

On the motion of Mr. Loughborough, seconded by Mr. Gauvain, it was decided that a Smoking Concert be held on Friday, February 24th. The management of the concert was entrusted to the Sub-Committee, which arranged the details of the previous concert.

Mr. Howard Penton's original sketches of the Hospital, which have been secured for the students of the Hospital by the Publication Committee of the JOURNAL, were submitted to the meeting and referred to the Finance Committee for framing.

Information was laid before the Council of the proposed London University Students' Representative Council. If the scheme proposed is adopted, London University Students at St. Bartholomew's will be entitled to have one special representative on that Council.

HOCKEY CLUB.

ST. BART'S v. MOLESEY.

Played at Molesey on Saturday, December 17th. The Hospital team being decidedly off colour Molesey won by 4 goals to 3. For Bart's the goals were scored by Adam (1), Griffin (1), O'Neill (1). Team:

J. Postlethwaite, L. G. Furber, L. L. Phillips, R. C. Berryman, B. H. Barton, G. F. Page, H. Gray, G. H. Adam, W. B. Griffin, A. O'Neill, L. F. Lewis.

ST. BART'S v. MOLESEY.

Played at Molesey on Saturday, January 7th. The Hospital team had their revenge for their defeat on December 17th, and won by 7 goals to 1. For Bart's Berryman and Griffin played well. The goals were scored by Griffin (5), O'Neill (1), Adam (1). Team:

J. Postlethwaite, L. G. Furber, L. L. Phillips, R. C. Berryman, B. H. Barton, W. R. Collingridge, H. Gray, G. H. Adam, W. B. Griffin, A. O'Neill, L. Furber.

ST. BART'S v. ST. ALBANS.

On Saturday, January 14th, at Winchmore Hill, the Hospital defeated St. Albans by 3 goals to 1. For Bart's Postlethwaite in goal played a very fine game. The goals were scored by Stone, Griffin, and O'Neill. Team:

J. Postlethwaite, J. P. Griffin, L. L. Phillips, R. C. Berryman, B. H. Barton, G. F. Page, H. Gray, G. H. Adam, W. B. Griffin, A. O'Neill, D. M. Stone.

CLUB RECORD TO DATE.

Matches played.	Won.	Lost.	Drawn.	Goals.	
				For.	Against.
15	10	4	1	56	40

We have drawn a bye in the first round of the Cup competition, and play the winners of the Guy's and St. Mary's match in the second round. We beg to congratulate the following Bartholomew's men who have been chosen to represent the United Hospitals Hockey Club against Oxfordshire on Wednesday, February 8th, and against a Surrey XI on Wednesday, February 15th:

J. M. Postlethwaite (goal), M. R. Coalbank (back), E. T. Glenn (forward).

Reserves.—A. L. Yates (goal), L. L. Phillips (back), G. F. Page (half).

RUGBY FOOTBALL CLUB.

Only two matches have been played this term, and both have been lost unfortunately.

January 7th.—v. Rosslyn Park, 3 points to 9.

January 14th.—v. Old Blues, 5 points to 11.

Four matches have been scratched owing to the bad weather. We are drawn against Guy's in the first round of the Cup competition, and the match which should have been played on January 25th has been postponed till about February 9th. It will be played at Richmond, and we shall be glad to see and hear a great many supporters at the match. We shall be represented by the following team:

P. A. With, H. B. Owen, T. S. Gibson, F. C. Trapnell, E. V. Oulton, H. M. Coombs, P. R. Parkinson, W. B. Grandage, H. A. Harris, C. H. Hott, P. Trewby, C. R. Hoskyn, D. G. Pearson, H. B. Follitt, G. H. Almond.

The Association F.C. meet Charing Cross in the second round of the Cup competition before February 20th.

Round the Fountain.

House Surgeon (demonstrating a case of gangrene to new dressers).—Such a condition is quite compatible with diabetes.

Dresser (practically).—Oh! But he does not *own up* to it!

The following true story comes from the district:
Enthusiastic Clerk.—"Well, Mrs. Brown, you have got a fine baby. It weighs 10 lbs."

Mrs. Brown (sorrowfully).—Yes, doctor, I always gets 'em big in spite of that text which hangs over my head.

The text was "Suffer little children to come unto me."

The Night Dresser's Dream.

IT was three o'clock on a Sunday morning, and the fifteenth cut head had just been dressed by my sleepy fingers. The alcoholic blessings of the victim were still ringing in my ears and nostrils as I crawled slowly back to the night dresser's room and deposited myself on the bed.

Hardly had I closed my eyes when a sound of hurrying feet on the flags outside awakened me, and I ran to the window and looked out. Three large beadles in pyjamas

were running towards the surgery, tearing their hair and sobbing. I called to them, but they heeded me not. Alarmed by their strange appearance, and attracted by some mysterious influence, I ran precipitately in the direction of the Square. Here was a scene of the wildest panic and confusion; sisters, nurses, porters, clerks, and dressers were hurrying to and fro, shrieking and gesticulating, while the members of the Senior Staff were holding an impromptu and undignified consultation in dressing gowns around the Fountain.

"Whatever does it mean?" I asked.

"The end of all things!" came the reply from a hundred lips.

Suddenly a rush was made towards the Out-patient and Casualty Block, now almost completed, and I was borne along with the crowd into Giltspur Street. A body of pale, inky youths, with reporters' note-books in their hands, and pencils and cigarettes behind their ears, was blocking the entrance of the new buildings. Inspired by some strange frenzy, I joined a little band of heroic house surgeons and charged the gates. We forced our way through and reached the basement. One, bolder than the rest, led us down a flight of steps into the crypts and dungeons set apart for the use of scrubbers and refractory surgery-dressers. In a dark corner I beheld a tall anæmic man stirring something in a large cauldron above a spirit lamp, and laughing softly to himself.

"Villain!" I cried, "We have found you at last. Prepare to die!"

"Too late!" he shrieked in ecstasy, "My work is well-nigh done. Within this pot there lies bubbling collodion and picric acid; in ten seconds it explodes. Your scheme will be wrecked. The Halfpenny Press triumphs. Great Editor forgive!"

He struck the cauldron with his hand. A blinding flash of yellow flame filled the air, followed by a crash and a roar. The walls collapsed, and I became unconscious.

I awoke to find myself on a couch in an open space. A female in the costume of a Lyons' waitress was feeding me with Grape Nuts through a nasal tube and whistling to herself.

"Where am I?" I whispered faintly.

"You are at the New St. Bartholomew's," she replied.

"And where is that?"

"Near Clapham Junction, on the thousand-acre site lent by the new Treasurer, Lord Answers."

"And who are you?"

"I am Sister 'Comic Cuts.' You were in 'Home Chat' Ward, but now you have been moved to 'Comic Cuts.' And we are all so fond of you," she added as an after-thought.

"Tell me about the place" I asked faintly, looking at the vast expanse of galvanised iron huts around me.

"Well, it's a lot to tell, you know, but it's all very simple.

Each ward is named after one of the papers—there are 350 in all at present, and the Visiting Staff is selected from among our best advertisers. Each subscriber to the *Mail* or the *Mirror* has a vote at the elections. Dr. Tibble and Dr. Williams got on, of course, quite easily; but there was a lot of feeling when Professor Dowie was elected on Tuesday last. The Bond Street bone-setter and the Miner Surgeon do most of the major operations, and there's always a cinematograph at work in each theatre. Mother Seigel is the new matron."

"And what about the Medical School? Are there any students now?"

"Oh, yes! but not like the old ones: they're much jollier nowadays. The smartest written notes in the wards are always published next day in the *Mail*, and there's a prize each week given by *Answers* for the raciest description of an operation. We're very up-to-date at Bart's."

"And the lectures—do they still go on?"

"Oh, yes! they're awfully popular—at least some of them are. We bought up the *Sporting Times* last month, you know, and the forensic lectures and some of the surgery clinics are printed in that every week. Such fun!"

"And the old site in Smithfield?"

A momentary cloud crossed her brow. She hesitated a second and looked round anxiously.

"They've sunk the shafts and all that," she whispered, "but they haven't found the gold yet."

"What gold?" I asked in surprise.

"Why, it was said to be a gold mine, if you remember. His Lordship, is very much upset about it, but they're still digging away. The *Express* has said the horrid things, and the butchers have burnt the threepenny dispensary we put up there—but hush!"

A heavy footfall sounded in the distance, coming nearer, and the sister busied herself once more with the Grapes.

"Who is it?" I inquired as best I could.

"I don't know. It may be—"

But it wasn't. It was the night porter, and he only said, "Another cut 'ead in the surgery, sir."

N. C. H.

Alcohol in Health and Disease.

A MEETING convened by the British Medical Temperance Association was held in the Library of St. Bartholomew's Hospital (by kind permission of the School Committee) on November 25th. Over fifty students were present. After tea and coffee, Mr. W. McAdam Eccles presided, and after reading letters of apology for absence from Sir Lauder Brunton, Sir W. Collins, and Dr. R. Jones, at once called on Prof. Sims

Woodhead, who had kindly come from Cambridge and was obliged to leave early.

Prof. Sims Woodhead said that he should discuss the question of alcohol from a physiological and medical standpoint. It had not at present received the attention it deserved, but it was being increasingly studied in Germany, France, Russia, and in every country where they had physiological laboratories and observant men. It was now generally recognised that alcohol must be regarded as a poison acting directly on protoplasm. It was one of a group of such poisons, and at a strength of 13 per cent. would kill any protoplasm, but affected its functional activity very materially in much smaller proportions. In order to test this he had employed a culture of the phosphorescent bacillus, and he found that 2 or 3 per cent. was quite enough to diminish its phosphorescence so that it could be measured photographically, thus proving that its activity was lowered. Other forms of protoplasm had their functions similarly lowered long before they were killed. It had been given as a reason for using alcohol that it diminished the output of carbonic dioxide by preventing, it was said, the destruction of tissue. But this meant that the metabolic activity of the tissues was affected, not preventing waste, but altering function, thus involving a great danger of impairing the activity of the protoplasm. We might, he thought, safely conclude that alcohol is a protoplasmic poison, in all probability definitely damaging the tissues. The pathological action of alcohol was shown by the fatty degeneration it produced. The excessive use of alcohol was one of the most common factors in the production of fatty degeneration and fatty infiltration. It was the result of some very subtle alteration in the process of oxidation of the tissues, which alcohol interfered with both directly and indirectly. If protoplasm did not receive enough oxygen it lived upon itself. A certain amount of urea was excreted even in starved animals, and that must have been produced by the disintegration of protoplasm into urea and fatty matter. If to the starving animal phosphorus or alcohol were given, the process of fatty degeneration was accelerated very materially. Then there was the question of the nutritive value of alcohol. Some maintained that alcohol could be oxidised to advantage, but others maintained that this oxidation was somewhat similar to that which took place when toxins were introduced into the system, such toxins as those of diphtheria and tetanus; there was an attempt on the part of the body to render these poisons innocuous. Some oxidation occurred, but he believed, and experiments bore this out, that it took place in order to render the substance less poisonous, and not with the object of obtaining so many calories of energy.

His position was that alcohol was absolutely unnecessary in health, and he believed that in most cases of disease it was not only unnecessary, but distinctly injurious. In disease there were degenerative changes in the tissues, and

as it increases this breaking down of tissue in starving dogs, it probably does the same in diseased tissues. Further, in the later periods of life, when metabolism is slowing down, far more damage was done by giving patients alcohol than could be compensated for by any good which was believed to come from it.

They had now many experiments which show that alcohol interferes with the production of immunity in animals, and therefore probably also in man. As we could lower the immunity in animals, we ought, for this reason, to be exceedingly careful not to give alcohol in cases of infectious fever unless we had some definite object in view, some symptom which alcohol, and alcohol alone, could relieve: he did not say never give it, but experience was the most misleading of all things when someone else was the subject of the experiment. We should have experimental justification of the giving of alcohol, just as we required the same evidence in the case of other drugs. He believed, along with many great surgeons, that alcohol had a very injurious action, especially in septic diseases. He asked them to study these matters for themselves, and he was convinced that they would find that there was a great deal more to be said against alcohol and its action upon our tissues than had ever been said in its favour in any capacity.

After remarks by the Chairman, and by Dr. J. J. Ridge and Dr. Claude Taylor, who proposed a vote of thanks to the School Committee, the interesting meeting was brought to a close.

Consultations.

OCTOBER 13TH.—Mr. D'Arcy Power showed a boy, *æt.* 14, in whom there existed an imperfectly descended testis on the right side complicated by an interstitial hernia. The right testis was absent from the scrotum, and in the situation of the inguinal canal was a small solid swelling, very freely movable, and when pressed upon produced "testicular sensation." Above the testis a hernia existed, the contents of which, instead of passing down towards the scrotum, passed upwards between the layers of the abdominal wall. The lump had been noticed by the mother since the boy was an infant; it has caused him some pain lately. The hernia was small, easily reducible, and not always down. Mr. Power suggested the operation of radical cure of the hernia and removal of the testis if it could not be brought down into the scrotum. He could not make out definitely into which layer of the abdominal wall the hernia penetrated.

Mr. Bowly and Mr. Waring both agreed as to the diagnosis, and proposed same line of treatment.

Mr. D'Arcy Power operated a few days later and found that the sac lay between the external and internal oblique muscles.

JANUARY 5TH.—Mr. Bruce Clarke showed a man, *æt.* 30, suffering from ulnar paralysis on right side. Two and a half years previously a "neuroma" was removed from the ulnar nerve just above the internal condyle of the humerus. During last eight months flexion of little finger came on, with wasting of ulnar intrinsic muscles, and also of forearm. The pain and tenderness on palpation was very severe. The ulnar intrinsic muscles still showed a slight reaction of degeneration, but the flexor carpi ulnaris reacted naturally. A small swelling could be felt at the junction of the upper and middle third of the humerus in the course of the ulnar nerve, and the question was raised as to whether this was another neuroma or the bulbous end of the divided nerve. All present were agreed that this swelling should be

explored, but there were many suggestions as to the further operative treatment of the case. On January 10th Mr. Bruce Clarke exposed the ulnar nerve and found the two ends joined together by a thin strand of tissue. He removed the bulbous swelling from the upper end, which he proceeded to suture to the median nerve. The patient is now free from all pain and hyperæsthesia.

JANUARY 5TH.—Mr. D'Arcy Power showed a girl, *æt.* 10, who had attended the surgery since October, 1903, with pain and swelling of the right knee. There had been an enlarged gland in the right groin, which was removed, but under the microscope did not show the presence of tubercle or sarcoma. The skiagram showed an irregular rarefaction of the femur immediately behind the upper half of the patella. The diagnosis lay between sarcoma and osteitis. No other suggestions were offered, and those present were of opinion that the disease was probably tuberculous, and advised exploration by means of an antero-lateral incision.

Mr. D'Arcy Power subsequently explored the femur at the knee through an antero-lateral incision on the outer side and found caseous osteitis at the lower epiphysal line.

JANUARY 5TH.—Mr. Harmer showed a case of fragilitas ossium. The patient, a girl, *æt.* 5, had, since April, 1902, fractured her right femur four times, her left femur twice, and her left humerus once. Two of the fractures of the right femur and the fracture of the humerus had taken place since June, 1904. At the present time her right femur showed a slight thickening at the junction of the upper and middle thirds, but no shortening. Her humerus and left femur showed no signs of any injury.

