

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.

St. Bartholomew's Hospital



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"*Æquam 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

no account of the out-patients and casualties treated at the larger hospitals where they are many times more numerous in proportion, and consequently more expensive in drugs, dressings, and appliances. Nor does it take account of the extra nurses and porters* who, for some reason or other, are necessary at the larger hospitals, quite out of proportion to the number of beds; and these cannot be ascribed to the presence of the Schools. However, there can be no reasonable doubt that the relative cost of the relief of the poor is much more expensive at hospitals with medical schools than elsewhere, and if the truth be known, this extra expense is for the most part due to the lavish and extravagant way in which the patients are treated; for instance, nothing that medical science can suggest as useful is considered too expensive, just as if the patients were millionaires. The question at once is raised "Is it justifiable?" The obvious answer is no, because there is nothing to show that the majority of patients are benefited materially by the extra expense. But it can be honestly urged that this lavish expenditure might be considerably curtailed by more careful administration, as the result of co-operation of the Medical Staff and Lay Committee with this end in view, and especially under the supervision of a superintendent.†

So far, however, no direct return from the medical schools has been shown, but—and this is our argument—it would be quite impossible to induce the same Visiting Staff or indeed any other medical men to do the same amount of work for the same number of patients at any great London hospital, if there were no medical students, without the payment of full salaries—say £500 to £1000 a year for each physician and surgeon, and we maintain that this constitutes a direct return in terms of money from the medical school to the hospital, viz. the quantity and the quality of the work done by the Medical Staff. This point was not very carefully dealt with by the Committee. They thought to compare the Great Northern Hospital with St. Bartholomew's, and the Poplar with the London Hospital, but the analogy is not sound, because the conditions are not the same. The expenses of a large hospital without a medical school would be proportionately much greater than a small hospital without a medical school, because the medical staff would expect full salaries. True, a young man is content and even anxious to work a few hours each week at a small hospital without a medical school because it is a stepping-stone, and for the sake of the experience. But no medical man would be induced to operate for six hours in a stuffy, ill-ventilated theatre, and to spend two hours in the wards every day of the week if there were no students. And so, because medical men and nurses, from time immemorial, have shown a charitable disposition, that is no reason why

* At the London Temperance Hospital with 100 beds there are 5 porters, while at St. Bartholomew's with 670 beds there are at least 50 men to do the corresponding work.

† At the National Hospital for the Paralysed in Queen Square the cost per bed has lately been reduced from £94 to £81.

hospital authorities or committees should draw conclusions from it, or count upon it in the future. The time is coming when every medical man and every nurse will be paid in hard cash for all work done, but at present "OURS is a noble profession, and it has its rewards, which cannot be measured in terms of money."

And furthermore it is an undeniable fact that certain funds are subscribed to the hospitals, chiefly on behalf of the medical schools associated with them, and these funds are intended only on condition that the hospitals support their medical schools. We know of several such cases, and yet the committee takes no account of that in its report, because it would be impossible to discover the exact amounts so subscribed. In this connection, therefore, we think that the third rider appended to the report, as above indicated, is of the utmost importance.

Therefore, without holding a brief for medical schools, we submit the following points in explanation of the increased expenditure at hospitals with medical schools.

(1) The expenditure could be much reduced without detriment to patients or to schools.

(2) The cost per bed is not an exact criterion by which to judge the expenditure of hospitals.

(3) The medical schools are by no means wholly responsible for the increased expenditure upon nurses and porters.

(4) The hospitals have some direct return for their out-lay upon the medical schools in the two following respects:

(a) The gratuitous services of the Staff, which can be estimated in terms of money, and which it would be impossible to obtain in a large hospital, if there were no medical school.

(b) The increased income as the result of subscriptions really intended for the medical schools.

And further, we maintain that this extra expenditure is justifiable on the following grounds:—(1) The greater publicity, size, and influence of the hospitals with medical schools. (2) The interests of medical education. (3) The advance of medical science. (4) The interests of the community at large and of posterity.

But the great question then comes, why should the hospital charities bear this expenditure? and to this we can only say that up to the present time this has been the very *raison d'être* of the big hospitals; if they have not existed for these objects, why have they existed at all? Small parochial or district hospitals would have sufficed for the relief of the sick poor.

But to return to the matter before us: the report of the committee, as far as it goes, is excellent except in the one direction which we have indicated; and we do not believe that any medical man, except he be a narrow-minded or prejudiced Tory, will quarrel with any of the conclusions or riders which are based upon a sound scientific and economic basis. We have heard it said that the report has shown the Medical Schools in a bad light, but with this state-

ment we do not agree at all. The truth of the matter is that the Committee (and it did what was required of it) only faced the problem from one point of view, viz. only from the point of view of the governors of hospitals for the relief of the sick poor. The problem is far greater, and as the argument has been opened already, it will be well to consider the whole problem from every point of view. There are two other sides to the question; first, that of the medical profession; and secondly, that of the nation, which also falls under two headings—(1) the relief of the sick poor; and (2) medical education. At present there exists nothing but an indefinite compromise between the hospital charities, the medical profession, and the nation,—a condition of unstable equilibrium. It is marvellous how relatively stable the balance has remained. If we had sufficient space at our disposal we would like to discuss the problem in full from the point of view of the medical profession, but that we will leave for the present. Every medical man must have views of his own on this subject, and perhaps we may receive an article from an abler pen than our own. However, we feel called upon to consider in brief the problem from the national point of view, and this naturally falls under the two headings indicated above.

In considering the first of these—the relief of the sick poor,—let us say that we readily agree with some one who wrote or said recently that there would be ample funds for the proper administration of all the London hospitals if relief was afforded only to the poor and needy. Let no one mistake our meaning. Nowadays we hear a good deal about the systematic organisation of charity, and about the scientific method of dealing with the question of poverty, and it is true that the nation at last is beginning to wake up to the fact that thousands of pounds are squandered annually in indiscriminate relief of poverty; and, for our part, we confess that we know of no surer way of "pauperising" the lower classes than by providing free medical relief. To give one single illustration. Why should a man who receives 25s. on a Saturday morning and spends 2s. 6d., or more or less, of that on Saturday afternoon and evening in getting drunk be treated for his cut head in the most thoroughly scientific and up-to-date methods free, gratis, and for nothing? True, a sober man earning 25s. a week, if he be laid up for six weeks with a fracture or pneumonia, has not enough money to keep his wife and family and to pay a doctor as well; but every single man, woman, and child should pay for medical attendance just as for legal advice or for being married. But the payment should be arranged on a sliding scale according to a man's position in life, his earnings, and his thrift. Thus, a bank clerk, a curate, or a lieutenant in the army, excluding of course the question of private means, ought to be able to obtain, if he wish it, the relief of the sick poor, as

for instance, a surgical operation, on the payment of his fees according to a sliding scale.