The patient's family history was of interest thus:—Her only brother, two fractures of clavicle; mother, two fractures of femur; maternal uncle, three fractures of both bones; another uncle, four fractures; aunt, three fractures; maternal grandmother, six fractures of left femur, and one fracture of right femur.

With regard to the pathology and treatment of the disease, the surgeons present made various witticisms, but—

"As no one present seemed to know
Its cause or cure, they let her go."

The Rahere Lodge, No. 2546.

A MEETING of the Rahere Lodge, No. 2546, was held at Oddepin's Imperial Restaurant, Regent Street, W., on Tuesday, 17th January. W. Bro. J. H. Gilbertson, P.P.G.D. Herts, W.M., being in the chair. Acting upon the recommendation of the Standing Committee the Lodge decided to make an annual allowance of £10 for five years to the widow of the late Bro. Maddon, Tyler, and a grant of £10 to the widow of the late Bro. Holmes Cootie. Bro. Anderson agreed to act as steward at the forthcoming festival of the Girls' School, and a contribution of ten guineas to that Institution was voted. Bro. Corner was advanced a step, and the names of four candidates for initiation were announced.

Bro. Laming Evans was appointed to represent the Lodge on the Board of Management of the St. Luke's Lodge of Instruction. The Brethren subsequently dined together.

Medical Electricity.

PART from a few isolated attempts in this direction, the use of electricity in medicine scarcely dates back further than half a century. During this time, however, the advances made in the application of electricity to medical diagnosis and treatment have been numerous and all-important. To-day no hospital is completely equipped if it does not possess an electrical department, and no physician or surgeon can afford to neglect the assistance which various forms of electrical apparatus are able to afford.

Fortunately for the success of this branch of medical science, it counted amongst its founders some of the greatest names in medicine and physiology: Duchenne, Remak, von Ziemssen, du Bois Reymond, and Pflüger. Were it not for the assured basis which such men as these gave to the matter, who can say to what depths of ignorance and charlatanism this latest development of the healing art might have been brought by unworthy exponents? For no section of medicine has suffered so many quacks during the past few years, and no section of medicine has, on this account, had so hard a struggle to find acknowledgment by the honest practitioner. It must have been so! The most casual consideration of human nature will serve to explain why it is easy to persuade the ignorant that their ills can be cured by the application of a force the manifestations of which approach most nearly to the supernatural. Had there been much more of this kind of thing, the true function of electricity in the service of medicine would have remained undiscovered longer than has been the case. For a science most surely ceases to advance when it falls into the hands of the ignorant and the knavish. This danger is by no means past for medical electricity.

Fortunately, however, whilst there are many who undertake electrical treatment with scarcely enough knowledge to distinguish the anode from the kathode of their battery, there are some who are devoting their whole energies, with a background of great skill and learning, towards maintaining for medical electricity a status and a reputation which are beyond reproach. To these few men we owe it that their subject is not to-day a pseudo-science. Very few of us probably know the struggle which these men undergo for the sake of their speciality. Formerly the obstacle was sheer indifference; now it is arrant humbug. It is true we have to a great extent got rid of the vulgar quackery of the "electric belt," but we are threatened with a more subtle form of quackery,—the "institute" where "electricity" is vaunted as a cure-all, and where a "qualified medical superintendent" is only too often (said to be) in charge.

The foundation of the British Electro-Therapeutic Society four years ago should do much to help cleanse the Augean stable. We feel sure that under the presidency of Dr. Lewis Jones much good work will be done by the association, and that a watchful eye will be kept upon all matters over which it has jurisdiction or concerning which it gives an opinion. In all its own affairs, needless to say, it must vie with Cæsar's wife herself.

We now have before us the fourth edition of *Medical Electricity** the work of the President of the Electro-Therapeutic Society. It is a pleasure to bear testimony to the care and learning which are apparent on every page of the

* *Medical Electricity*, a practical handbook for students and practitioners. By H. Lewis Jones, M.A., M.D. Fourth Edition, pp. 516, many illustrations, price 12s. 6d. net. (London: H. K. Lewis, 1904.)

book which so fully deserves the place it has earned as the classic in this particular branch of medicine in England. A detailed guide to all that is worth knowing in the subject, it is yet free from all those extravagances which so often seem the inevitable heritage of the specialist. It is obviously the work of one who knows his matter well, who could say much more if he chose, but chooses to say less and be believed. This spirit of forbearance is prominent throughout, and forms a welcome antidote to the contrary spirit which, as we have already noticed, is so much abroad to-day.

To keep pace with the growth of the subject the book is of larger size than in former editions, and its range is considerably amplified. A chapter on the use of electricity of high potential is added, and we naturally turn to it to see what opinion Dr. Jones holds of the value of the much vaunted high frequency currents. Incidentally, the author considers that the high frequency method of general electrification of the patient has not been shown to possess any conspicuous advantage over the use of the static machine. Dr. Jones considers, as we all do, that "high frequency" is being overdone in this country. "It has fallen into improper hands, and is being extensively abused. It is exploited by syndicates, by municipal bodies in health resorts, by the proprietors of nursing homes and massage institutes, and by others in places where 'treatments' are administered by unqualified people. It is advertised by means of placards in public places, and vacuum-tube effects and rubbishy claptrap about the enormous voltages which can be safely applied to human beings by its aid are used to impress an ignorant public. It is being applied indiscriminately to the treatment of all kinds of morbid conditions. . . . Under these circumstances, it is only natural that high frequency treatment should be condemned by many who have not the time to examine it for themselves."

The chapter dealing with the Röntgen rays has been extended, and it includes an account of radium, with other radio-active elements and their therapeutic uses. The chapter forms a good *résumé* of our present knowledge of these matters. In the section on lupus vulgaris Malcolm Morris and Dore's paper is quoted, in which the relative merits of X-rays and the Finsen light are admirably discussed. Reference is made to Senn's cases of "lymphadenoma" successfully treated by X-rays. We should like to point out, however, that a count of 208,000 leucocytes per cubic millimetre is scarcely compatible with a diagnosis of lymphadenoma.

Much of the first part of the book, dealing with apparatus, is largely rewritten, the chapter on "The Induction Coil" for instance, which contains an interesting plate of tracings of induction-coil discharges under different conditions, and a discussion of the relative advantages of long and short coils and the frequency of interruptions. Everywhere the choice of apparatus, and methods of use for different diseased conditions, are fully dealt with. As an appendix,

a list of towns with continuous and alternating current supply is given.

We most cordially recommend Dr. Lewis Jones's work to our readers, and congratulate the author upon its excellence.

Reviews.

PRACTICAL MANUAL OF DISEASES OF WOMEN AND UTERINE THERAPEUTICS. By H. MACNAUGHTON-JONES, M.D., M.Ch. Ninth Edition. 1044 Pages, 637 Illustrations. Price 21s. net. (London: Baillière, Tindall and Cox.)

When a book reaches a ninth edition it may be taken as an axiom that it possesses exceptional merit or meets a popular want. The book before us is described by its author as a "Practical Manual." We suppose that means a book to which the practitioner of medicine or the student may refer for details of treatment which for various reasons are omitted from the more scientific treatises or text-books. The volume before us possesses a wealth of such detail, and enables us to acquire, with a minimum of trouble, a knowledge of the various modifications of operative procedures upon the female generative organs which the ingenuity of gynecologists of all races and tongues has been able to devise. The amount of information crowded into these pages is immense—cystoscopy, massage, electro-therapeutics, treatment by drugs, treatment by douches, treatment at spas—here you have them all. Should your tastes be surgical here are ten different ways in which you may remove the uterus, and as many different ways in which you may tie your ligatures, whilst the number of instruments figured and described is truly bewildering.

The book has been very carefully compiled, and abstracts of many new and important papers have been incorporated into the text. The work is not suitable for the student who is commencing his studies. He would be lost in the mass of detail and wander in a maze with no thread to guide him. The broad principles on which the science of gynecology rests are not sufficiently brought into relief; there is nothing in the book to distinguish what is essential from what is unimportant. Again, many of the procedures recommended are open to criticism, and the symptoms ascribed to certain variations in position or structure of organs are the result of guesswork and not of scientific proof. To the student who is working for the higher examinations, who possesses a sound knowledge of the principles, and who is capable of distinguishing between facts and theories, the manual will prove of great value as a work of reference. The illustrations are admirable. Many are original, and illustrate points which in the past have been somewhat neglected, others are borrowed, and amongst these we recognise many specimens from our own museum, which have become widely known through Hubert Roberts's beautiful drawings. The book is well printed, and in every part shows evidence of careful work.

THE NUTRITION OF THE INFANT. By RALPH VINCENT, M.D. Second edition, revised and enlarged. (Baillière, Tindall & Cox, London.) Pp. 321, demy 8vo. Price 10s. 6d. net.

This is a revised edition of a thoroughly scientific book, which deals with many more questions and problems than its title would imply; but the essence of the book is to emphasise the success which has attended the "substitute" feeding of infants by milk prepared in the laboratory as distinct from the "artificial" feeding centage feeding the author has been a zealous disciple of Dr. Rotch, of Boston. We cannot quarrel with any of the author's statements or conclusions, but in our limited experience of infant feeding it seems that the *exact* percentage composition of the milk is a point of insignificance compared with the great importance of the rules of general hygiene and cleanliness both in the milk producer and in the consumer; therefore we deem the most instructive chapters in the book to be those concerning "The Milk Supply," "The Bacteriology of Milk," "Milk Depôts and their Organisation." These show to what a low standard of hygiene we have at present attained.

LECTURES ON DISEASES OF CHILDREN. By ROBERT HUTCHISON, M.D., F.R.C.P. (Published by Edward Arnold, London.) Pp. 350, crown 8vo. 8s. 6d. net.

These lectures will serve as an excellent clinical guide to students

who are beginning the study of children's diseases, as, for instance, clerks in the special out-patient department, and also to practitioners who have had no opportunity for such special study. The subject is treated very simply and systematically from the clinical point of view, and there was no intention on the author's part to rival existing treatises. The photographs are invaluable, and help to impress upon the mind the truths of the text. The chapters upon the artificial feeding of infants, functional nervous disorders of childhood, some common symptoms and their diagnostic significance, are especially noteworthy. The book is well got up, and is not expensive.

DISEASES OF THE HEART. A CLINICAL TEXT-BOOK. By E. H. COLBECK, M.D., F.R.C.P. Second edition, revised and enlarged. Pp. 344. (Published by Henry Kimpton, London.) Price 7s. 6d. net.

This book will be found especially useful to those students and practitioners who require a more detailed account of diseases of the heart than is found in text-books, and the earlier chapters concerning the anatomy, physiology, and methods of examination elucidate the fundamental facts of the subject in a thorough and scientific manner. We do not think that the author does himself justice in the chapters upon "Angina Pectoris" and "Functional Diseases of the Heart." He keeps too closely to the accounts given in the text-books; whereas more originality of thought would be welcome in such a book. We are sorry that he should perpetuate the use of such a term as *Ecce angina pectoris*. There is not much new matter in this edition.

A TEXT-BOOK OF MEDICAL PRACTICE FOR PRACTITIONERS AND STUDENTS. Edited by WILLIAM BAIN, M.D., Royal 8vo, pp. 1011. Price 25s. nett. (Longmans, Green and Co., London.)

If there is room for another text-book of medicine this volume will undoubtedly prove itself useful to many practitioners of medicine. The points in its favour may be tabulated as follows:

- (1) It is up-to-date, and contains the most recent doctrines of medicine.
- (2) Its sections are written by different authors—each a master of his subject—and yet the whole makes a complete and compact volume.
- (3) These authors emphasise the points of practical importance in their subjects, and are not led off to discuss any special theories, which is generally the drawback to books of this kind.
- (4) A short account of the most recent anatomical work bearing upon the subject precedes each section, and these are written by such eminent teachers as Professor Arthur Robinson and Professor Brodie.

The remaining list of authors includes such authorities as Sidney Martin, J. S. Risien Russell, W. P. Herringham, Dixon Mann, Percy Kidd, and others.

The usual order of the subject matter is reversed. Dr. Bain begins his book with the four great systems—alimentary, circulatory, respiratory, and excretory,—and then comes to the nervous system, and finally the general diseases, with a short chapter on the interrelation of organs in disease by J. Rose Bradford, but this is a disappointing chapter.

To afford some definite idea of the plan of the book let us give details of the first section. It begins with twenty-one pages of small type concerning the Anatomy of the Alimentary System, illustrated by useful diagrams; then follow two chapters by Professor Brodie concerning "The Chemical Constitution of the Animal Body" and "The Physiology of the Alimentary System." These introduce us to Dr. Sidney Martin's section upon the "Diseases of the Alimentary System," which is excellent in every way, but very closely resembles his article in Dr. Gibson's text-book of medicine. Dr. Herringham's section upon "Diseases of the Kidney"—preceded by an account of "The Urine" by Professor Brodie—appeals to us because it is simple and dogmatic, and does not raise any difficult problems. Dr. Risien Russell's section upon the Nervous System speaks for itself, but here again we find that Dr. Gibson's text-book is shadowed in places; and this brings us back to our opening remark that it is doubtful if there is room for another text-book of medicine. But we can quite imagine that this volume will appeal to some, because it is so complete and handy. Therefore the Editor is to be congratulated upon his idea. The book is cheap, but the printing and cover have suffered slightly in consequence.

New Preparations, etc.

We have received from John Timson and Co., agents for Johnson and Johnson, U.S.A., the following articles, which we have tried:

LINTINE.—An absorbent fabric made of felted cotton-fibres in thin sheets. It serves as an elegant substitute for lint in its manifold uses, and it is not more expensive. The proprietors claim that it is more absorbent than ordinary lint, but we have not been able to prove this. It is certainly neat and convenient, but tears readily in one direction only.

BERNAY'S SPONGES.—Round thin discs of highly compressed absorbent cotton, which swell up into rounded balls of wool when put into water, thus making excellent sponges, swabs, etc. They are said to be aseptic, but at all events they can be readily sterilised before using. They occupy very little space, and are exceedingly convenient. They should be made of several sizes.

We have also received from the same firm samples of Johnson and Johnson's well known adhesive and other plasters.

THERMOGENE is a "medicated wool"—that is, a wool impregnated with some mild blistering agent. This action is enhanced by sprinkling water on the wool. Dry, it produces a pleasant sensation of warmth when applied to the skin; wet, it produces a varying degree of mild erythema dependent on the amount of water added, and on the nature of the patient's skin. We have found it useful in cases of chronic rheumatism, and also in a case of neuritis.

HÆMABOLOIDS, the Palisade Manufacturing Co. (Andrus and Andrus, 46, Holborn Viaduct).—A very palatable and convenient form of taking an iron tonic, but much more is claimed for the preparation than this, for it is, in fact, a food consisting of vegetable nucleo-albumen with extract of bone-marrow and beef peptones. There is a second preparation containing, in addition, $\frac{1}{10}$ gr. arsenious acid and $\frac{1}{10}$ gr. strychnia in each dose, which should make it a much more valuable tonic. We have not tried these preparations upon a series of cases, but will do so on occasion arises.

We were very glad to receive from J. S. Fry and Sons samples of their MALTED COCOA, MILK CHOCOLATE, and CHOCOLATES IN FANCY BOXES. The last two preparations are too well known to need more than a passing reference; the quality of these samples was quite up to the high standard of excellence that we expect from Messrs. Fry. The MALTED COCOA, however, which is a combination of Fry's Pure Cocoa Extract with Allen and Hanbury's Concentrated Extract of Malt, we have tried upon certain patients whose appetite could not be tempted by other delicacies. The results prove the nutritive value of the preparation, and its flavour is agreeable to all palates.

Examinations.

CONJOINT BOARD.

First Examination.

Chemistry.—E. B. Allnutt, G. C. Gray, W. H. S. Hodge, L. F. K. Way, C. F. Willes.

Practical Pharmacology.—C. B. Mora, E. W. M. Paine, L. I. Phillips. Congratulations to our four representatives in the I.M.S. examinations. Messrs. A. H. Hamilton (1), A. D. White (2), N. M. Wilson (5), and W. H. Hamilton (11).

Appointments.

BROWN, A. CARNARVON, M.R.C.S., L.R.C.P., appointed Casualty Officer and House Surgeon to the North-Eastern Hospital for Children, Hackney Road.

HARKE, S. L., B.A. (Cant.), M.R.C.S., L.R.C.P., appointed Surgeon to the R.M.S.P. "Tagus."

MARTIN, E. L., M.B., B.S. (Lond.), appointed surgeon to "Glensk."

ROBBS, CHARLES H. D., B.A. (Oxon.), M.B. (Lond.), appointed Surgeon to the Grantham Hospital.

IM THURN, R. M., B.A. (Cant.), M.R.C.S., L.R.C.P., appointed Assistant House Surgeon to the Walsall and District Hospital.

WATERFIELD, N. E., M.B., B.S. (Lond.), F.R.C.S. (Eng.), appointed Inspector (Supernumerary) under the Sudan Government.

WINTERBOTHAM, L. L., M.R.C.S., L.R.C.P., appointed Assistant House Surgeon to the Norfolk and Norwich Hospital.

I.A.M.C. Notes.

Lieut.-Col. J. G. HARWOOD has arrived home from India.

Lieut. A. A. MEADEN has embarked for India.

Lieut. F. H. NOKE is posted to Aldershot.

Capt. A. J. CUDDON-FLETCHER resigns his commission.

New Addresses.

ATTLEE, WILFRED, High Street, Eton.
CHEESE, J., 2, Southdean Gardens, Wimbledon Park Road, S.W.
CUDDON-FLETCHER, A. J., Somerby, Oakham.
GIBBINS, H. B., The Green, Hampton Court.
SERPPELL, H. H., Folyphant, Lewannick, near Launceston, Cornwall.

SLATER, A. B., 36, Bryarston Street, W.
WATERFIELD, N. E., Khartoum, Sudan.

DR. PERCIVAL HORTON-SMITH, of 19, Devonshire Street, Portland Place, has assumed the additional surname of HARTLEY.

Births.

SCOTT.—On 14th January, at 62, Belsize Park Gardens, Hampstead, the wife of Sydney Scott, M.S. (Lond.), F.R.C.S. (Eng.), of Welbeck Street, Cavendish Square, W., of a son.
SEWELL.—At Mian Mir, Punjab, on December 18th, the wife of Capt. E. P. Sewell, M.B., R.A.M.C., of a daughter. The Editor regrets that the notice of a birth from Lancashire has been mislaid.

Acknowledgments.

We beg to acknowledge the following papers for the months of December and January:
The Gazette of Guy's, London, St. Thomas's, St. Mary's, St. George's, Charing Cross; The Middlesex Hospital Journal; The Broadway; The Practitioner; The Hospital; The Polyclinic; The Student; Durham College of Medicine Gazette; The Stethoscope; The Gryphon; The British Journal of Nursing; The Medical Review; Brooklyn Medical Journal; Climate; and the Medical Press.

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.

VOL. XII.—No. 6.]

MARCH, 1905.

[PRICE SIXPENCE.]

St. Bartholomew's Hospital Journal,

MARCH 1st, 1905.

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

Calendar.

- Wed., March 1. —Clinical Lecture, Mr. D'Arcy Power. "Recent Advances in the Surgery of the Blood-vessels."
 Voting for Council of Students' Union begins.
 Thur., " 2.—Abernethian Society. Clinical Evening.
 Voting continues.
 Fri., " 3.—Clinical Lecture, Dr. We-t. "Treatment of Pleural Effusion."
 Voting ends.
 Sat., " 4.—F.C. v. Guildford.
 H.C. v. Hendon.
 Mon., " 6.—Special Lecture, Dr. Lewis Jones. "Electrical Treatment of Nevus."
 Wed., " 8.—Clinical Lecture, Mr. D'Arcy Power. As above.
 Thurs., " 9.—Abernethian Society. Mr. T. J. Faulder, F.R.C.S. "Some Notes on Diseases of the Rectum."
 Annual General Meeting of the Students' Union. Anatomical Theatre, 12.30.
 Christian Association. A. E. W. Gwyn, Esq.
 Fri., " 10.—Clinical Lecture, Dr. Ormerod. "Peripheral Neuritis."
 Sat., " 11.—A.F.C. v. Old Felstedians.
 H.C. v. Boves Park.
 Mon., " 13.—Special Lecture, Mr. Cumberbatch.
 Wed., " 15.—Clinical Lecture, Mr. D'Arcy Power. As above.
 A.F.C. v. Casuals.
 Thurs., " 16.—Abernethian Society. Annual General Meeting. Christian Association. Rev. W. R. Mowll.
 Fri., " 17.—Clinical Lecture, Dr. Herringham. "Diabetes."
 Sat., " 18.—A.F.C. v. R.M.C., at Sandhurst.
 H.C. v. Staines.
 Sat., " 25.—H.C. v. Addiscombe.
 Thurs., " 30.—Winter Session ends.

Editorial Notes.

DURING the past month the Hospital has lost another of its famous surgeons in the person of Mr. Luther Holden, Senior Consulting Surgeon. He retired from active work at the Hospital twenty-five years ago, and although he had reached the advanced age of ninety he was still in full

possession of his faculties. Even to those Bartholomew's men who did not know him personally his figure must have been familiar from the fine portrait of him in the Great Hall, so that we all feel that we have lost one that we knew. A full obituary notice appears in another column, and there is "An Appreciation," by Mr. Alfred Willett, who acted as his first assistant surgeon in 1865.

THE accompanying inset portrait is reproduced from a photograph in Mr. Willett's possession, which was taken only five years ago. It shows how well Mr. Holden bore his advancing years. We are indebted to the editors of the *Lancet* for the use of their block.

IT is with great pleasure that we announce the election of Mr. Thomas Hayes as Clerk to the Hospital; and we congratulate the Treasurer and Governors upon their choice. Mr. Hayes comes to us from the East London Hospital for Children, Shadwell, where he has occupied the position of Secretary for more than ten years. He is a man of tried business capacity, and is an able administrator; and throughout his long period of office at Shadwell he has always established happy relations between the administrative body and the medical staff. We have heard that the annual court of Governors at Shadwell passed the warmest expressions of regret at Mr. Hayes's resignation, while we at St. Bartholomew's fully appreciate the fact that their loss is our gain.

IT seems as if our remarks in the February issue of the JOURNAL concerning the attendance at the meetings of the Abernethian Society have borne fruit; for on February 16th Sir William Collins delivered a very learned and eloquent address upon "Physic and Metaphysic" to a full house. It was unfortunate that Lord Ludlow, who intended to be present at the meeting, was prevented by an attack of influenza. However, we hope that he will be able to attend one of the meetings before the close of the present session.

WE propose to open our columns to a correspondence upon the question of the *raison d'être* of the Abernethian Society and the objects of its meetings, and in this issue we publish a letter from one of the secretaries upon the subject. It seems to us that the chief object should be to give the senior students and those recently qualified, as for instance members of the Junior Staff, an opportunity of reading papers themselves, and of discussing other papers in public. Now, during the present session this object has been defeated; for such an excellent series of papers, for the most part read by old Bartholomew's men who have become specialists in their subjects, was arranged, that very few of the members have felt themselves capable of entering into a discussion. The papers have been without exception interesting and instructive, but—we ask for information—is that the main object of the Abernethian Society? Perhaps it would be possible to combine both objects by arranging an alternating series of papers by past and present members of the Society, and we venture to suggest that it would be an excellent plan to arrange for certain members to speak second, third, and fourth as is usually done at debating societies, and give due notice of the same. This should ensure a more satisfactory discussion, which would probably lead to larger meetings.

THE second Smoking Concert, given by the Students' Union, was held in the Grand Hall of the Criterion, on February 27th, and was even more successful than the first. Over 400 tickets were sold, and the Committee is to be congratulated upon the variety and excellence of the programme. We did not count many old Bartholomew's men present, though we understand that about six or seven hundred circular letters were sent to the Bartholomew's men practising in London and district. Not more than twenty replies were received.

In the last number of the JOURNAL we found a corner to congratulate our four candidates in the recent examination for the Indian Medical Service—Messrs. A. H. Hamilton (1), A. D. White (2), N. M. Wilson (5), and W. H. Hamilton (11). But let us expatiate further, for theirs is a record of which we may well be proud. There were fifty competitors for twelve vacancies, but our four representatives not only took high places, but also carried off top marks in every subject!

CONGRATULATIONS also to Messrs. C. D. M. Holbrooke, W. S. Nealon, and C. W. O'Brien on passing into the Royal Army Medical Corps. Another instance of battles being won on the playing fields of Winchmore Hill, or, as the up-to-date sporting papers would say, a good example of the combination of *There and Thought*.

VOTING for the election of representatives to the Council of the Students' Union will take place by ballot in the Abernethian room on March 1st, 2nd, and 3rd, between 12.30 and 1.30 p.m. It is hoped that every student will record his votes on one or other of the three days. The following nominations, duly proposed and seconded, for the various constituencies have been received:

CONSTITUENCY A (*i.e.* for those engaged in clinical work).—W. G. Ball, L. T. Burra, V. Favell, N. G. Homer, C. R. Hoskyn, A. J. Kendrew, E. S. Marshall.

CONSTITUENCY B (*i.e.* for those not yet engaged in clinical work).—A. Ryland, S. Trevor Davies, L. F. Way, A. J. Fuller, Newton C. Davis, D. M. Stone.

CONSTITUENCY C (*i.e.* The Committees of the Clubs and Societies).—P. Gosse, W. B. Griffin, C. S. Lee, R. C. MacDonagh, A. Miles, L. L. Phillips.

JUNIOR STAFF.—A. R. Neligan.

The Annual General Meeting will be held in the Anatomical Theatre on Thursday, March 9th, at 12.30 p.m. Dr. Herringham, the President, will be in the Chair. It is hoped that every student will make a point of being present to hear the report of the outgoing Council, and to offer any suggestions to the Council elect.

WE offer our most sincere sympathies to the officers and members of the Rugby football team on their series of misfortunes before the Cup-tie. Four absentees make a great difference to any side, but this season the fifteen had played together so regularly that the loss was very keenly felt in the combination of the team. However, the forwards played a splendid game; and there are, indeed, signs of a general improvement in the standard of Bart.'s Rugby football.

CONGRATULATIONS to the Association club on defeating Charing Cross in the second round of the Cup-tie. We hope to see the team continue its prosperous course. The same remarks apply to the hockey team, who have also beaten Charing Cross in the first round of the Inter-Hospital Competition.

OUR cross-country team thoroughly distinguished itself in the Inter-Hospital ten mile race, and easily carried off first place, thanks to good running by Candler, May, and Snowdon.

THE results of the three Inter-Hospital competitions, held on Monday, February 27th, were on the whole rather disappointing, though we must congratulate the successful team. The Association Football Club were unfortunately defeated by St. Thomas's by 3 goals to 2, whilst the result of the Hockey match *v.* Guy's was a draw (1—1). However, the Rugby 2nd XV, after a very good game, proved victorious over St. Thomas's by 15 points to 3.

WE offer our heartiest congratulations to Lieut.-Col. C. P. Lukis, M.D., F.R.C.S., I.M.S., on his appointment as Honorary Surgeon to His Excellency the Viceroy of India.

IN the February Number of the *Practitioner* there appeared the concluding half of Mr. D'Arcy Power's article upon St. Bartholomew's Hospital. It gives a brief account of a few of the most famous physicians and surgeons who were attached to our Hospital from its early days up to the end of the eighteenth century. It is very interesting to read, and the photographs are very well reproduced.

WE offer hearty congratulations to Dr. T. M. Legge on being appointed Milroy Lecturer at the Royal College of Physicians. He will lecture upon "Industrial Anthrax" on March 7th, 9th, and 14th, at 5 p.m. There should be a large gathering from St. Bartholomew's, in view of the recent experience of the subject and its successful treatment in the wards of the Hospital by the serum method.

WE have received an account of a very gallant rescue of three children from drowning in Hong-Kong Harbour by an old St. Bartholomew's man—Mr. A. F. Forster, the Medical Officer of the Port.

A NEW scientific Society has just been founded in Paris, under the name of "Société Internationale de la Tuberculose." The scope of this Association is the study of all questions concerning Tuberculosis and the centralisation of means of defence. Its work will be published. For further particulars and for applications, address M. le Docteur Georges Petit, General Secretary, 51, Rue du Rocher, Paris, France.

THE second French Congress of Climatotherapy and Urban Hygiene will be held at Arcachon from April 24th to 28th. It will close at Pau on April 29th. Doctor A. Festal, General Secretary, will furnish any information.

Obituary.

LUTHER HOLDEN, F.R.C.S.,
Consulting Surgeon to St. Bartholomew's Hospital.

HERE has passed away in the person of Mr. Luther Holden—our Senior Consulting Surgeon—a figure well known as a friend and teacher to his contemporaries of the last two generations of St. Bartholomew's students, and familiar to the present generation, both from his works and from his portrait in the Great Hall. He came of an old Staffordshire family, and was born in Birmingham on December 19th, 1815—the year of Waterloo, so that he attained his ninetieth year. He was educated at home by his father, and when he was barely seventeen years of age he became apprenticed to Stanley, then one of the Surgeons of St. Bartholomew's Hospital,

and resided for five years in Stanley's house in Lincoln's Inn Fields. Then he went abroad to study for one year in Berlin, and for another year in Paris, where he acquainted himself thoroughly with the French methods of teaching anatomy. It is interesting to note that Holden joined the Hospital two years before James Paget, who was serving his apprenticeship at that time in Yarmouth.

In 1838 Luther Holden became a Member of the Royal College of Surgeons; and although he held no official position, yet he soon gained a high reputation as a teacher of anatomy through instruction to students in the dissecting room at St. Bartholomew's. He used to declare that none of his pupils were ever rejected except Palmer, the Rugeley poisoner, who was executed in 1856.

In 1843 Holden had rooms in the Old Jewry, and a year later he was elected Surgeon to the Metropolitan Dispensary, Cripplegate, which appointment he retained for many years. On Christmas eve of the same year he and twenty-three other candidates were awarded the Diploma of Fellowship of the Royal College of Surgeons as the result of the first examination ever held for that diploma. Among the number were other famous surgeons, for instance, Holmes Coote, Henry Lee, George Critchett, and Henry Wyldeborne Rumsey; but of them all Holden was the last survivor.