The term "relief of the sick poor" has become a mere phrase—just so much cant. Two questions are metaphorically put to patients before being treated, as the chairman of a certain hospital dramatically said not very long ago. *Are you sick? Are you poor?* He forgot a much more important question, "Are you thrifty? or do you spend one fifth of your income on beer?"

If the plain truth be known, the present great hospitals of London exist partly for the treatment of accidents and emergencies, partly for the relief of the sick poor, partly for the relief of the sick who are not poor, and chiefly for the advancement of medical education; and who will deny that the last is not more noble than the "pauperising" of the poor and the providing of beer for a drunkard?

Lastly, comes the question of medical education from the national point of view. It is sufficiently obvious that medical education must be carried on by the hospitals, or by private individuals, or by the State. It is a matter of the utmost importance to the community. If the hospital charities refuse to support it on the grounds that they exist for the "relief of the sick poor," well and good; they are within their rights. Then comes the opportunity for the individual to immortalise himself by endowing medical education, and we take this opportunity of drawing attention to Mr. Alfred Beit's munificence in giving £25,000 to the funds of the *Institute of Medical Sciences*, London University, as the result of reading the Committee's report. Undoubtedly many others will follow this generous example when they know the facts, and then medical education will be placed upon a sound financial basis, and will not need to look to the hospitals for support; but the hospital charities will suffer in proportion. If, on the other hand, medical education cannot be endowed privately, then it becomes a matter for State interference which would solve the difficult problem of finance, but would lead to hopeless complications into which we cannot enter at the present time.

In conclusion, we will say that things are not so bad as they seem, and that there is no need at present for State interference. Consequently let no man, neither governor, nor doctor, nor patient, nor busybody grumble or find fault with the present system as a whole; for it serves the interests of the majority. It is the result of a most perfect and natural evolution. It has its faults indeed, of which the two most important are alluded to above as the first and third riders appended to the report and can be instantly remedied. But, for the rest, too much meddling will do more harm than good, and nothing short of a national calamity will be the result. And, as a last word, let us say to the general public "Help your great medical schools, be grateful for what they have done for you in the past, and for what they are now doing, and be proud of them."

NOTE.—We wish to say emphatically that we do not hold a brief for the medical schools. If we did, our argument would be, "Do away with the medical schools to-morrow and see what would happen to the world-famed hospitals of London."

Editorial Notes.

MANY have thought that the JOURNAL scheme for raising money for the Pathological Block is dead. This is not so; it was only premature. It will shortly burst forth into the full vigour of youth with the prospect of something being accomplished in the near future. We can say no more at present, but we ask our readers to look out for some definite information before long.

SINCE the last number of the JOURNAL appeared the builders have invaded the Hospital, and have almost completed the exterior of two new temporary operating theatres. Everyone is so very much alive to the urgent necessity for these theatres that no serious protest has been heard in spite of the unfortunate fact that the building is taking place upon the residents' racquet court. Doubtless space can be found if necessary for a temporary racquet or fives court on the old Christ's Hospital site at present unoccupied.

THIS building, we are certain, is only a sign of the times. We shall wake up one morning to find hundreds of British workmen commencing operations upon the new casualty and out-patient block. The prolonged delay has been unfortunate from every point of view, but that is a matter of the past. The future is before us.

IT is gratifying to see the Treasurer's carriage in the Square three or four days every week. We know that he is doing his utmost to put our Hospital upon a more satisfactory footing with the outside world. However, he does not confine his attention to business within the office walls, but sees everything that is to be seen in all departments of the Hospital. The Students' Union was greatly honoured by his presence for a short time at the Smoking Concert on February 27th, an account of which appears in another column.

THE annual general meeting of the Students' Union was held on March 9th in the Anatomical Theatre. About 200 students were present, and it was a very successful meeting. The outgoing Council must be congratulated upon the very satisfactory report of its year of office, and we thank those concerned for their kind appreciation of the JOURNAL and of the work of its Publication Committee. The full report appears under the notices of the Students' Union and Clubs with the list of officers and members of the new Council.

CONGRATULATIONS to the Association Football Club 2nd XI on defeating St. Thomas's 2nd XI by 7 goals to nil, and thus winning the final of the Inter-Hospital Junior Cup Ties for the second year in succession. The team thoroughly deserved its success.

UNFORTUNATELY we have been beaten by a narrow margin in all the other finals except the Cross Country competition, which we won easily. The second Rugby XV played splendidly against Guy's, and were only beaten by a dropped goal after playing extra time, while the Hockey Club only just lost to Guy's (1-0) in a replayed tie. Full accounts of these matches and of the records of the various clubs for the past season appear under the Club news.

We beg to congratulate Mr. H. N. Marrett on winning the All England Badminton Championship last month. His success is all the more meritorious as he has played the game only during the last few years.

THE following awards have been published:—Treasurer's Prize (Junior Practical Anatomy).—T. S. Lukis. Foster Prize (Senior Practical Anatomy).—T. L. Bomford. Hichens Prize (Butler's Analogy).—F. W. W. Griffin. Kirkes Scholarship and Gold Medal.—J. K. Willis, J. G. Watkins, equal. Harvey Prize.—A. E. Gow.

We are glad to hear of the election, as Governors of the Hospital, of Mrs. Matthews, *née* West, and Miss F. Whitley, lately Sister of Martha Ward, the two Hon. Secretaries of the League of St. Bartholomew's Hospital Nurses, which has lately collected £1500 for the Rebuilding Fund.

THE commencement of the summer session has been postponed from Monday, April 17th, to Tuesday, April 27th, on account of Easter.

MR. H. T. BUTLIN has been appointed Bradshaw Lecturer at the Royal College of Surgeons for next year.

DR. CHRISTOPHER ANDISON has been appointed Secretary of the Anatomical Society of Great Britain and Ireland, Secretary of the Board of Intermediate Medical Studies in the University of London, and also Vice-Dean of the Medical School of Charing Cross Hospital.

DR. BAINBRIDGE has been appointed Gordon Lecturer in Pathology at Guy's Hospital.

MR. ALFRED BUCK has been appointed Secretary to the Colchester Hospital.

DR. F. GRÖNE has been appointed Assistant Medical Officer of Health in Hong Kong.

We congratulate Mr. R. H. Urwick on taking his M.D. degree at Cambridge University.

IF the first number of the *Grand Magazine*, published in February of this year (by George Newnes, Ltd.), did not stamp itself as a thoroughly cheap and nasty monthly, the March issue at all events must have alienated from the number of its readers every lover of literature and every

How to Answer an Examination Paper.