In 1846 he became an official Demonstrator of Anatomy in the Medical School of St. Bartholomew's Hospital, which office he held for more than fifteen years. Two years later he took apartments at 39, Ely Place, Holborn, where he held his tutorial classes on their largest scale. In the middle of the fifties he moved to Gower Street, where he remained until he relinquished practice.

On June 14th, 1859, Luther Holden was appointed lecturer on descriptive and surgical anatomy conjointly with Mr. Skey, at the same time that William Savory was appointed Lecturer on Physiology.

In 1860, at the age of forty-five, he attained the wish of his heart by his election to the Hospital Staff as Assistant Surgeon. At that time there were four Surgeons to the Hospital, namely, Lawrence, Stanley, Lloyd, and Skey, the Assistant Surgeons being Wormald, Paget, McWhinnie, and Coote. Upon his election, Holden became Assistant Surgeon to Skey for a short period, and five years later, owing to several compulsory retirements, based upon a new age limit scheme, he became full Surgeon, taking for his Assistant Mr. Alfred Willett, now Consulting Surgeon to the Hospital. Holden served for fifteen years as Surgeon, retiring under the age limit in 1880. As a clinical surgeon he was excellent, though not up to the level of Paget. For kindness to patients and delicacy in minor surgery he set the best of examples to his house surgeons, his dressers, and his classes. He was pre-eminent not as a Lister, nor as a Spencer Wells, nor as a Paget, but rather as one of the apostles of regional and clinical anatomy. His work was chiefly educational, partly because he had to earn his living,

and partly, if not mainly, because he loved teaching, and felt that he was fitted for it.

As a result of his labours in the dissecting room he prepared three educational works of high repute in their time. Many editions of his *Manual of the Dissection of the Human Body* have appeared since its first issue in 1851. His greatest work, however, was *Human Osteology*, which was remarkable for the fine drawings of bones by the author, and the introduction of his new and original system of marking the attachment of the muscles. His *Medical and Surgical Landmarks*, another book upon an original plan, first appeared as two articles in the *St. Bartholomew's Hospital Reports*, and is only in this year, 1905, being replaced by Mr. Rawling's new and up-to-date book upon the same subject.

To the last Luther Holden loved teaching, but he never really cared for private practice, and when his duties as a teacher and hospital surgeon came to an end in 1881 he retired from London and lived at Pincoft, near Ipswich, whence, however, he took long voyages to all parts of the world, including Japan, South America, Australia, and the Cape. In 1898 he was hospitably received by the profession in Johannesburg, and on his return he said "Kruger won't live long; he's got emphysema and heart disease." Of late years he divided his time between the country and London, whither he came frequently for elections at the College of Surgeons, with which he was closely associated.

He was elected a member of Council in 1868, and served two full terms of office, retiring in 1884. From 1873 to 1883 he was a member of the Court of Examiners, being a highly popular examiner; and if, perhaps, inclined to be too lenient, he, as a rule, applied a very fair test to each candidate, and knew how to distinguish nervousness from ignorance. After two years of office as Vice-President of the College he became President in 1879, and in 1881 he delivered the Hunterian oration.

Luther Holden had, naturally, the tastes of a country gentleman, and excelled in the hunting field. He was a tall and conspicuously handsome member of a handsome family. He was twice married, but had no children; he is survived by his second wife, a lady well known in certain philanthropic and humanitarian circles.

His body was interred in the cemetery of the parish church, Upminster, on February 10th. The service was taken by his cousin, the rector, the Rev. Hyla Holden. The Royal College of Surgeons was represented by Mr. John Langton, and the Hospital by Sir Dyce Duckworth and Mr. Harrison Cripps; Mr. T. B. Archer, Mr. Alban Doran (former house surgeons to Mr. Holden), Dr. J. H. Stowers, Dr. G. H. R. Holden, of Reading, and many other relatives and friends of the deceased were present.

The Editor begs to acknowledge his indebtedness to the articles in the *British Medical Journal* and the *Lancet*, from both of which he has freely borrowed, thanks to the courtesy of the editors.

An Appreciation:

with Reminiscences of the Rooms whilst the late Mr. Holden was Demonstrator of Anatomy.

By ALFRED WILLETT, F.R.C.S.,
Consulting Surgeon to the Hospital.

IN 1857 the late Mr. Holden was the Senior Demonstrator of Anatomy, the late Sir Wm. Savory being his colleague. They also held coaching classes in Physiology and Surgery for the College of Surgeons examinations.

I suppose the School was never better served in its tutorial work than by these two men, albeit they were so unlike in their distinctive characteristics as teachers.

Savory, reserved in manner yet masterful and brilliant, would pour out knowledge at a set grind, say, on the brain, with a flow of language and perspicuity that enchanted those students who could follow him and absorb his mass of facts and his deductions. Naturally the students that courted Savory's help were a chosen band, yet but a minority. To them Savory seemed god-like in the immensity and the profundity of his knowledge of the subjects. He was never for an instant at a loss for the right answer to any question.

The mass of the students, however, clung to Holden, who seemed in those times to live in the dissecting room, ever among the first to come and the last to leave. No man was more popular or more beloved, no teacher was ever more the friend of the students than Holden; his attractive smile, his genial ways, his unfeeling *bonhomie*, his willingness at all times to help them, formed unfeeling attractions. His conquest of a student would be made the day he entered at St. Bartholomew's. His popularity as a teacher of anatomy lay in his ability and in his willingness to bring himself down to the level of the particular student who sought his help over his "part." Taking a stool Holden would sit himself down beside him, and instead of going to the "crux" at once he would take the student over the part, making all the points in it, reproving gently where structures had inadvertently been cut away, and thus having gauged his pupil's mental qualities and manipulative dexterity he would quietly but clearly help him over the difficulty, and put him on the right road again. Holden's patience was inexhaustible, and in all his teaching of anatomy he impressed function and utility in the living.

His personality went home at once to a student, who instantly seemed to realise Holden was his friend as well as his teacher, and that he might go to him with any difficulty, sure that he would never be rebuffed.

No one could teach a student how to defeat the examiners better than Holden, for he had made it a rule to cross-question every candidate on the details of his examination, which were all noted down, and the subjects brought up at

future grinds, with many valuable suggestions upon the idiosyncrasies of the examiners. Holden insisted that every Bart's student should appear at the final College *exââ voce* in the regulation evening dress, "the examiners like it, and it is a proper compliment to pay them," he would say.

Mr. Holden was only five years an assistant surgeon, from 1860 to 1865, but full surgeon for fifteen, viz. 1865 to 1880. His teaching in the wards naturally was by precept, with every opportunity seized for pressing home points having an anatomical bearing. Many of his past dressers and house surgeons will recall his compression treatment for popliteal aneurism—the continuous relay for days together of dressers, with two fingers on the common femoral artery, then, to obviate failure from muscular fatigue, a long cylinder of shot suspended over the fingers and resting on them, the weight being adjusted to control pulsation without effort on the dresser's part, and, lastly, a small flag-like indicator fastened around the aneurismal tumour, which would instantly vibrate with any slipping of the fingers from off the femoral.

This, of course, was chiefly in the time of pre-Listerian surgery, when ligation of a main artery in continuity was a serious undertaking, by reason of the frequent occurrence of secondary hæmorrhage. Even in what one may call the transition period (whilst the technique of antiseptic rather than aseptic surgery was in the course of many changes in its evolution) wounds still suppurated fairly constantly.

Dr. John of London.

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

THE earliest mention of a physician in relation to St. Bartholomew's Hospital occurs in a grant of Gilbert, Prior of Butley in Suffolk, to the Hospital and its brethren. Butley was an Augustinian Priory, and was founded in 1171 by Ranulf de Glanville, chief justiciar of England, the reputed author of the most ancient of English legal books, *The Treatise on the Laws and Customs of England*. He was a general as well as a lawyer, accompanied King Richard to the Crusades, and died at Acre in 1190. Gilbert, the Prior of Butley, grants to St. Bartholomew's a tenement of the fee of Ralph de Ardene, which one Jeremias held of the church of St. Mary of Butley. This tenement was on the south side of Newgate Street in a street then called the street of St. Nicholas at the new flesh market. The market was afterwards known as Newgate Market, and was originally held in the street itself. The grant is headed by the word *chirographum* cut in half. This was a common method in early times of satisfying future

readers of the identity of the two parts of an agreement; and in 1702, when the learned Madox published his *Formularium Anglicanum*, there was still an officer connected with the king's courts called a chirographarius or writer of chirographa. The Hospital was to pay the Priory of Butley an annual rent of ten shillings a year, five at Michaelmas, five at Easter. One half of the agreement was sealed by the Prior of Butley, the other by the Hospital. The witnesses are nineteen in number, and the first is Hubert Walter, Dean of York from 1186 to 1189, so that the chirographum belongs to that period. This great man, whose mother was a sister of the wife of Ranulf de Glanville, began life in his service. Some of the legal authorities of those times were soldiers and others ecclesiastics. Hubert Walter belonged to the latter class, and after being one of the clerics in the service of Ranulf he became a baron of the exchequer in 1184 (Madox, *History of the Exchequer*). In 1186 he was made Dean of York, and was consecrated Bishop of Salisbury in 1189. Richard Cœur de Lion took him with him to Palestine, where he carried on the negotiations with Saladin, and was one of the first company of pilgrims admitted by the Mussulmans to the Holy Sepulchre. He led the English army back to Sicily, and there heard of King Richard's captivity. He went to see the King, and came home to arrange the ransom in 1193. At the end of that year he became Archbishop of Canterbury, and was made also justiciar of England. When Richard, after his release from captivity and return to London, left England in May, 1194, Hubert Walter was made the chief governor of the country. He crowned King John on Ascension Day, 1199, and his speech on the occasion has been preserved by Matthew Paris.

He called on the people to choose their king, and reminded them how Saul and after him David had been elected kings of Israel because they were fit for the office, though not of royal race. Having thus stated that the choice was open he went on to propose "Earl John, who is here to-day, brother of our most illustrious King Richard, lately now dead;" and he added that he did so rather on account of John's good qualities than of his royal blood. (Matthew Paris, *Historia*, p. 138, Paris, 1644.) There is no reason to doubt Hubert Walter's sincerity as he had great personal influence over John, and hoped to keep him in just courses. When the Archbishop died John felt free from restraint, and declared that now he was for the first time King of England.

Hubert Walter died July 13th, 1205, and in March, 1890, his remains were discovered in his tomb at Canterbury.

His relative Agbert de Glanville and his brother Roger Walter are also witnesses, and are followed by Henry de Flegge and Nicholas the butler. Another brother Theobald, was pincerna or butler to John, and is the

ancestor of the famous Butlers, dukes, and marquesses and earls of Ormond or East Munster in Ireland. Walram, Janitor of the Tower of London, is another witness, and he is succeeded by several City magnates, first among whom stands Henry of Cornhill, the chief man in the City, and Ralph his brother. Next to him comes Richard, son of Reiner, Henry of Cornhill's opponent in the quarrel of 1191 between John Earl of Moretain and Longchamp, Bishop of Ely, which preceded and was perhaps one of the origins of the appointment of a mayor in London. Henry of Lundenstone follows, who appears in records as mayor in 1193, and died mayor in 1212. Then comes Roger le Duc, sheriff in 1192, and Roger son of Alan, sheriff in the same year, and in 1213 the second Mayor of London; Geoffrey Albus, Andrew Albus, Peter son of Nevelon, sheriff in 1191; Robert of Edelmetone (Edmonton), and last, John the Physician of London. He was acquainted with St. Bartholomew's, and is the earliest physician whom we can in any way connect with our ancient foundation. Its inmates were in his time attended by the brethren of the Hospital, and more than five hundred years passed by before the patients had the advantage of the care of a Medicus Londinensis, a Fellow of the College of Physicians of London.

The actual words of this document of the twelfth century, which is the first historical link between the physicians of London and St. Bartholomew's Hospital, deserve preservation.

CIROGRAPHUM.

Sciatis presentes et futuri quod ego Gilebertus Prior ecclesie sancte Marie de Butteleia et conventus eiusdem loci concessimus hospitali sancti Bartholomei Londoniarum et fratribus eiusdem hospitalis tatum tenementum de feodo Radulfi de Ardena quod tenuit Jeremias de ecclesia sancte Marie de Butteleia in vico sancti Nicholai apud novum macellum tenendum de nobis iure perpetuo reddendo nobis annuatim pro omni servicio x solidos ad duos terminos scilicet ad festum sancti Michaelis v solidos et ad pascha v solidos. Ut autem conventio ista perpetuetur sigilli nostri auctoritate et sigilli hospitalis sancti Bartholomei testimonio roboratur. His testibus: Huberto Waltero decano Eboracensi; Agberto de Glanvilla; Jurdano de Scheltuna; Magistro Roberto subera; Rogero Waltero; Henrico de Flegge; Nicholao Pincerna; Walram Janitore turris Londoniarum; Henrico de Cornhill; Radulfo fratre eius; Ricardo filio Reineri; Henrico de Lundenstone; Rogero le duc; Rogero filio Alani; Galfrido Albo; Andrea Albo; Petro filio Nevelon; Roberto de Edelmetuna; Johanne medico Londinense.

The Iodine Bath Treatment of Empyema.

By W. LANGDON BROWN, M.D., M.R.C.P.

THE advisability or otherwise of washing out the pleural cavity after operations for empyema has been much disputed. That occasionally bad results follow may be seen from a case of which Dr. Williamson has kindly given me particulars.

A man was admitted under his care at the Imperial Yeomanry Hospital, Pretoria, suffering from a hæmorrhage following a bullet wound. This suppurated, and was drained in the usual way. It was going on very well till one day in Dr. Williamson's absence the pleura was washed out with tincture of iodine, 5j to each pint. The patient had a rigor, and the temperature rose to 105°, remaining high for several days.

It may be urged that such accidents are rare. Dr. West, in his *Diseases of the Organs of Respiration*, vol. ii, p. 731, says—"Washing out the pleura is often objected to as being a risky or dangerous operation. This is not the case. . . . The only precautions necessary in washing out the pleura are that the fluid should be warm and the vent free, so that the fluid may flow out readily. It is obvious that if the fluid be allowed to accumulate in the pleura pressure may be exercised upon the lungs, vessels, and heart, and in this way harm may be done; but with these precautions and ordinary care washing out the pleura is perfectly free from risk. If the pleura contains curdy or flaky pus, blood clots, or fetid fluid, washing out is the right thing, and will greatly expedite recovery."

Whether the precautions mentioned here were adopted in the case just quoted I am unable to say. Believing as I do that antiseptic treatment of the pleural cavity is right in these cases, I venture to bring forward my experiences with the iodine bath method for the benefit of those who are unprepared to go to the length of washing out the pleural cavity. It is no new method; some years ago I had the opportunity of employing it for Dr. Hensley at the Royal Hospital for Diseases of the Chest, and was impressed with its advantages.

The strength of iodine I have employed is 5j of Liquor Iodi Fort. to each gallon of water. This is twice the strength of the *Balneum Iodi* of our Hospital Pharmacopœia. The use of tincture of iodine is a quite unnecessary extravagance.

A few days after the operation the dressings are removed, and the patient is placed in a warm bath of this composition for a quarter of an hour daily. In the subsequent dressing it is well to use an extra quantity of wool to absorb the returning fluid.

The method seems to me to have the following advantages:

- (i) There is no possibility of the fluid being forced into the pleural cavity under pressure, since the respiratory movements themselves form the pump which draws the fluid in.
- (ii) The free dilution of the pus in the cavity greatly diminishes septic absorption, as is seen in the improvement in the temperature and constitutional condition.
- (iii) Any factor in the pus is speedily diminished, and usually disappears entirely. It is to these cases of "stinking empyema" that the treatment is specially applicable.

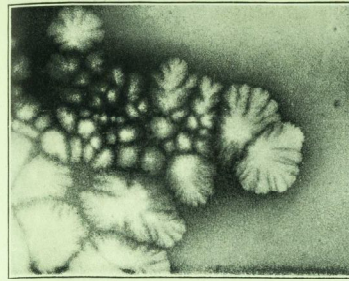


Fig. 4.

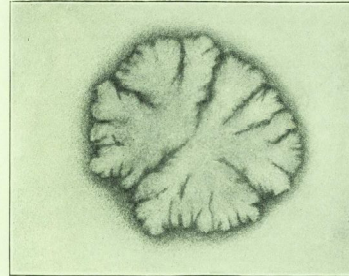


Fig. 5.

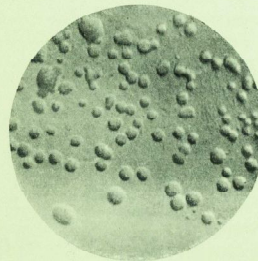


Fig. 6.

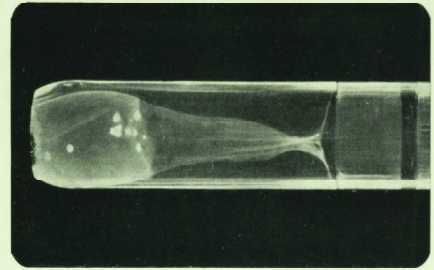


Fig. 1.

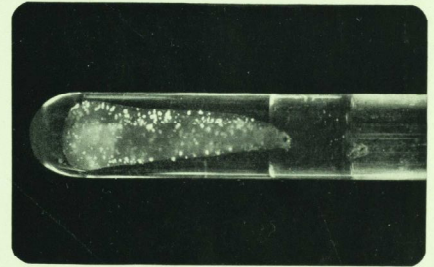


Fig. 2.

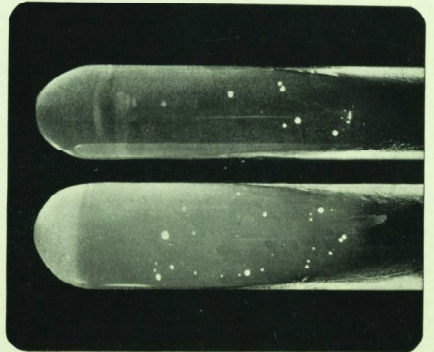
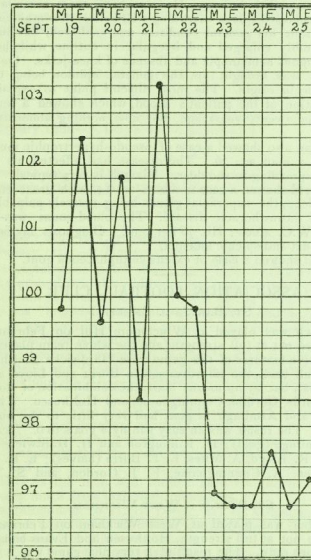


Fig. 3.

(iv) It is entirely free from danger, and, in my opinion, hastens convalescence.

In the following series of cases, which I think bear out these contentions, I would call special attention to the first, where the benefit was immediate and striking. I am indebted to my colleagues at the Metropolitan Hospital for permission to publish those cases which were under their care.



CASE 1.—A lad, *æt.* 18, was admitted under care of Mr. Ashdowne, on September 19th, 1904, with the following history:—About two months before he had resection performed in an infirmary for empyema of the right side. Soon after his discharge he began to have pain in that side again. When he was brought to the hospital the scar was tense and glazed, and could be made to fluctuate. The skin around was red, tender, and oedematous. There were signs of fluid at the right base. He was admitted for operation, but the scar gave way and offensive pus discharged freely. He also coughed up offensive pus.

On September 22nd I saw him with Mr. Ashdowne. The pus was still very offensive, and his temperature was hectic, rising in the evening to 103°6'. The cough was incessant. Daily iodine baths were recommended with immediate result. The pus lost its fetor, the discharge rapidly diminished, the temperature never rose above normal again, and the cough ceased.

On October 3rd only a small granulating wound remained. The baths were discontinued.

On October 8th the wound healed completely, and the patient went home.

CASE 2.—A child, *æt.* 2, was admitted under care of Dr. Davies, on November 12th, 1903, with empyema on the right side. Resection was performed, and a pint of pus let out.

I saw him on December 5th. There was still much discharge; the temperature had risen to 103°, and the pulse to 156. Iodine baths were recommended for fifteen minutes daily. The discharge became much less, and the temperature only rose once more. After that the notes read as follows:

December 27th.—Lung expanding. But little discharge.
January 5th.—Very little if any discharge. Child quite well.
January 17th.—Sinus closed. Child quite well. Discharged.

CASE 3.—A boy, *æt.* 11, was admitted under care of Mr. Harmer, on December 16th, 1903, for general purulent peritonitis, found by operation to originate from a gangrenous appendix.

On December 23rd he developed signs of empyema at the left base. Resection was performed, and the pus was found to have a faecal odour. Stained films of the pus showed diplococci with proteus bacillus and other organisms.

On December 24th the boy was still very ill and the discharge offensive. Antistreptococcal serum was employed. He improved for a time, but on January 18th, when I saw him with Mr. Harmer, his temperature was hectic, and had reached 103°8' the evening before. The discharge was very offensive, and the boy seemed very ill. The physical signs suggested a collection of pus which was not draining. Under an anæsthetic the empyema wound was enlarged, and half an inch more bone was cut away. The finger was introduced and adhesions freely broken down. Some two ounces of foul pus was cleared out. After this he was much improved, but as the temperature began to rise again, and a discharge of two ounces of foul pus occurred, on January 25th iodine baths were begun. From that date to his discharge in March the notes only contain a record of steady improvement.

CASE 4.—A boy, *æt.* 4, was admitted under care of Dr. Davies with signs of empyema.

On July 11th, 1904, a portion of the seventh rib was resected on the right side, and a pint of pus evacuated.

On July 21st iodine baths were begun.
On August 17th the drainage-tube was discontinued, and the lung was expanding well. The wound soon closed.

Here nothing can be claimed for the bath treatment as the case was going on quite well previous to its use.

CASE 5.—A man, *æt.* 26, was admitted under my care on September 5th, 1904, with pneumonia involving the left lung and the upper and middle lobes of the right lung. The man was very seriously ill, but on September 15th the crisis occurred. After this the temperature began to rise again.

On September 19th there were signs of fluid at the left base. An exploring needle removed a small quantity of pus containing pneumococci. As the right lung was resolving it was decided to delay operation until September 23rd, when resection was performed, and ninety-six ounces of pus were evacuated.

On October 4th the temperature, which had been lower since the operation, began to assume a hectic character. Iodine baths were ordered, but owing to a difficulty with the bath they were not employed regularly till October 9th, when they were followed by a marked improvement both in temperature and the amount of discharge. They were continued up till October 31st.

The convalescence was tedious because the sinus healed very slowly, but patient had no constitutional symptoms after the baths were employed regularly.

The two following cases were not seen by me, and I add them to complete the record of cases in which this method has been used at the Metropolitan Hospital.

CASE 6.—A boy, *æt.* 6½, was admitted under care of Dr. Cautley, on July 20th, 1904, with empyema of left side. Resection of one inch of the sixth rib was performed in the posterior axillary line, and more than a pint of pus evacuated. Iodine baths were employed from August 3rd. On September 27th he was discharged cured.

Here the temperature does not seem to have been affected by the baths. It was irregular throughout, and was not quite regular even when patient was discharged to a convalescent home.

CASE 7.—A boy, *æt.* 15, was admitted under care of Dr. Haig, on February 27th, 1904, suffering from pneumonia of the right base complicated by chronic parenchymatous nephritis. Pneumonia was followed by empyema on the same side, for which resection was performed on March 11th. Recovery was very slow, and on May 3rd the temperature rose to 102.6°. Much pus was still discharged, but it was thought that there was some pocket containing pus which did not drain properly. Iodine baths were started.

On May 24th patient was able to be discharged, his wound having closed, and his general condition being very satisfactory. The urine contained only $\frac{1}{4}$ of albumen per 1000.

Here the contrast between the tedious character of the case before with the rapid recovery after the bath treatment is very marked.

This method was also attempted in a case of basal cavity (probably bronchiectatic) which had been treated by external drainage. The case, which was under Dr. Davies' care, has been fully reported in the *Lancet*, 1904, ii, p. 24, by Mr. Denham White. Here the baths had to be discontinued because of the coughing they excited, but this drawback does not seem to occur where the fluid enters the pleural cavity and not the lung.

The Clubs.

STUDENTS' UNION.

A meeting of the Students' Union Council was held on Tuesday, February 14th, Dr. Herringham, the President, in the Chair.

In connection with the minutes of the last meeting, Mr. Harmer asked for information on the financial support which the proposed Year Book would receive. He suggested that the Publication Committee should undertake the responsibility for all financial questions connected with the Year Book. The suggestion was adopted.

Arrangements were made for the next annual election of the Council. It was decided that nominations should be sent in by February 22nd, voting by ballot should take place in the Abernethian room on March 1st, 2nd, and 3rd, and the Annual General Meeting held on March 9th at 12.30.

The desirability of having one of the Secretaries, or other member of the Council, as Senior Secretary on next year's Council having been discussed, Mr. Harmer gave notice that he would propose, at the Annual General Meeting—"That in future the outgoing Council shall have the power to recommend to the General Meeting of the Students' Union the Senior Secretary for the ensuing year." Mr. Hogarth gave notice that he would second that motion.

It was then agreed that Mr. Loughborough should be recommended as the Senior Secretary for next year.

A vote of thanks to the Secretaries for work done during the past year was proposed by the President, seconded by the Vice-President, and carried unanimously.

Abernethian Society.



ON January 16th Dr. E. M. Niall read a paper on "Some Notes on the Feeding of Infants."

ON January 20th Mr. J. A. Willett, M.B., M.R.C.P., read a paper on the "Effects of Heart Disease on Labour."

ON February 2nd Dr. J. W. W. Stephens read a paper on the "Transmission of Parasitic Diseases by Insects."

ON February 9th a clinical evening was held, at which the following cases were shown:

By Mr. Neligan. A man, *æt.* 52, who for thirty years had suffered with various syphilitic lesions. He also had severe anemia with a markedly enlarged spleen extending well below the umbilicus. At the present time his general condition was unaltered, but his liver was considerably enlarged and irregular in outline, while he also had homoonymous hemianopia and absence of knee-jerks. Question of diagnosis was brought up, the general opinion being that it was syphilitic in origin. The most difficult point to explain was the examination of the patient's blood, which showed a leucocytosis of 70,000 twenty years ago, but now nothing abnormal was discovered.

Mr. Neligan also showed a case of pseudo-hypertrophic muscular paralysis in a man *æt.* 36. The disease had affected his pelvic girdle, now spreading to shoulder. His gait is very typical.

Mr. Hadfield showed a case of a boy, *æt.* 14, with great enlargement of spleen, the superficial glands being scarcely palpable, and no signs of intra-thoracic disease. The blood-count was—R.C. 4,389,000; W.C. 4,000; Hb. 76 per cent. Diagnosis lay between lymphadenoma and splenic anemia.

Mr. Favell showed a case of extensive taphaceous gout.

ASSOCIATION FOOTBALL CLUB.

ST. BART'S v. EMERITE.

This match was played at Winchmore Hill on February 1st. Bart's turned out at full strength, and the whole team played well. The distinctive features of the game were Hardwicke Smith's safe kicking at full back, the improvement in Burra and Lloyd at half back, and last, but by no means least, the combination of the three inside forwards, Gordon, Cunningham, and Holthusen. The outside wings and Armitage in goal had very little to do, but they did it well. The result was an easy win by 8 goals to 0. Team: C. E. Armitage (goal); H. Rimington and H. Hardwicke-Smith (backs); J. R. Lloyd, A. Miles, L. T. Burra (halves); E. R. Evans, A. Holthusen, A. Cunningham, F. J. Gordon, and S. Tucker (forwards).

ST. BART'S v. WEST WICKHAM.

This match was played at West Wickham on February 4th. Bart's were not at full strength, Holthusen and Evans being away from the front rank. The result of a very nice game was a win for us by 4 goals to 1, scored by Gordon (3) and Cunningham (1). Team:

C. E. Armitage (goal); H. Rimington, H. Hardwicke-Smith (backs); J. R. Lloyd, A. Miles, L. T. Burra (halves); W. H. Hodge, R. Riches, A. Cunningham, F. J. Gordon, and C. B. Butcher (forwards).

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

Bart's journeyed to Cooper's Hill on February 8th to play the return match. The ground was in splendid condition, and again we proved successful in winning by 5 goals to 2.

Our first goal came from a centre from Butcher, the ball going into the net off one of the opposing backs who tried to clear. The other goals were scored by Gordon (2), Butcher (1), and Holthusen (1). It was a vigorous game throughout, both sides using their weight rather more than was needed. Team:

C. E. Armitage (goal); H. Rimington, H. Hardwicke-Smith (backs); J. R. Lloyd, A. Miles, A. W. Weakley (halves); E. R. Evans, A. Holthusen, A. Cunningham, F. J. Gordon, and C. B. Butcher (forwards).

INTER-HOSPITAL CUP-TIE.

The Association XI got through the second round for the Inter-Hospital Cup on February 14th, beating Charing Cross by 3 goals to 0. The play was interesting to watch, as Charing Cross had a good side and played a very keen game.

Bart's scored in the first ten minutes through Gordon, who ran through from halfway. After this play became rather vigorous, as is usual in a cup-tie, more attention being given sometimes to the man than the ball.

During the second half Armitage saved a penalty kick very cleverly, and the Hospital scored again through Cunningham and Butcher—both very good shots.

Charing Cross failed to score, and the game ended Bart's 3, Charing Cross 0. Team:

C. E. Armitage (goal); H. Rimington, H. Hardwicke-Smith (backs); J. R. Lloyd, A. Miles, L. T. Burra (halves); E. R. Evans, A. Holthusen, A. Cunningham, F. J. Gordon, and C. B. Butcher (forwards).

Linesman: A. Forrester.

Bart's now meet St. Thomas's in the semi-final on February 27th, at Honor Oak Park.

RUGBY FOOTBALL CLUB.

181 XV.

February 4th.—v. Leytonstone, won 8 points to 3.

February 13th.—v. Guy's, lost 9 points to 0.

"A" XV.

February 1st.—v. Richmond, won 27 points to 5.

February 15th.—v. Merchant Taylors' School, won 72 points to 3.

2ND XV.

February 4th.—v. Leytonstone, lost.

February 11th.—v. Norwood 1st XV, lost.