By an EXAMINER.



XAMINERS are but human, but they strive to be absolutely fair to the candidate, though sometimes the trial of reading badly-written, and still more badly-composed answers at an hour long past midnight is apt to be a severe one even to the most conscientious. Hence it is that a candidate can do much to make the task of his little-thought-of examiner easier, and much to enhance the probability of his own success.

It is a fact that some who are extremely well grounded in their work are unable to put their knowledge satisfactorily on paper, whilst others, having a much smaller insight into the subject, manage to indicate what they know in such a way in their answers that they make a good impression upon the examiner. Becoming practised in writing answers to examination questions may thus become a very distinct help to passing when the ordeal has actually to be faced.

The hour of the examination has arrived, and the candidate is seated at his desk with the fateful paper before him. How is he to proceed? Let him quietly and carefully read through every one of the questions, although perhaps despair reigns in his heart from the wording of the first.

It is extraordinary how frequently candidates entirely misread a question, and write an answer which has nothing whatever to do with what has been asked, thereby, of course, obtaining no marks for this part of the paper. Then, again, although the general trend of the question has been recognised, portions of it have been inaccurately noted, with the consequence that the answers to these parts will not be such as to satisfy the examiner.

It is advisable to spend perhaps ten minutes, or even a quarter of an hour, in studying the questions before writing a single line in answer to them; and then the next point to be settled is as to which question should first be tackled. Although there may be some difference of opinion with regard to this, I am convinced that the wisest course for the majority of men is to deal with the shortest question, and the one which the candidate considers he knows best. In this way a question which probably counts as much as any other in the paper will be well answered, and will probably only have taken a comparatively short amount of the time allotted for the paper. On the other hand, should the candidate proceed with a long question, and particularly if he is not well acquainted with what is needed to answer it, there is a likelihood of a considerable amount of time being swallowed up, with the result that but little is left for the rest of the paper, and therefore a good aggregate of marks may be unobtainable.

In dealing with the answer to a question, it is by no means an unwise plan to write a brief outline of the answer on a spare sheet of paper, so as to systematise the answer

upholder of the truth. It boasts of "the excellence of its fiction." Perhaps this is the excuse of those responsible for publishing such contemptible fabrications in an article upon "Hospitals: their Use and Abuse;" by a Medical Practitioner. The author is possibly not a medical man at all, or, if he is, he applied himself more to the study of vilification than of medicine. His choice of language is not very artistic, for he speaks of female patients being subjected to the "salacious scrutiny of some dozen youths,"—a pretty phrase indeed. *Mundis omnia munda*. We challenge him to disclose his identity and to verify his "easily verifiable facts."

We are not surprised that Mr. Stead should have nothing but praise for the *Grand Magazine*, for we know what his judgment is worth. He speaks of it as "journalistic cookery"—an apt simile indeed, for it is unpalatable and indigestible to a degree; but Mr. Stead's stomach, on the other hand, is soothed by the "lightness and toothsome-ness of this puff paste and trifle"! Poor innocent! he thinks that doctors are guilty of "habitual outrage upon the persons of poor women patients" and he suggests that "the indecent handling of patients for demonstrational purpose against their will under threat of being denied medical treatment is a crime at common law." His remedy is even more amusing. "It would be well if the Anti-Vivisection Society were to pay some attention to the matter." We smile contemptuously, and say "ours is a noble profession, and it has its rewards which cannot be measured in terms of money."

BUT the *Church Bells*, which ought to know better, also "comments" upon the article in the *Grand*. Its fancy is tickled by this sentence—"The girls and young women who attend the public hospitals gain the possible healing of their bodies at the expense of mortal injury to their souls." What delightful cant! How suggestive of the Scribes and Pharisees of old! and how unlike what we ought to hear from the mouth of a well-known—but little respected—teacher of Christian principles.

In another place in the same paper there are some comments upon "The Immaculate Medical Student" with reference to a letter by a "titled physician" defending the character and behaviour of the modern medical student. "It is interesting to turn," says the commentator, "from the medical student as our Hospital physicians endeavour to persuade the public that he is to the actual sample as he appeared in the Police Court." A feeble argument, but our reply is ready to hand. "It is interesting to turn from the clergyman as he appears in the pulpit to the clergyman as he is in the Police, the Divorce, and other courts—even more frequently than the medical student." Let our wise commentator, living as he does in a glass house, not throw stones himself.

which will be sent in to the examiner. So often candidates, by not so doing, find, when half-way through the question, that they have omitted some very important details, which they insert in such a manner as to make it very difficult for the examiner to read and follow the meaning of the answer, whereas if an outline had been previously made all parts might have been set down in due order.

In this connection it may be observed that not infrequently a curious process of unconscious cerebration occurs in reference to a question whilst the candidate is writing the answer to another. For instance, whilst describing the causes of compression of the brain, it may suddenly flash through the mind that syphilitic ulcers, while they may occur on any part of the leg, are most commonly seen in its upper half, this fact belonging to a subsequent question concerning the diagnosis of ulcers of the leg. Let the candidate at once briefly note this inspiration on a side sheet of paper, so as to have it ready when he reaches that particular answer, otherwise it is almost certain to be forgotten, and the fact that it has so disappeared may worry him terribly.

Brevity, consistent with stating the really essential points required by the question, is undoubtedly a great saving of time both to the writer and reader. "Padding," particularly when it has but little reference to the subject under consideration, is worse than useless. It takes up far too much time when the question is being answered, and as a rule is entirely passed over without marks being awarded to it when the examiner has to read it.

With brevity, neatness in the actual writing and in the arrangement of sentences goes a long way to impress the examiner well, and to aid his reading of the paper. It is here that proper paragraphing comes greatly to the assistance of the candidate. There is no need to crowd the writing together, nor to commence every fresh sentence on the same line that another ended. The candidate need not scruple to use plenty of paper; he has paid well for it, and certainly the examiner will not blame him for spreading out his writing in such a way that it is not necessary to search diligently for the none too clear meaning, laboriously inscribed from the wonderful recesses of the candidate's mind.

Again, in connection with paragraphing, comes the proper use of underlining, to bring into prominence important facts with the least possible trouble to the reader. It is obvious that underlining must not be carried too far, otherwise it loses its effect and becomes a nuisance to the one who has to mark the paper.

A candidate should never take it for granted that an examiner knows all the facts under consideration, and he should therefore be careful to indicate step by step the process of reasoning whereby he arrives at his conclusion. In the same way he should never make use of terms without an indication that he has some knowledge of their meaning.