The Leytonstone match should have been won by a larger margin, but the ground was like a hillside, and accurate passing was difficult.

The team suffered a most severe loss during the vacation, as A. H. Owen was "crooked" while playing for the London Welsh *v.* Newport. It has been impossible to replace him adequately, as Coombs and he combined splendidly at half.

Further disaster awaited the Hospital, as the day before the cup-tie Trappell and Oulton were both disabled, which left us to face Guy's without the services of three of our three-quarter line and one half.

The forwards have played very well almost all through, and their combination was excellent against Guy's.

Had the men on the injured list been playing in the cup-tie match there is no doubt that the result would have been much closer, even if we had not won. It is extremely hard lines on all concerned, especially as the men had trained hard for the match, and were obviously much fitter than their opponents.

Congratulations to H. B. Owen, W. B. Grandage, and W. J. Pearson on playing for Middlesex County; also to H. B. Follitt and H. M. Coombs for Midland Counties.

The "A" team continues its brilliant career. The match *v.* Richmond was a very good game, as our opponents had a good side out.

The less said of the Merchant Taylors' match the better. We certainly had a strong "A" team out, but our opponents' tackling was of the feeblest description.

The 2nd XV have not met with much success, though they are keen enough. They suffer from a dearth of halves, and since Owen and Lee were "crooked," they have been worse off than ever.

ST. BART'S v. GUY'S.

Played on Monday, February 13th. This, the concluding contest in the first round of the Hospital Cup competition, was played at the Richmond Athletic Ground on the above-mentioned date, in dull weather, the ground being in very good condition. A large and enthusiastic crowd of partisans turned out to see the match, Bart's being more strongly represented, both vocally and numerically, than has been the case for many a long day, a sign of improving times. The fates were against us, however, as we were unable to turn out with anything approaching a full team, four of our regular "outsides" being "crooked," two, Oulton and Trappell, as recently as the previous Saturday! Keats and Way filled the vacancies at the last moment, our combination being thus disorganised, and our hopes of victory, once so high, being considerably diminished.

After the usual wearisome operations of the photographer had been gone through, our pent-up enthusiasm at last found a vent in a roar of welcome as our "chosen few" entered the arena, clad in the familiar black and white. No less energetic was the welcome

accorded our opponents by their supporters, bedecked with purple violets and yellow primroses. Bart's lost the toss and had to play against the wind, Grandage kicking off. Even play resulted, both sets of forwards showing to advantage, and then occurred the smartest piece of combination seen during the whole game, resulting in Alcock scoring for Guy's, eight minutes from the start. Jones, the Guy's half, picked up smartly and gave to McEvedy, who, cleverly drawing his man, passed to Orpen, the latter running down, giving to Alcock just as With brought him down, Keats failing to stop the sturdy wing-man. McEvedy was unsuccessful with the place-kick, and the Bart's forwards redoubled their energies, packing and wheeling in perfect style, giving a sound exhibition of the science of forward play. Guy's, however, constantly neutralised their efforts by their wonderfully accurate touch-kicking. Husbands, McEvedy, and Stringer all shining in this department. Hot scrummaging occurred in our opponents' "25," but a bad pass by Gibson let up the Guy's forwards and Mullins forced his way over, the try not being improved. Way was then prominent in a smart run down the wing, Owen and he interpassing very cleverly, the movement being nipped in the bud by Husbands.

The interval arrived with Guy's leading by 6 points to love. In the second half our forwards were simply grand, and had the three-quarters possessed better scoring powers, we must have won, the ball almost invariably coming out on our side of the scrum. Gibson was frequently at fault in giving and taking his passes, and many chances were lost. Keats also seemed unable to infuse any "devil" into his play, and thus the efforts of the forwards were nullified. From a free-kick Gibson made a splendid attempt to drop a goal, the ball only just falling short. A rush, headed by Grandage, Follitt, and Hoskyn was well stopped by Stringer, who found touch in our "25." Then, no one apparently attempting to stop him, Archer rushed through a loose scrum and scored a soft try, the place-kick again failing badly. A few more untiring efforts by our splendid forwards, a growing sense of despair and depression, a few last agonised appeals for victory, and the struggle was over, our hopes dashed for another weary year! Sic transit gloria mundi! One cannot help wondering though, what the report would have read like had Lee, Oulton, Trappell, and A. H. Owen been fit and well!

HOCKEY CLUB.

So far this season the Hockey Club has been most successful, only having been beaten four times. This success is no doubt due to the fact that the same team is able to turn out regularly match after match.

On Thursday, February 9th, the team met Charing Cross in the first round of the Inter-Hospital championship at Richmond, and won by 8 goals to nil. There were a good many Bart's men present to watch the game, and we hope to see as many, if not more, when we meet Guy's in the second round.

ST. BART'S v. CROYDON.

On Saturday, January 28th, at Croydon, Bart's defeated the home side by 7 goals to 2. This win was due to the excellent combination shown by the forwards. It should also be mentioned that Croydon were not at full strength. The goals were scored by Griffin (4), Adam (1), Gray (1), O'Neill (1). Team:

J. M. Postlethwaite, J. Griffin, L. L. Phillips, C. Elliott, B. H. Barton, G. F. Page, H. Gray, G. H. Adam, W. B. Griffin, A. O'Neill, L. F. Lewis.

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

Played at Woolwich on Wednesday, February 1st. Bart's easily outplayed their opponents, in spite of the fact that three of the hospital's regular team were unable to play. Lewis, H. Gray, and Barton were in fine form. The goals were scored by H. Gray (3), W. B. Griffin (3), O'Neill (2), Adam (1). Team:

J. M. Postlethwaite, J. P. Griffin, C. Elliott, G. C. Gray, B. H. Barton, G. F. Page, H. Gray, G. H. Adam, W. B. Griffin, A. O'Neill, L. F. Lewis.

ST. BART'S v. EPSOM COLLEGE.

On Saturday, February 14th, The Hospital travelled to Epsom, and defeated the College by 5 goals to 2, after a very fast and pleasant game. Lewis, Griffin, and Phillips were all very noticeable. Team:

J. M. Postlethwaite, L. G. Furber, L. L. Phillips, G. C. Gray, B. H. Barton, C. Elliott, H. Gray, G. H. Adam, W. B. Griffin, A. O'Neill, L. F. Lewis.

ST. BART'S v. CHARING CROSS HOSPITAL.

Played at Richmond on Thursday, February 9th. In the first half the Bart's team was all at sea. Their combination was bad, and shooting worse. By half time the score stood at 3 to nil in our favour, the goal scored by Adam from a corner hit being a very fine one. In the second half Bart's got together much better, and were pressing nearly the whole time, Lewis and O'Neill being prominent several times. Furber, at back, played a very steady, sound game throughout. Five more goals were added in the second half without Charing Cross being able to score at all. The goals were scored by Griffin (3), O'Neill (3), Adam (2). Team:

J. M. Postlethwaite (goal); L. G. Furber, L. L. Phillips (backs); G. C. Gray, B. H. Barton, G. F. Page (halves); H. Gray, G. H. Adam, W. B. Griffin, A. O'Neill, L. F. Lewis (forwards).

ST. BART'S v. WOOLWICH GARRISON.

Played at Woolwich on Saturday, February 11th. The Hospital were very lucky in winning, as the home team had considerably more than half of the game, and about midway through the second half were leading by 3 goals to 1. However, by means of vigorous rushes, the Hospital managed to score 3 more goals, thereby winning by 4 goals to 3. Griffin, Furber, and Postlethwaite were all in fine form. The goals were scored by Griffin (2), Page (2). Team:

J. M. Postlethwaite, L. G. Furber, L. L. Phillips, C. Elliott, B. H. Barton, G. F. Page, H. Gray, G. H. Adam, W. B. Griffin, A. O'Neill, L. F. Lewis.

CLUB RECORD.

Matches played.	Goals.				
	Won.	Lost.	Drawn.	For.	Against.
1st XI ... 20	15	4	1	89	49
2nd XI ... 15	8	7	—	50	40
3rd XI ... 11	3	7	1	38	73

We offer hearty congratulations to our representatives in the following United Hospitals Hockey Club matches.

v. HOCKEY ASSOCIATION on March 1st.

J. M. Postlethwaite (goal), M. R. Coalbank (back), E. M. Glenny (forward). Reserves.—L. L. Phillips (back), G. F. Page (half).

v. ESSEX C.H.A. on March 8th.

L. L. Phillips (back). Reserve.—G. F. Page (half).

v. BERKSHIRE C.H.A. on March 15th.

E. T. Glenny (forward). Reserves.—L. L. Phillips (back), G. F. Page (half).

INTER-HOSPITAL CROSS COUNTRY COMPETITION.

The race for the Inter-hospital Cross Country Ten Mile Challenge Cup was held over the Blackheath course on Wednesday, February 15th. The following hospitals entered:—St. Bartholomew's (holders), Guy's, London, and Royal Dental. The course was in good condition, though the wind coming over the Heath made the last two miles decidedly stiff. Birt, Dawson, and Candler kept together till about half-way, being then about a hundred yards ahead of May, who in turn was followed by R. McC. Linnell, S. W. Linnell, Townrow, Snowdon, and Field. From here the leaders tailed out, Birt going strongly ahead, followed by Candler and Dawson. Unfortunately a little later Birt mistook the course; but this made little difference to his position, for he easily led the field for the rest of the way. The officials, however, disqualified him. Bart's won, obtaining 1st, 3rd, and 6th places (10 points), London being second with 4th, 5th, and 8th (17 points), Guy's third (20 points), Royal Dental fourth.

ORDER OF FINISHING.

	Min. Sec.
1. A. L. Candler Bart's	60 50
2. G. Dawson Dental	61 54
3. W. H. M. May Bart's	63 13
4. R. McC. Linnell London	64 53
5. S. W. Linnell London	66 53
6. A. R. Snowdon Bart's	66 54
7. V. Townrow Guy's	67 36
8. W. V. Field London	67 56

G. C. Birt's time was 60 min. 9 secs.

Rainey (London) won the handicap with 18 min. start; S. W. Linnell (8 min. 30 sec.) was second, and Townrow (8 min.) third.

Congratulations to A. L. Candler, W. H. May, and A. R. Snowdon on their success.

Candler's time this year was much better than last, but was 47 secs. behind Birt.

May who has been steadily improving this year shows signs of becoming a very useful runner.

Snowdon who was feeling unwell at the start ran extremely well and it was largely due to him that we beat London.

Beckton though well up early in the race did not maintain his position.

Two Men on a Part.

A TALE OF THE DISSECTING ROOM.



HE poet and the stolid man
Dissected side by side,
To strike some spark of feeling
From his mate the poet tried.

"My soul revolts," the poet said,
"Against this foul dissection!"
And with a sponge he wiped away
Some more escaped injection.

"'Tis sad to think," continued he,
"This body once had life!"
The stolid man said nothing but
"Give me a sharper knife."

"That human forms should be so marred!"
The gentle poet sighed:
"You cut that artery yourself!"
The stolid man replied.

"Oh pause and think!" implored the bard:
"Oh, rot!" rejoined the stolid,
"What vein anastomoses with
The gastro epiploic?"

"Will nothing raise your petty mind
From mere anatomy?
Consider now the human frame,
It's form and majesty.

"See how its movements are controlled
And governed by the will"—
(The stolid murmured as he read,
"What is a 'goffered frill'?")

"How do we dare," went on the bard,
"Dissect a form so grand?"
And wistfully he cut away
A small lymphatic gland.

"The time has come," the stolid said,
"To read the small intestine,
To clean the kidneys, and remove
The bed of fat they rest in."

The poet meeting no response
In his dull friend's direction,
Began to write a poem on
"The poetry of Dissection."

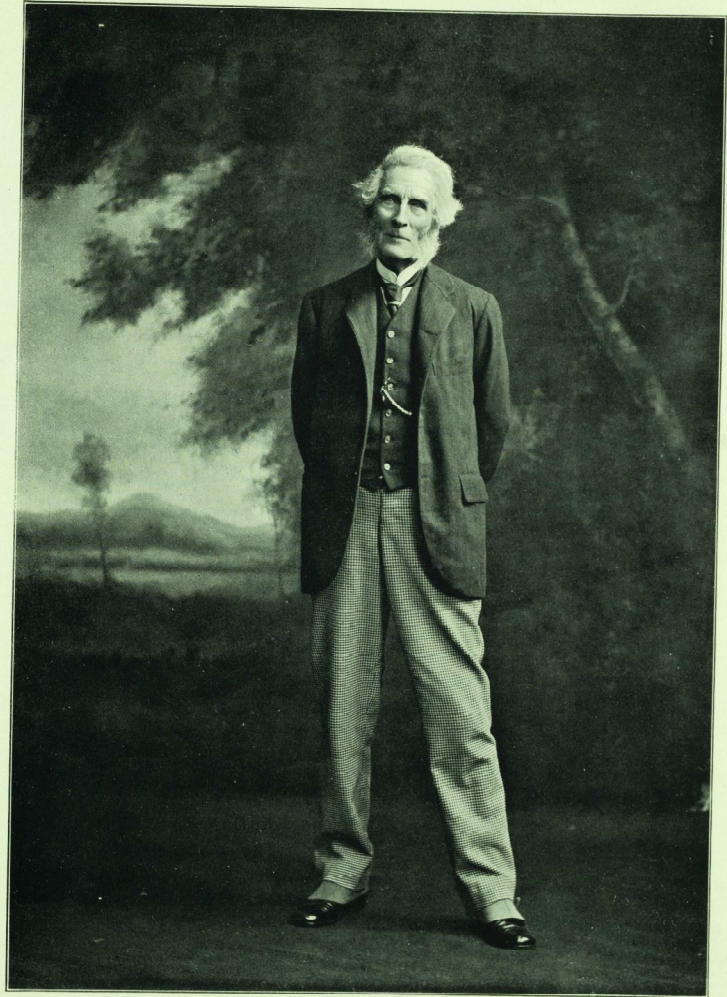
ANON.

Round the Fountain.

Cabmen's wit is proverbial. However, the following *bon mots* are original.

Eminent Physician (directing cabby).—The College of Physicians as quickly as possible!

Cabby.—College of Physicians! never 'eard of it! (Then after sudden inspiration) Oh, I 'as it! You means the dirty end of the Union Club!



LUTHER HOLDEN, F.R.C.S.

From a photograph in the possession of Mr. Alfred Willett. Reproduced by permission of the Proprietors of the 'Lancet.'

N.B.—The Union Club was painted and varnished during the autumn.

Visiting Physician (questioning patient as to his habits).—Do you drink much beer?

Patient (with a knowing wink).—*You know* what it is to be out with a cab, sir!

The St. Bartholomew's Hospital Oxford Club.

THE second annual dinner of the above-named Club was held at the Trocadero Restaurant on February 1st. The chair was taken by Dr. Ferguson, of Cheltenham, who, in proposing the toast of the evening, made a very interesting and clever speech. He was glad to know that such a Club had been formed, and he was honoured to be chairman at the second annual dinner. He was of opinion that the Club should serve an excellent purpose, both of keeping all the Oxford men at the Hospital in touch with one another and with those who had left, and also of offering an attraction to medical students coming up from Oxford. He recounted with much delight his early experiences in London—how he visited all the hospitals in London, and was not satisfied until he arrived finally at St. Bartholomew's; thus it was that he came from the oldest University to the oldest Hospital. And now he felt proud to be sitting between two of his earliest teachers—Sir William Church and Mr. Langton, who was present as a guest of the Club. He proceeded to tell many stories about the Hospital in those days, and referred to Mr. Langton's very careful and accurate teaching of the correct method of finding the posterior tibial artery; but he was still waiting for the opportunity to make use of this piece of knowledge.