Another fault often committed, and one which wastes time, is to repeat statements again and again in the same answer, which betrays a distinct want of method and grasp of the subject on the part of the candidate, and is apt to make the examiner look but indifferently upon the answer.

Diagrams are always of great use in conveying the exact meaning that the candidate desires, provided that they are accurate. They need not be elaborate; in fact, the very elaborateness of some diagrams given in papers spoils their usefulness, and has, moreover, absorbed far too much of the candidate's precious time.

It is perhaps needless to remark that bad grammar and improper spelling tends to irritate, and should be carefully avoided even when the candidate is considerably pressed for time. The ingenuity of the various methods of spelling certain technical terms and authorities' names is truly marvellous. A good example of this is the spelling of the word "symphysis," which in one paper was lately found to be spelt in the four following ways: symphiasis, symphiasis, simphisis and symphisis, in addition to the proper symphysis. More remarkable still was the variation of the name of the anatomist who described those bewildering bodies arising from the arachnoid mater. Here is a list of how various candidates in one examination decided it should be written:

Pacchionian, the correct way.
Pachionian, an ingenious variation.
Paccionian, or why waste time for an "h."
Pacionian, or even an unnecessary "c."
Pacchineal, probably with the sound of cocchineal in his ear.

Pacchinian, } how elusive it is to have a name for a
Pacinian, } a totally different structure so nearly the same in sound.

Such blunders make the examiner believe that the candidate has a feeble power of observation, and tend to detract from the probabilities of success for the examinee.

Lastly, and particularly as it comes as the final act on the part of the candidate before he gives up his paper, it is of the greatest importance that the various sheets, if they have been loose when written upon, should be fixed together in their proper order. Hardly anything is more trying for an examiner, when he is reading through one answer, than to be suddenly pulled up by finding himself launched into the middle of another, for he will then have to search through every sheet until he comes upon the one which should have followed in due order. It is far better to spend the last five minutes in arranging the questions and sheets as they should be than to scribble down hurriedly and almost illegally an additional scrap to what may be an excellent answer without it.

NOTE.—We propose to publish in the next issue an article upon "How to Defeat an Examiner," by a Student.—EDITOR.

Cases Treated by Bonesetters.

A J—, æt. 20, a mechanic, injured his knee at football, and developed synovitis with a large effusion. He went to a bonesetter, who said his knee was out and put it in. The patient accepted this, and when seen walking a fortnight later still had an enormous effusion which was obvious through his clothes.

2. J. D—, æt. 53, a farmer, broke his thigh, and sent at once for the bonesetter, who kept him in bed without any extension. As he was still helpless after three months a regular practitioner was called in, and found eversion of the foot almost to a right angle and three and a half inches shortening. The patient declined any interference, and expressed his complete satisfaction with the treatment.

3. A. T—, æt. 44, housewife, fell and injured her shoulder, and at the end of a month she went to a bonesetter, who said she had a flesh rent, but never suggested anything being "out." At the end of six weeks the patient still had a well-marked sub-coracoid dislocation of the humerus, which was easily reduced under ether.

4. J. N—, an overgrown lad of 16, who walked with a limp, had pain in the hip, and on examination showed wasting and the other signs of early hip disease. He was advised orthodox treatment, but went to a bonesetter, who said that two guiders had slipped off the hip-joint, and that he would put them on! The boy went about as usual limping for three months, but afterwards his gait improved, and finally he walked quite well.

5. Mrs. N—, æt. 50, farmer's wife, fell from a height of eight feet on to the right hip, and yet was able to walk with assistance. She was treated by a general practitioner for many weeks, but then went to a bonesetter, who said the hip was out, and proceeded to put it in. Some weeks later she was seen by me, and presented characteristic signs of extra-capsular impacted fracture of the neck of the femur.

6. T. B—, æt. 12, farmer's son, complained of pain in his ankle, which came on during an evening at a bonfire, but without any history of an accident. He was taken to a bonesetter, who said his ankle was out, and he would put it in. When seen some weeks later the ankle was swollen, hot, soft on the inner and outer sides, and obviously tuberculous. It has since been scraped more than once.

Remarks.—Case 2 is the worst as the man is a cripple for the rest of his life. The interest attaching to No. 3 lies in the fact that when there really was a dislocation it was quite unrecognised. No. 4 apparently got rid of his synovitis of the hip whether it was tuberculous or not.

The six cases are consecutive, and, I believe, typical of bonesetters' results in the cases one does not hear of.

J. G. E. COLBY.

NOTE.—We have been fortunate in obtaining a commentary upon the above cases and upon bonesetting in general from Professor Howard Marsh. We propose to publish the article in the next issue of the JOURNAL.—EDITOR.

The Smoking Concert.

THE second smoking concert of the Students' Union was held on Monday, February 27th, in the Grand Hall of the Criterion Restaurant, under the chairmanship of Mr. Rowly. The programme was longer and more elaborate than on the previous occasion, and perhaps for that reason there was scarcely the same freshness and spontaneity about the proceedings; but, on the whole, it must be considered a great success. There was a very large audience, including several of the senior staff, and a good number of visitors, among whom we were glad to see Lord Ludlow, whose unexpected arrival during the evening was most gratifying. The secretaries of the Students' Union and the other members of the Concert Committee are to be congratulated on the result of their work, much of which, we understand, was hampered by the incivility and incompetence of the restaurant employées.

The success of the evening was undoubtedly the world-famed Troupe of La Barta Girls from the Martha Theatre of Varieties, under the direction of Mr. H. C. Waldo. The entrance of these six ladies of heroic proportions created a perfect furore. Their dancing was excellent, their costumes were ravishing, and their figures were superb; and Madame Wellbeloved, of Berkeley Street to whose generosity the Committee are much indebted—must be congratulated upon the great success of the venture.

The concert began soon after 8.15 with the appropriately named "Martha" overture by the orchestra, under the able direction of Mr. Edward Cawardine. The presence of the orchestra was an innovation, which seemed very popular with the audience. So popular, indeed, was their second piece, a selection from "Veronique," that at times it was difficult to hear the instruments through the voices. Dr. Dundas Grant, as an old Bartholomew's man, must be specially thanked for bringing several members of his company to add strength to the Hospital orchestra.

Mr. George Graham has himself been a patient at St. Bartholomew's, and his musical sketch of an operation, most realistically accompanied by Mr. Gibson, was fearfully suggestive of the new theatre on a Tuesday afternoon. Perhaps his funniest touch was when the unhappy appendix—held up at arm's length by the operator for the inspection of the audience—flies back into the abdomen. As an encore he gave an imitation of actor managers discussing a charity matinee.