The health of the guests, of whom there was a goodly company present, was proposed in fitting terms by the Treasurer, Dr. Garrod. Dr. Norman Moore responded in his inimitable style, and referred to many interesting facts connected with the early history of the Oxford Medical School and of St. Bartholomew's. He would not have been surprised to hear that this Club had been in existence for several centuries, for there had been in the early days many alumni who were closely associated with both the great institutions.

After the health of the Chairman had been proposed by Sir William Church, a musical entertainment was set on foot. Dr. Samuel West and Mr. Holroyd very kindly sang songs, while Mr. Ferguson presided ably at the piano, and afterwards gave two musical sketches. The adventures of "Mrs. Cooper," as related by Mr. Burroughes, were much appreciated; and then after an Irish story by Dr. Norman Moore, a very old song, which used to be sung at Trinity College, Oxford, entitled "The Twelve Apostles," was given with great *éclat* by Messrs. Burroughes and Hogarth.

And finally, after "Auld Lang Syne," we parted—some to bed and some to Dr. Thursfield's house, where the entertainment was continued.

The success of the evening was due mainly to the energies of the Secretaries, Dr. Thursfield and Mr. Priestley. It is to be hoped that members of the Club who are no longer at the Hospital will be able to attend in greater numbers next year.

Correspondence.

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

SIR,—It has become a very noticeable fact during this session of the Abernethian Society that the attendance of men at the meetings is greatly falling off, especially among the members of the Junior Staff. There must be some reason for this, and through the aid of the JOURNAL I should be very pleased to hear any suggestions that men might like to propose in order to make these meetings more popular and more regularly attended than they have been of late.

Hoping now that this has been brought to your notice, we shall be able to discover the cause and to rectify any fault on the part of the Society,

I remain,
Yours truly
W. GIRLING BALL.

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

SIR,—I am studying midwifery at present, and am, to say the least, puzzled at the following from *Golden Rules of Obstetrics, Management of the First Stage, Rule 6*, "If there is a breech transverse, or any untoward head presentation, inform the friends, and mention the risk to the child."

Will someone be kind enough to tell me how to do this? Bart.'s training on this point is deficient.

SILENT WORSHIPPER.

Review.

THE SURGICAL TREATMENT OF FACIAL NEURALGIA. By J. HUTCHINSON, JUN., F.R.C.S. (Bale, Sons, and Danielsson, Ltd.)

Commenting with a graphic account of the clinical features of various minor forms of neuralgia affecting the head, the author goes on to the description of "major" or epileptiform neuralgia affecting the branches of the fifth nerve. After detailing the different forms of extra-cranial operation, Mr. Hutchinson gives a clear and temperate account of the operation on the Gasserian ganglion by the Hartley-Krause method, with a summary of the results obtained, and advocates that the ophthalmic division should be spared in all cases where this seems justifiable. This he effects by making oblique section through the ganglion, leaving its inner part *in situ* with the ophthalmic division. The results ascribed to this method are excellent, and the advantages of retaining corneal and conjunctival sensation are of course very weighty. We recommend a perusal of the book to all who take an interest in cranial surgery.

The following books are still on hand for review. The Editor regrets that the reviews are unavoidably held over on account of lack of space.

Diseases of the Liver and Gall Bladder. H. D. Rolleston.

Manual of Hygiene. John Glaister.

Human Embryology. Arthur Keith.

Open-Air Treatment. F. W. Burton-Fanning.

Autobiography. F. J. Gant.

St. Bartholomew's Hospital Reports. 1904.

New Preparations, etc.

BRAND & Co., Mayfair, have sent us samples of their excellent products. They include Beef Essence, Beef Tea Essence, Beef Lozenges. Their palatability combined with their highly nutritive and easily digestive properties make them peculiarly adapted to persons with gastric and intestinal diseases. The Beef Tea Essence seems specially useful. The lozenges may be nutritive, but they need to be taken with a bath *buu* to satisfy the cravings of the inner man.

We have just received from MESSRS. BURROUGHS & WELLCOME their *Photographic Exposure Record and Diary*. Like everything that comes from this firm it is the essence of compactness, and yet nothing essential is omitted. No photographer should fail to read the excellent article on "Exposure." This subject, no doubt the greatest bugbear of amateurs, has all the difficulties smoothed out by an ingenious calculator at the end of the diary. The new arrangement for separately recording positive and negative exposures is, we think, a great improvement.

MESSRS. BURROUGHS WELLCOME & Co. continue their tour of success at the various international exhibitions. During the autumn they were successful in gaining no less than 5 grand prizes and 7 gold medals for the exhibits from their various departments and laboratories at the St. Louis Exposition, and now they have just been awarded another grand prize for pharmaceutical and other products exhibited at the Cape Town International Exhibition.

Examinations.

CONJOINT BOARD.

Final Examination.

Midwifery—B. H. Barton, H. J. Beddow, L. T. Burra, F. W. Griffin, C. M. Hunt, R. Jamison, H. J. Kimbell, T. C. Maxwell, E. G. Milson, B. E. Moss, H. B. Owen, P. R. Parkinson, J. J. Paterson, J. G. Priestley, H. R. Prentice, J. M. Postlethwaite, K. S. Singh, H. D. Willis-Bund, N. H. Woodburn, E. L. Wright, H. N. Wright, F. P. Young.

Medicine—A. W. Brodribb, W. S. Nealon, I. Thompson, E. Burstal, J. E. Pratt, K. S. Singh, H. G. Dickson, C. E. A. Armitage, J. Morris, C. D. M. Holbrooke, L. M. Rosten, C. B. D. Butcher, G. P. Jones, S. E. Crawford, F. B. Ambler, C. H. Cross, C. Clarke. *Surgery*—W. S. Nealon, J. R. R. Trist, L. M. Rosten, B. E. Moss, T. W. N. Dunn, F. S. Lister, R. Puttock, W. G. Ball, R. H. Bott, C. H. Fielding, W. R. Collingridge, W. H. Orton.

The following have passed all the necessary examinations, and have obtained the diploma of L.R.C.P. and M.R.C.S.:
C. E. Armitage, F. B. Ambler, W. G. Ball, R. H. Bott, A. W. Brodribb, E. Burstal, H. G. Dickson, C. H. Fielding, F. S. Lister, C. D. Holbrooke, J. Morris, W. S. Nealon, J. E. Pratt, I. M. Rosten, I. Thompson, W. R. Collingridge.

UNIVERSITY OF LONDON.

Intermediate Examination in Medicine.

C. J. Armstrong Dash, F. G. Hodder Williams, E. R. Jones, A. J. Kendrew, A. J. Symes, R. S. Townsend, E. de Verteuil, E. M. Woodman, H. O. Williams.

Appointments.

ARNOLD, L. A., M.R.C.S., L.R.C.P., appointed House Surgeon to the Stamford and Rutland Infirmary.

DAVIS, C. NOEL, M.R.C.S., L.R.C.P., appointed House Surgeon to the Royal United Hospital, Bath.

POPE, C. A. W., B.C.(Cant.), M.R.C.S., L.R.C.P., appointed Assistant House Surgeon to the South Devon and East Cornwall Hospital, Plymouth.

B.A.M.C. Notes.

The following were successful at the recent examination for commissions in the Corps: W. S. Nealon, C. W. O'Brien, C. D. M. Holbrooke.

Col. J. M. BEAMISH retires on retired pay.

Capt. C. W. MAINPRISE has arrived from India, Capt. M. H. J. FELL from South Africa, and Capt. F. HARVEY from Malta. The latter is going through the promotion course at the R.A.M. College.

Capt. J. D. ANDERSON and Lieut. F. H. NOKE have embarked for India.

Captains H. A. DERKMAN and J. B. ANDERSON have been promoted to the rank of major.

New Addresses.

CUNNINGTON, C. WILLETT, 48, Highbury Park, W.
JONES, A. W. LLEWELYN, Westeria House, Whiteparish, near Salisbury.

NICOLL, C. VERE, 4, Clifton Bank, Fairfield, Buxton.
PAIN, ARTHUR, 26, Sutton Street, Durham.

SAUNDERS, A. L., 112, Maida Vale, W.
WHITE, C. K., 1, Lee Brig, Althofts, Normanton, Yorkshire.

Birth.

PARBURY.—On January 21st, the wife of Frederick Denis Parbury, M.R.C.S., of "Tesses," Haslemere, of a daughter (stillborn).

Marriage.

JACKSON—WOOLSTON.—On February 2nd, at Wellingborough, by the Rev. E. P. Powell, Francis Willan Jackson, M.R.C.S., L.R.C.P., Hon. Captain in the Army, of Searle Lodge, Market Rasby, to Elsie Theodora Mary, younger daughter of Charles J. K. Woolston, Esq., J.P., of Croylund Hall, Wellingborough.

Death.

WELBURN.—On February 6th, at Waddington Vicarage, Banbury, Charles Matthew Welburn, M.R.C.S., L.R.C.P., aged thirty-nine.

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEWS 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.

The Bacteriology of the Blood; its value in Diagnosis and Treatment.

Abstract of paper read before the Abernethian Society on December 8th, 1904.

By Dr. THOMAS J. HORDER.

THE blood in health is free from micro-organisms, as are also the solid organs of the body. The natural defences of the tissues against infection by the various microbes which infest the mucous membranes and the skin are being constantly called into play. These natural defences are highly successful. Even the mesenteric glands have been proved to be sterile during life. But the natural defences may be broken down, and organisms may invade the blood stream and multiply therein: this is septicæmia. After death the matter is very different; the blood and organs are often found to be invaded by bacteria which are not necessarily the organisms of putrefaction, but are often germs which, during the act of dying, have succeeded in passing the barriers which were so effectual during life. This invasion during the death agony may be demonstrated even before death occurs. Still later come the putrefactive organisms, constituting what the pathologist terms "P.M. contaminations" in contra-distinction to the causal organisms of disease, towards which his search is strictly directed.

The blood may thus become the nidus of bacteria under three different conditions:

- | | |
|--|---------------------------|
| During life.—I. <i>Septicæmia.</i> | { (1) Early infection. |
| | { (2) Terminal infection. |
| During death.—II. <i>Agonal</i> | { (1) Homologous. |
| invasion. | { (2) Heterologous. |
| After death.—III. <i>Putrefaction.</i> | |

Just as it is impossible to say when a patient commences to die, so it is impossible to draw a hard and fast line between cases of true septicæmia and cases of agonal invasion. And the value of knowing that such a thing as agonal invasion does occur only consists in this,—it warns us against assuming that every organism isolated from the blood or tissues post-mortem, even if in large numbers and in pure culture, has been instrumental in producing death. Since we can never certainly say that a patient is dying, we never speak of organisms found in the blood before death as being due to agonal invasion, though we may sometimes think that they are: we prefer to say that the patient is suffering from septicæmia. If death takes place within an hour or so after the discovery of the organisms, especially if the illness has not been of very short duration, we know that the infection was of the agonal type; but this knowledge comes only by looking backwards. The form of the invasion during death may be by organisms which have previously been the causal agents of the patients' disease (homologous), or it may be by other organisms, which are sufficiently ubiquitous to be handy when the defensive

mechanism breaks down, such as *Streptococcus* and *B. coli communis* (heterologous). Some pathologists draw no distinction between terminal infectious and agonal invasions, but I think the distinction not only a real but an important one. Against a terminal infection there is usually some sort of reaction,—a leucocytosis is common, for instance, and fever is often present; against agonal invasions, however, no struggle is made, and there is no sign that the event is occurring. Again, terminal infections may last for some days, or even longer than a week, whereas agonal invasions are of very brief duration.

These remarks refer only to microbes existing in sufficient numbers to allow of demonstration by known bacteriological methods. There are ample reasons for knowing that a very few organisms must be present in the blood in many diseases other than septicæmia. Thus bacteria are excreted by the urine in typhoid fever, in pneumonia, and in phthisis. This means that the organisms pass from the focus of disease to the kidneys through the blood stream. In gonorrhœal arthritis, where the gonococcus can at times be isolated from the fluid of the affected joints, the organism must have traversed the circulation. But in these cases the organisms exist in too scanty numbers to be demonstrated during their passage from place to place. When organisms can be demonstrated in the blood, therefore, it may safely be concluded that multiplication of them is taking place in the blood, that is, that septicæmia is present.

The available methods of examining the blood for organisms are three:—(1) *Blood films* may be made directly, and stained by some basic dye, as gentian-violet, carbol fuchsin, or Romanowski's stain. This method demands that the organism shall be present in very considerable numbers, and is therefore not of great service, but, as it is so simple, and can easily be combined with an examination directed towards the variety of leucocytes present, it should not be omitted. (2) The second method is to bleed the patient and to inoculate some suitable animal with the blood. This is obviously not a convenient method, but it may be reserved for special cases. (3) The third is that of *blood-culture*, by which various nutrient media are inoculated with blood, which is obtained with strict antiseptic precautions. This is the method in general use.

Until recently the blood was obtained by pricking a finger. There are two objections to this process: the amount of blood obtainable is limited, and there are great risks of contamination of the blood by organisms from the patient's skin or from the air. The first objection is entirely, the second almost entirely, overcome by taking the blood from a vein of the arm by puncturing it with a sterile hollow needle, the skin previously being sterilised as far as possible. As only a minute area of skin is dealt with, the number of contaminating organisms likely to be cultivated is very small, and they are easily eliminated when seen. Air-organisms should not occur at all as contaminations. The

method is really fraught with very little pain, provided a sharp needle be used and the skin promptly and completely pierced. I have used this method in quite young children without evoking tears, which is a fairly severe test.