Mr. J. M. Smith again bewildered us, first with mesmerised wands and billiard balls, and afterwards with a pack of cards, until we were more than ever convinced of the danger of having him as an opponent either at billiards or at bridge.

Mr. Waldo was at his best when he sang and danced surrounded by the six beautiful La Bartas. Both in "Captain Pott," when they were in pink, and in "Whistling Rufus," when they were in pyjamas, his dancing was wonderfully good. But in the duet with Mr. Berryman he was not quite so happy, and in his monologue earlier in the evening he was far too long. Mr. Crawford's recitation, which in other respects was one of the cleverest performances of the evening, was also rather too long.

The soloists were in good voice, and we were glad to hear the past members of the Hospital most ably represented on the stage by Mr. Holland Wade. The "Twelve Apostles," sung by Mr. Burroughes, was taken up enthusiastically by the house, while the quintette of "White Niggers," accompanied by Mr. Bailey, afforded pleasing variety by singing two of the less well-known plantation songs. The "Serenade by Widor," a trio for violin, cello, and piano, was delightfully given by Messrs. Payne and Welch, accompanied by Mr. Mansell Stevens, in the absence of Mr. Pearle.

The three whistling solos of Mr. Charles Capper, one of them (Blumenthal's "Evening Song") being an encore, were extremely pretty, and quite worthy of Mr. Capper's reputation. Mr. Charles Bulwar's ventrioloquist sketch was also very clever, while the polyglot history of the immortal "Mr. William Bailey," sung by Mr. Tom Clare, caused the greatest amusement.

The concert ended just before midnight, and the general consensus of opinion was that we all had spent a most enjoyable evening.

PROGRAMME.

1. Overture . . . "Martha" . . . The Orchestra.
 2. Song . . . "Who did?" . . . The White Niggers (Messrs. Burroughes, Hogarth, Holroyd, Milson, and Neligan).
 3. Song . . . "Love, could I only tell thee" . . . Mr. Holland Wade.
 4. Sketch . . . "An Operation from the Patient's point of view" . . . Mr. George Graham.
 5. Card Sleights, etc. . . . Mr. J. M. Smith.
 6. Whistling Solo . . . "Les Folies Polka" . . . Mr. Charles Capper.
 7. Monologue Mr. H. C. Waldo.
 8. Trio . . . "Serenade by Widor" . . . Messrs. Payne, Welch, and Mansell Stevens.
 9. Quintette . . . "Pompey's Ball" . . . The White Niggers.
 10. Ventrioloquist Mr. Charles Bulwar.
 11. Duet . . . "The East End and the West End" . . . Messrs. R. C. P. Berryman and H. C. Waldo.
 12. Recitation Mr. S. E. Crawford.
 13. Musical Sketch . . . "Judd Brownin's Account of Rubenstein's Piano Playing" . . . Mr. Tom Clare.
 14. Song . . . "Bill Bailey" . . . Mr. Tom Clare.
 15. Selection . . . "The Twelve Apostles" . . . Mr. H. N. Burroughes.
 16. Song . . . "Veronique" . . . The Orchestra.
 17. Song . . . "Captain Pott" . . . Mr. H. C. Waldo.
- Assisted by the six La Barta Girls from the Martha Theatre of Varieties. (Messrs. Coulbank, Gosse, Hardy, Marshall, Stone, and A. C. Wilson).
17. Whistling Solo . . . "Cleopatra" . . . Mr. Charles Capper.
 18. Song . . . "Twenty, eighteen" . . . Mr. H. N. Burroughes.
 19. Song Scene . . . "Whistling Rufus" . . . Mr. H. C. Waldo.
- Assisted by the world-famed La Barta Troupe. Full Chorus and Orchestra.
- Accompanists—Messrs. Mansell Stevens, S. Gibson, R. L. Haines, and S. Bailey.

Abernethian Society.

The following officers were elected for the coming year at the Annual General Meeting, on Thursday, March 16th:
Presidents.—Mr. C. M. H. Howell, Mr. E. H. Shaw.
Vice-Presidents.—Mr. W. B. Grandage, Mr. W. G. Ball.
Secretaries.—Mr. K. V. Favell, Mr. K. M. Walker.
Additional Committeemen.—Mr. N. C. Davis, Mr. F. C. Searle.

Notice was given of the following motion by Mr. Neligan: "That the time of the ordinary meetings of the Society be altered from 8 to 8.30 p.m."

The Clubs.

STUDENTS' UNION.

The second Annual General Meeting was held on Thursday, March 9th, 1905. Dr. Herringham presided.

The minutes of the last General Meeting were read and adopted.

The Chairman called upon Mr. Gauvain to read the Annual Report, which appears below. The President, Dr. Herringham, seconded by the Vice-President, Mr. A. H. Hogarth, moved its adoption, and the motion was carried unanimously.

Dr. Herringham, on the proposal of Mr. Hogarth, was enthusiastically re-elected President of the Union for the ensuing year.

The result of the election was announced by Mr. Loughborough as follows:

- Constituency A.—Messrs. Horner, Marshall, Hoskyn, Burra, Favell.
 " B.—Messrs. Newton Davis, S. Trevor-Davies.
 " C.—Messrs. Griffin, Phillips, Miles.
 " D.—Mr. Neligan.

Mr. Harmer read a financial statement, and congratulated members on the profits derived from the JOURNAL, which had amounted to £225, in addition to the payment of a debt of £300.

Mr. Harmer proposed, and Mr. Hogarth seconded, the following addition to the rules after an amendment by Mr. Crawford had been accepted: "That the outgoing Council shall have power to elect one of its members as Senior Secretary for the ensuing year." The proposal was carried, and Mr. Loughborough, who had previously been appointed by the Council, was declared elected.

Two other additions to the rules were proposed and carried.

Mr. Favell proposed a vote of thanks to Dr. Herringham, which was carried with enthusiasm.

A meeting of the Council was held in Mr. Favell's room on Tuesday, March 14th, 1905, Dr. Herringham in the chair.

Mr. Neligan was elected Vice-President.
 Mr. A. Miles was elected Junior Secretary of the Council.

The following gentlemen were elected as members of the Finance Committee:—Messrs. Burra, Hoskyn, Horner, Neligan, Loughborough.

On the recommendation of the Publication Committee Mr. N. G. Horner was elected Assistant Editor of the JOURNAL.

ANNUAL REPORT, 1904-5.

In presenting its first Annual Report, the Council of the Students' Union would remind members that the past year has been a critical one in the history of the Hospital, and the Council has felt that it must have been the desire of every student to impede in no way the authorities of the Hospital by too urgent demands for alteration and reform. The adoption of this policy has been in every way successful, and we have much pleasure in announcing that, partly as a result of representations made by the Students' Union Commission, and partly on their own initiative, the Hospital Authorities have made provision for adequate Club accommodation in the first of the New Buildings to be erected. The question of the accommodation of midwifery clerks at Mackenzie's has received attention, and we believe it has been decided to provide suitable accommodation in the New Out-patient Block.

At the same time it was felt that improvement, even if temporary, in the Smoking, Abernethian, and Cloak Rooms, was imperative. The matter was carefully considered, and considerable additions have been made to the furniture in the Smoking Room, improvements effected, and conveniences introduced in the Abernethian and Cloak Rooms.

The control of the Abernethian Room has passed into the hands of the Council of the Students' Union, and the comfort of members has been consulted by keeping both the Abernethian and Smoking Rooms open until 8 p.m., instead of until 5 p.m. as formerly. This step was taken in the especial interests of those students who are compelled to remain late at the Hospital, and for whom no provision whatever had previously been made. Alterations have been made in the matter of catering for students. Improvements have been introduced into the Dining Hall, and a new Tea Room has been opened which has been much appreciated and well supported.

One of the most encouraging features of the past year has been the increased enthusiasm shown by the Clubs and Societies of the Students' Union. The papers read before the Abernethian Society during this session have been, as usual, of great value and much interest. It is desirable that students should take a more active part in the work of this Society, either by contributing papers or joining in the discussions.

A new departure was made by the Athletic Club in holding the Annual Sports at Winchmore Hill. Great interest was displayed by both Staff and students, and the success of the meeting was in no small measure due to the generosity of the Staff, and especially to that of Mr. Bowlby and Mr. Bruce Clarke. To Mrs. Herringham our hearty thanks are due for so kindly presenting the hurdles. It was unfortunate that, in spite of the enthusiasm displayed at the Sports, the Inter-Hospital Shield did not come to Bart's this year, but we venture to think that this was due rather to want of organisation than lack of material, and we confidently anticipate its return to the Library next season.

The unfortunate result of the Cricket Cup-tie was regrettable, but the experience gained should serve the team in good stead in the coming season.

The event of the Summer was the Past 7. Present Cricket and Tennis matches, which proved an unequalled success, and attracted a larger attendance than usual.

The Swimming Club had a creditable record, and promising recruits augur well for its prospects in the near future.

In spite of the large number of men using the Lawn Tennis Courts this Club's results were disappointing.

The Shooting Club was unlucky in losing the Cup by one point only.

The Winter Clubs are to be congratulated, one and all, for the increased keenness displayed. Had not the Rugby Football Club lost the services of four of its best men, the result of the Cup-tie might have been very different.

The record of the Association Football Club has been good, though the result of the Cup-tie was unfortunate.

The popularity of the Hockey Club is undiminished, and proof of the interest taken in the game is shown by the three teams which now represent the Hospital.

The Bart's team is to be congratulated on winning the Inter Hospital Cross-country Cup again.

More care than usual has been taken this year in the management of the Club ground, and in this connection we are much indebted to Mr. Bruce Clarke for the great interest he has shown, and for the help he has given. Inquiries have been made as to the advisability of placing the Club ground in telephonic communication with the Hospital, and of erecting an additional gate opening on the west side of the ground, but, for well considered reasons, it was not expedient to adopt either of these proposals, though it is hoped the obstacles in the way will shortly be removed.

The Council has endeavoured not to neglect the social side of its duties, and in this connection attention is specially directed to two highly successful Smoking Concerts and one Dance which have been given. The Union is richer to the extent of nearly £30 by these functions. This should pave the way to future similar, and we hope, equally successful efforts.

The question of Hospital Colours has received earnest attention from a Special Sub-Committee of the Council, and every endeavour has been made to frame suitable regulations.

The excellent work done by Dr. Eustace Talbot, when Editor of the JOURNAL, has been continued, and we desire to give prominence to the efforts of the Publication Committee, and our thanks are especially due to Mr. A. H. Hogarth, Vice-President of the Union and present Editor of the JOURNAL. Under his guidance both the circulation and popularity of the JOURNAL have increased. It is now on a sound financial footing, and is one of our most valuable assets.

Full reports of all meetings of the Council are inserted in the JOURNAL, the wishes of each individual member are consulted as far as possible, and suggestions from students are invited, and when deemed of practical value, adopted.

An endeavour is to be made to collect the minutes of all Clubs and bind them annually. The Council recommends that the election of the Committees of all Clubs should take place immediately after its own election.

By the courtesy of the Librarian a letter-box is now placed in the Library for the convenience of members, and cleared four times daily. The Co-operation of the Medical School Committee has been promised to place an officially recognised letter-box in the Hall of the Medical School.

Arrangements have been made for publishing a Year Book, entirely devoted to the interests of students. Particulars of every Club and Society will be inserted, and it will contain an alphabetical list of past and present members of the Hospital, with their addresses, and other matters of interest and value to members. Advertisements for the

Year Book will be accepted, and it is hoped that thereby the cost of production will be very materially reduced. At least three thousand copies of the first Year Book will be printed. A copy will be presented to every student.

Numerous other less urgent but important matters have received attention, which the length of this report makes inadvisable to record in detail. For further information we refer to the reports of the Council meetings published in the JOURNAL.

The Council hopes that its efforts in the past year will meet with the approval of the Students of the Hospital. It is especially pleased to record that the Union has been one in fact as well as in name, and that the feeling of *esprit de corps* has been fostered and strengthened. In proof of this we instance the increased all-round keenness displayed in the games, and the support given to the Council in its work.

In conclusion the Council has much pleasure in reporting that the first year has been satisfactory in financial matters.

This report, moved by the President, Dr. Herringham, and seconded by the Vice-President, Mr. A. H. Hogarth, was adopted at the Annual General Meeting, held on March 9th in the Anatomical Theatre.

ASSOCIATION FOOTBALL CLUB.

The Association Football Club brought its season to an end with a match against Keble College, Oxford. Although many matches had to be scratched the first eleven has played 23 games, of which 13 have been won, eight lost, and two drawn. Goals for, 73; against, 51. The team lost three matches out of the first four played, but this was before the eleven had settled down. In the Inter-Hospital Cup we drew a bye in the first round. In the second round we played Charing Cross, and after a typical cup-tie fight we qualified for the semi-final by a very respectable win of 3 goals to *nil*. The semi-final against St. Thomas's proved disastrous, our men being a little too confident of winning. The match was played in a high wind and a storm of rain. Until twenty minutes of time we led by 2 goals to 1, although we had never played such bad football during the season. For the rest of the time luck was certainly against us, and two goals were scored by our opponents in quick succession. The result was a victory for St. Thomas's by 3 goals to 2. More keenness has been shown during the season by the players, and this is proved by the above record, upon which the eleven is to be congratulated.