Points in technique.—The arm is chosen in which the largest veins are seen beneath the skin of the ante-cubital fossa. The patient lies near the edge of the bed, on the same side as that of the arm chosen, and in a good light. The skin is scrubbed with soap and water for five minutes, and covered with a piece of gauze wrung out of 1 in 1000 perchloride or biniodide of mercury. A 5-c.c. all-glass serum syringe* with its needle are boiled in a beaker, and in a small wide-necked flask is also boiled a solution of sodium citrate of strength .5 per cent. The citrate solution is cooled down until it just feels warm to the hand. The arm is now allowed to hang out of the bed, and two or three turns of bandage are taken round it, well above the elbow. The roll of bandage is squeezed by the patient's hand. A vein is probably by these means made prominent. (If no vein is seen the skin must be pierced, and then the needle must be moved in one or two directions until blood enters it, showing that a vein has been punctured.) The syringe and needle, which have not been removed from the beaker, are now fitted together, and the junction is tested with the sterile water; enough of the citrate solution is then taken up to fill the needle and prevent clotting of the blood. The gauze is now removed, and ether is poured over the skin. The patient's arm is held at right angles with his body. The operator stands with his back to the patient and punctures the vein in the direction against the venous circulation. In making the puncture the needle must be thrust quite through the skin, but its direction should then be almost parallel with the surface, so as to avoid piercing both walls of the vein. The only sign of a successful puncture is to see the blood flow slowly into the syringe without employing suction. When this happens the piston may be gently withdrawn before the incoming blood until the syringe is filled, but a well-fitting glass piston will often be pushed almost to the top of the syringe by the stream of blood, unaided by suction. In any case suction must be employed very carefully, as this action may lead to air being drawn through the junction of needle and syringe, or may draw the wall of the vein into the needle and thus block it. The syringe being full the needle is promptly removed, and the operator's finger is pressed against the puncture whilst the bandage is removed and the arm is raised. The puncture rarely bleeds, and therefore seldom needs any dressing. The blood is now transferred from the syringe to a series of broth and agar tubes as quickly as possible. Different dilutions are made in six broth tubes, from one containing a few drops of blood to 10 c.c. of broth up to one containing 2 or 3 c.c. of blood to 10 c.c. of broth. The objects are (i) to

dilute any antibodies which may be present and prevent growth of the organism, and yet (ii) to have a good bulk of blood in one or two of the tubes so that if the organisms are very scanty they may still be cultivated. After inoculation the tubes are rolled between the hands and are then placed in the warm incubator (37° C.), where they are allowed to remain absolutely undisturbed. In this way the blood is found in a few hours to have clotted, the red cells sinking to the bottom of the tube, leaving a semi-translucent clot suspended in the broth in which colonies of any organism present may develop. The tubes are examined in eight, twelve, twenty-four, forty-eight, and seventy-two hours. The examination of the tubes is a matter of bacteriology.

Elimination of contaminations.—This, as I have said, is not difficult, especially in the cultures taken upon solid media, where the colonies are isolated. But solid media are not really necessary. I have never grown any organism on solid media which did not grow better in broth. This is worth remembering, because it sometimes happens that broth is the only culture medium available; when this is so, no fear need be entertained that a negative result is due to the lack of solid media. The commonest contaminations are *Staphylococcus epidermidis albus* from the skin and various *Sarcina* from the air. The latter are quickly disposed of; the former is distinguished from *S. pyogenes albus* by its very white appearance in subculture, by its liquefying gelatin only after some days, and by the absence of pathogenicity. If this method be used contaminations are quite uncommon.

With regard to the number of colonies obtained, it is probably true that the more numerous they are the more decided the test is, and the more serious, *aeteris paribus*, the patient's condition. But I do not think we can argue much more on this ground. The test is chiefly qualitative, not quantitative.

Turning now to the results of blood examinations for bacteria, the following organisms have been obtained upon so many occasions that these can no longer be kept count of:—*Streptococcus*, *Staphylococcus pyogenes aureus*, and *S.*

DESCRIPTION OF PLATE.

Figs. 1, 2. To illustrate blood culture in broth tubes. The blood-clot remains suspended in the medium, and the colonies develop in the clot. In 1 there are very few, and in 2 very many colonies. Third day.

Fig. 3.—To illustrate blood culture on Agar slope. A few colonies are dotted over the surface of the medium. Fourth day.

Figs. 1—3 are from a case of influenza endocarditis.

Fig. 4.—Colonies of *B. influenzae* growing on Agar slope, highly magnified. They have been photographed a little from the side to produce a slight shadow. The dew-drop appearance is very typical. Fourth day.

Fig. 5.—Colonies of *Gonococcus* on blood Agar plate. Third day. Typical appearance.

Fig. 6.—A single colony of *Gonococcus*. Seventh day.

Figs. 5, 6, are from a case of *Gonococcus endocarditis*. The best result was obtained by pouring the blood straight on to Agar plates.

* Such as is made by Messrs. Burroughs and Wellcome.

pyogenes albus, *Pneumococcus*. Of other organisms the *Diplococcus rheumaticus*, which some authorities hesitate to accept as an organism distinct from *Streptococcus*, has been obtained several times. So also have the bacilli of *tuberculosis*, *typhoid fever*, *plague*, *anthrax*, and *glanders*. The *Gonococcus* has been obtained perhaps some eight or nine times; the *Influenza bacillus** twice and the *Meningococcus* once.

As regards the proportion of cases examined which yield positive results, it is necessary to consider the nature of the cases. In those where the clinical evidence of septicæmia is strong, the proportion of positive results is much greater to-day than formerly. But there is a tendency to extend the method to other cases, where the clinical evidence of septicæmia is slight or altogether wanting. This tendency should not be discouraged. But it necessarily follows that of the total cases examined there will be a smaller proportion of positive results. These facts are well illustrated in a series of blood-cultures which I have done during the past twelve months. I find that during the past fourteen months I have examined the blood by cultivation 56 times, with 23 positive results. Of these 56 cases, however, only 28 showed undoubted evidence, ante- or post-mortem, of septicæmia. The remaining cases were either proved to be sapræmic in nature or the test was experimental—done with the hope of finding some organism present in the blood of patients suffering from diseases of obscure origin, such as pernicious anæmia, leukaemia, etc. Excluding these, the proportion of positive results has been 23 out of 28, or 82.1 per cent. This contrasts very strikingly with the results obtained by the older method of blood examination, where it was very much less successful, although actual figures are difficult to get. These twenty-three positive blood-cultures were done upon eighteen patients, six cultures being repetitions at later dates. Excluding these repetition cultures there were therefore fifteen positive results in nineteen cases, giving a percentage of 78.9 positive results. These results justify the conclusion that a negative blood-culture gives very strong presumptive evidence against the presence of septicæmia. An analysis of the 15 cases shows that the nature of the organism was—

<i>Streptococcus</i>	in 9 cases.
<i>Pneumococcus</i>	in 2 cases.
<i>S. pyogenes albus</i>	in 1 case.
<i>Gonococcus</i>	in 1 case.
<i>Bacillus influenzae</i>	in 2 cases.

The diagnosis in the streptococcus cases was made at periods before death varying from four and a half months to two days. In the pneumococcus and the staphylococcus cases the organism was cultivated ten days before

* Since reading this paper I have a second time grown the influenza bacillus from a case of septicæmia. From its unusual interest I have included it in the statistics below.

death. The patient suffering from gonococcus septicæmia was admitted to this Hospital under Dr. Ormerod as a supposed case of typhoid fever. Four days after admission, however, a blood-culture showed the presence of organisms in the circulation which had all the morphological and cultural features of the gonococcus. The culture was repeated twelve days later, with a similar result. On each occasion the number of colonies obtained was very numerous. Of the cases of gonococcus endocarditis previously described, I find that the longest period before death at which the diagnosis was made was nine days. In Dr. Ormerod's case the diagnosis was arrived at no less than twenty-eight days before death. I believe I am correct in saying that this is the first case in which the gonococcus has been cultivated from the blood of a patient in England.

The case of influenza endocarditis was a patient under the care of Dr. Gcc suffering from aortic disease with fever. The blood-cultures were performed upon four separate occasions. Three of the cultures grew the organism in abundance; the fourth, in which the blood was spread upon the surface of agar plates, gave one colony only. Although at the first culture the characters of the organism seemed those of the influenza bacillus, I hesitated to accept this conclusion because I had no knowledge of such a condition as influenza endocarditis. As succeeding cultures resulted in growth of the same short bacillus as the first, and the subcultures were exceedingly characteristic of the influenza bacillus, the conclusion became inevitable. Dr. Klein gave a definite opinion that the organism was that of influenza. I then sent a couple of films to Professor Pfeiffer at Berlin, who confirmed the matter. This would seem to be the first instance of influenza endocarditis on record. The first culture was obtained forty-one days before death.

Prognosis.—My having repeatedly referred to the date of a positive blood culture as being made so many days "before death" suggests that the finding of bacteria free in the bloodstream is of very bad omen. And so it is. I doubt if any other discovery made in a patient, save, perhaps, that of the presence of an inoperable new growth, is of worse prognosis. And when the septicæmia is of the endocardial type the outlook is still more grave. Yet every now and again cases of undoubted septicæmia recover, as also, less often, do cases of infective endocarditis. In not many of these cases which recover, however, are organisms cultivated from the blood. And this is the only pathognomonic evidence that septicæmia is really present. In none of the cases I have mentioned did recovery occur, although, as I said, the diagnosis was made in one instance as early as four and a half months before death. With regard to the bearing that the particular organism has upon prognosis it would seem that *Staphylococcus pyogenes aureus* and some species of streptococcus are the most virulent, and may be fatal in a few days. The pneumococcus runs these fairly close, and

is apt to be quickly fatal. Rufus Cole has recently reported finding the pneumococcus by blood-culture in nine out of thirty severe cases of pneumonia; all the nine cases ended fatally, and all within three days of the examination. The gonococcus cases last from three weeks to two months. Some streptococcus cases are chronic; one of my cases lasted eight months. The most chronic of all the cases seem to be those due to *Staphylococcus pyogenes albus*. My case having this infection certainly lasted more than two years. I may point out that as this method of blood cultivation becomes more extensively employed, and organisms are found more often, the prognosis will be better than it is at present. It will also be better for another reason—the diagnosis will be made earlier in the course of the disease, and treatment be directed accordingly.

Treatment.—If it be true, as we must all admit, that the essence of treatment is diagnosis, it follows that however unsuccessful the treatment of septicemia is at present, better results can only be hoped for by the establishment of early and complete diagnosis.

Patients suffering from obscure febrile diseases are often treated on purely expectant lines for days, weeks, or months, until certain signs appear which make the diagnosis clear. This may be inevitable, but it must not be so considered until blood-cultures are found to be negative, whereas an early blood-culture may save much time. In cases of heart disease the same thing often happens. Infective endocarditis is such a common disease that it should always be suspected when the combination of fever with the signs of endocarditis is present; and it must not be forgotten that fever is not constant, even with marked ulcerative endocarditis. As compared with the question of leucocytosis, a positive blood-culture is infinitely more important, for leucocytosis is not specific, the discovery of an organism in the blood is. Nor is it safe to assume that what seems clinically to be a case of septicemia should be treated by antistreptococcus serum. One of the pneumococcus cases and the gonococcus case to which I have referred were treated by antistreptococcus serum until the result of the blood-cultures demonstrated that the nature of the infection was not streptococcal.

The indications for treatment of patients suffering from septicemia are of four kinds—(1) the natural defensive mechanism of the patient must be encouraged by what may be broadly termed stimulant treatment, *i.e.* plenty of fresh air and light, nutritious food, rich in hematogenous articles, and alcohol. If the case is a chronic one I think that open-air treatment should be given a systematic trial. (2) The second indication is the use of blood antiseptics. But here our therapeutics are notoriously weak; quinine, salicylates, sulpho-carbolates, mercury, and perchloride of iron have all

of them some claims for being regarded as germicidal agents when taken as drugs, but they mostly fail us in crucial cases. There is no doubt that, if given at all, they should be given boldly. We know very little as to the possible use of such antiseptics as formalin. I have used formalin by mouth in cases of septicemia, but without any good effect. In the absence of animal experiments, I have not yet used it subcutaneously or intra-venously. (3) The third indication is to stimulate leucocytosis, seeing that we have reason for thinking that in that way some bacteria are combated. The drugs used for this purpose are the nuclein group and cinnamate of soda. I have no personal experience of these substances in treatment. (4) The fourth indication is to check the growth of the organism by the administration of a suitable bactericidal serum if such exists. This last form of treatment has had considerable vogue of late, but the results hitherto obtained have been extremely unsatisfactory. I am, of course, still speaking of cases of septicemia,—cases in which the organism exists free in the blood. There seems no reasonable doubt that cases of sapremia are not infrequently benefited or cured by sera. But here it must be remembered that many cases of intoxication end satisfactorily without such treatment, and often somewhat abruptly. In serum treatment, next to an early diagnosis, the most important thing is the liberal use of a fresh serum. The bactericidal serum for which the most claims have been urged is the anti-streptococcus serum. Unfortunately there is little doubt that different strains of streptococci vary much amongst themselves, and a serum immunised against one will not necessarily be immunised against another. Moreover, the introduction of polyvalent sera has mended matters but little, since a polyvalent serum is one in which streptococci from *different sources* have been used in its production, not streptococci possessing known *differences in reaction*. In a given case of Streptococcus septicemia, which has received no benefit from either of the sera on the market, there is still one other thing that can be done, although it is not practicable except in chronic cases,—a special immune serum may be prepared by use of the particular organism obtained from the blood culture. This I did in one case early this year, with the co-operation of Messrs. Burroughs and Wellcome and Dr. Dowson.* The cases of *Pneumococcus septicemia* were also treated by serum.† Despite the present discouragements, it is in serum treatment that hope lies in the future.

* See *Lancet*, July 16th, 1904.

† See *Lancet*, June 4th, 1904.

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

Hospitals and Medical Schools.

A QUESTION of great national importance has been raised by the Committee appointed by H.R.H. the Prince of Wales, as President of King Edward's Hospital Fund, to inquire into the financial relations which exist between the London Hospitals and their Medical Schools. As it is probable that many of the readers of the JOURNAL have had neither the opportunity nor the leisure to study the full report of the Committee we will briefly and faithfully analyse it in plain and simple language.

Question.—How much money, given or subscribed to the twelve London Hospitals having medical schools, is contributed, either directly or indirectly, by these hospitals for the maintenance of medical education?

Answer.—Amounts varying from nothing (as at King's College and University College Hospitals) to £2500 per annum at the London Hospital.

Question.—Is there an equivalent return from the medical schools, either directly or indirectly?

Answer.—(A) Directly? Emphatically no! but rather an outstanding debt (paragraph 22 of the report); (B) Indirectly? Yes, but only as regards the higher standard of the whole work of the hospital and its greater publicity.

Question.—Are there any general or special considerations advanced in justification of such expenditure, if it exceeds the return?

Answer.—None, except the matters referred to incidentally in the report, *viz.* (1) greater publicity of hospitals; (2) higher standard of work; (3) advancement of medical science.

The following riders also appear in the report:

1. The desirability of transferring the teaching of the preliminary and intermediate subjects of the medical curriculum of the hospitals to one or more centres.
2. The undesirability of attempting to open up the transactions between the hospitals and the schools *in the past*,—an almost impossible task.
3. The importance of drawing a definite and exact distinction *in the future* between the hospitals and the schools with such clearness that it may be understood by the general public, and so that no question may arise as to the destination and application of moneys contributed, whether by the King's Fund or from any other source.

In the first place, let us congratulate the members of the Committee, Sir Edward Fry, the Bishop of Stepney, and Lord Welby upon their prompt and careful methods of inquiry, and upon the lucidity of their report. They dealt with facts, and their conclusions are logical, and in the report as it stands there is only one statement to which exception can be taken by any one who, knowing the facts, keeps an open mind, and that is the Committee's emphatic denial of the existence of a direct return from the medical schools to the hospital.

We take exception to this clause, because it is unintentionally misleading and requires more careful elucidation. The crucial point of the argument is the fact that hospitals with medical schools cost about twice as much per bed as hospitals without in salaries and wages, and also are more costly in other ways; and against this deficit it is *apparently* quite impossible to balance the vast amount of gratuitous work done by the students and the Visiting Staff, or the distinct, but considerably over-rated, advantages that fall to the lot of the patients themselves in the hospitals with medical schools. The facts are perfectly true, but the deductions must be considerably modified.

Now in the first place is the system of counting the cost per bed fair? It is at the best only approximate, and takes