C. E. ARMITAGE, a safe goal-keeper, but, unfortunately, has not done himself justice this year. Over-anxious.

H. RIMINGTON, undoubtedly a good full back. What he lacks in stature he makes up for in speed. He should cultivate the art of feeding his forwards, taking a leaf out of his partner's book.

H. HARDWICKE-SMITH, a reliable back. His kicking is always safe, and his tackling is sound. He always passes the ball.

L. T. BERRA tackles splendidly, but plays too far behind his forwards. Has improved greatly this year.

J. R. LLOYD variable. Has played several good games this year.

C. B. D. BUTCHER has this year surpassed expectations. Will be missed out of next year's eleven.

F. J. GORDON brilliant. He dribbles magnificently, and is our chief goal scorer. At times inclined to selfishness.

A. CUNNINGHAM, a newcomer, but immediately secured his place. His shots at goal are great. Will develop into a fine centre.

A. W. HOLTHUSEN, a man who knows the game. Combines in fine style both with his wing man and centre. His shots at goal generally get into the net.

E. R. EVANS has not done so well this year. He plays exceedingly well with Holthusen, but his centres into goal were not up to last season's.

A. MILES, an excellent captain, knows the game well, and plays it.

INTER-HOSPITAL JUNIOR CUP-TIES.

ST. BART'S v. GUY'S.

This match was played at Winchmore Hill on Wednesday, March 1st. Tucker scored for us in the first few minutes from a corner nicely taken by Mead. Play during the remainder of the first half ruled slightly in our favour, but nothing more was scored. After change of ends Guy's kept up a steady pressure on our goal, and only fine work by the defence prevented its downfall. Towards the end our forwards woke up, and as the outcome of several dangerous rushes Hogarth added a second goal. Time was called with Bart's leading by 2 goals to love. The play of Downes, Nash-Wortham, and Barber deserves special mention. Team:

A. Downes (goal); A. Barber and F. Nash-Wortham (backs); W. Glenister, A. Coventon, and A. Weakley (halves); J. Mead, S. Tucker, A. H. Hogarth, S. Upton, and A. Forrester (forwards).

SEMI-FINAL ROUND.

ST. BART'S v. LONDON.

Played at Winchmore Hill on Monday, March 13th, the ground being in a very bad condition. Nash-Wortham being unable to turn out through illness Hodges was included in the team. We won the toss, and started with wind and sun at our backs. Although doing nearly all the pressing half an hour had elapsed before Hogarth ran right through and opened the score. Mead, who was conspicuous throughout, soon followed his example; and Upton added a second goal from his centre. After half-time Hogarth and Upton again scored further goals, the latter with a fine shot from twenty yards range. With London failing to score Bart's thus qualified for the final by 4 goals to love. Of the forwards the left wing and Hogarth played well, while Glenister and Coventon were the pick of the defence.

FINAL TIE OF THE JUNIOR HOSPITAL CUP.

ST. BART'S v. ST. THOMAS'S.

Played at Hale End on Wednesday, March 22nd, in beautiful weather. Play was fairly even for the first quarter of an hour. Hereabouts our forwards found their feet, and scored 4 goals in ten minutes. The final score was 7 goals to *nil*. Hogarth was in fine form, and scored 4 goals, Tucker 2, and Upton 1. The men in black were far superior all round, and the game itself was quite one sided and uninteresting. And so for one year more the cup will reside in the Library. Team:

A. Downes (goal); A. Barber and F. Nash-Wortham (backs); S. S. Langford, W. M. Glenister, and A. S. Weakley (halves); J. C. Mead, S. Tucker, A. H. Hogarth, S. Upton, and A. Forrester (capt.) (forwards).

RUGBY FOOTBALL CLUB.

The season has, on the whole, been a successful one for the 1st XV—7 wins, 1 drawn, 6 defeats.

Up to Christmas the team was only once defeated. But owing to the loss of A. H. Owen and C. S. Lee we have not been so successful this term.

Throughout the season there has been a great deal of keenness shown, and with ordinary luck we should do even better next year. With regard to individuals, With, though not brilliant, is plucky, and saves well. He lacks that most necessary quality in a back, decision.

H. B. OWEN has made an excellent captain, and it is largely owing to his example that the team has been so much more successful this year. He is most reliable in defence, and his swerve makes him very dangerous in attack. An accident robbed the team of C. S. Lee's services through the latter part of the season. He is a strong runner and very sound in defence.

H. GIBSON is an excellent kick. His attempts at intercepting have occasionally proved disastrous. Keats is stronger in attack than defence. Way should make more use of his pace, but is very promising.

Coombs, at half, has proved invaluable, and it was most unfortunate that A. H. Owen was crooked, as the pair combined most effectively.

Forwards.—W. B. Grandage has been a most energetic secretary and leader of forwards—a brilliant dribbler. Harris is a hard-working clever forward. Hott is a good scrummager, though light, and a sure tackler. Hoskyn, always fit, tackles and saves splendidly. Trewhy has improved a great deal, and uses his feet better than last

year. Almond is one of the most improved men on the side, but still has to learn to use his hands. Pearson is good out of touch and in the open; does not always use all his weight. Follitt has been of the greatest service on the few occasions he has played. Oliver, with a little more weight, would be a fine forward. Follows up well and tackles excellently.

INTER-HOSPITAL JUNIOR CUP.

We easily beat St. Thomas's at Winchmore Hill on February 27th by 5 tries to 1 try, Townsend scoring 3 tries, Jamieson 1, and Cross 1.

In the final, played at Hale End on March 22nd, we lost to Guy's by 2 goals (1 dropped) and 1 try to 1 goal and 1 try after a splendid struggle and twenty minutes extra time. The whole team played with such keenness that it is extremely difficult to single out individuals for mention; but of the forwards von Brann, Symes, and Jamison did excellent service. Our halves were rather weak, for although they played a plucky defensive game they had no idea of opening up the game. Too much praise cannot be given to Oulton, whose splendid services we lacked in the match for the senior cup. He was certainly the backbone of the side, and scored both the tries. Jones played very well at back, but was rather inclined to hang on to the ball instead of kicking. We only hope that with such enthusiasm shown in a Junior Cup tie Bart's will soon be running three or four XV's.

2ND XV.

The season has not been altogether satisfactory as only four games have been won. We have suffered throughout from a great dearth of outsiders, and the forwards have seen many matches lost for this reason. Several of the older members of the team have shown great keenness throughout the season, and to them our best thanks are due. A much improved fixture list has been arranged for next year.

HOCKEY CLUB.

BART'S v. SEVENOAKS.

Played at Sevenoaks on Saturday, February 28th. The Hospital won by 6 goals to 4, but had more of the play than the score indicates. There was considerable keenness as to who should score the one hundredth goal of the season; finally O'Neill, with a fine shot, accounted for it. The goals were scored by Griffin (3), O'Neill (2), Adam (1). Team:

Postlethwaite, Furber, Phillips, Berryman, Barton, Page, Gray, Adam, Griffin, O'Neill, Lewis.

BART'S v. HENDON.

The ground at Winchmore Hill was in a very wet, slippery state, and so scientific hockey was out of the question. Hendon scored twice in the first ten minutes, but the Hospital eventually won by 5 goals to 3. The goals were scored by Griffin (2), Adam (1), Barton (1), Page (1). Team:

Postlethwaite, Furber, J. P. Griffin, Berryman, Barton, Page, Gray, Adam, W. B. Griffin, O'Neill, Lewis.

BART'S v. BOWES PARK.

Played at Palmer's Green on Saturday, March 11th. The Hospital team, which was very poorly represented, owing to three of the team being laid up with influenza, were defeated by 5 goals to 1. For Bart's Furber and Barton played in fine form. Team:

Postlethwaite, Furber, Griffin, Berryman, Barton, Gosse, Gray, Adam, Griffin, Gaskell, Lewis.

BART'S v. STAINES.

On Saturday, March 18th, the Hospital, with a weak side out, were defeated by 8 goals to *nil*. It was most unfortunate that we had not got our regular team to play Staines, who are our strongest opponents. G. Viner, at centre forward, and B. Barton, at centre half, played well. Team:

Postlethwaite, Furber, Phillips, Lewis, Barton, Gosse, Gray, Adam, Viner, O'Neill, Davis.

ST. BART'S v. GUY'S.

The above teams met for the second time in the semi-final round of the Inter-hospital competition at Blackheath, on Thursday, March 23rd, when Guy's won by 1 goal to *nil*. The first half was

very evenly contested, Ticehurst scoring the only goal of the match for Guy's. In the second half Bart's were pressing almost the whole of the time, but failed to score. On each side the defence was far and away better than the attack. For Bart's Furber, Coalbank, and Glenny were in fine form; Barton at centre half also played a very sound game. Team:

J. M. Postlethwaite (goal); L. G. H. Furber, M. R. Coalbank (backs); R. C. P. Berryman, B. H. Barton, G. F. Page (half-backs); H. Gray, G. H. Adam, E. T. Glenny, A. O'Neill, L. F. G. Lewis (forwards).

The Hockey Club has had a very successful season as far as the first and second teams are concerned, but the third team has not won many matches. Throughout the season the defence has been considerably better than the attack. The chief goal scorers were W. B. Griffin 42, A. O'Neill 22, and G. H. Adam 19.

CLUB RECORD FOR SEASON.

Team.	Matches played.	Won.	Lost.	Drawn.	For.	Goals.	
						Against.	For.
1st XI	27	18	7	2	108	72	72
2nd XI	17	8	9	0	56	59	59
3rd XI	13	3	9	1	40	80	80

Round the Fountain.

OBITER AUDITA MALAPROPRIANA.

"Very coarse veins." "Fibrarian ovoids." "Costive oil."

"Cancer omnia."

Surgery scrubber (confidingly to nurse).—Yes, that's the stuff for me—that "gingerhoo" mixture. It speaks for itself.

TALES FROM THE DISTRICT.

Youthful mother (to clerk).—I knew it was to be a black 'aired girl, doctor; I suffered with the 'earburn so.

New clerk (visiting old patient).—I have come to see you instead of your own doctor; he's not coming any more.

Mother.—Yes, I knew he was going to better 'isself this week.

SCENE.—Coffee stall, 3 a.m.

Clerk (having received an enormous mug of cocoa).—What! a penny for that!

Proprietor (shortly).—Yes, you know as well as I do that we don't serve 'alpenny mugs at this time in the morning.

Reviews.

HUMAN EMBRYOLOGY AND MORPHOLOGY. By ARTHUR KEITH, M.D., F.R.C.S. (Published by Edward Arnold.) Price 12s. 6d., net.

The recent advances in our knowledge of embryology have necessitated a second edition of this most useful work. The alterations and additions are in fact so numerous that the earlier edition is practically out of date. Embryology is a much neglected subject, and the general impression prevails amongst medical students that it is only necessary to read up this subject when going in for the higher examinations. This is a great mistake, and a fair knowledge of embryology will not only add greatly to the interest of anatomical studies, but will also prove of value in the theory and practice of medicine and surgery.

The subject is so vast that it must necessarily be excessively difficult to condense the material and yet allow of easy comprehension. The author's efforts in this line occasionally result in some difficulty in grasping clearly the meaning of certain points. This fault, however, detracts but little from the value of the work, and the book remains as the most suitable study in embryology in the English language, and as such it can be heartily recommended to all.

AUTOBIOGRAPHY OF FREDERICK JAMES GANT, F.R.C.S. (Baillièrè, Tindall and Cox.) Price 3s. 6d. net.

This book appears to have been written for private circulation among the author's friends. To the ordinary reader it seems exceptionally dull and egotistical. It is largely made up of long extracts from Mr. Gant's previous writings, together with a quantity of controversial matter on the State Registration of Nurses, and the right of members to representation on the Council of the Royal College of Surgeons. In addition to this there is the story of Mr. Gant's life, and an account of the various processes of his mental development.

THE ELEMENTS OF ANATOMY AND PHYSIOLOGY. By W. B. SECRETAN, M.D., F.R.C.S. (Published by the Scientific Press Ltd.) Price 2s. net.

This excellent little book will serve as a first guide to the elements of anatomy and physiology. It should prove useful to probationers studying for their first nursing examination. It is well illustrated by an abundance of good diagrams.

NAKED-EYE ANATOMY OF THE HUMAN TEETH. By THOS. E. CONSTANT, M.R.C.S., L.D.S. (Published by J. Wright and Co., Bristol.) Price 7s. 6d.

As an introductory study of dental anatomy, this book may be useful to the dental or medical student. The photographic plates are most excellent, and we think it a pity that the photographs of the teeth were rejected in favour of outline drawings, which are not very good. The chapters on the movements of the mandible and of the joint are the best. There is much elsewhere in the book that would be better left in 'Gray's Anatomy.'

Appointments.

ADAMS, G. B. D., B.A., B.M., B.Ch.(Oxon.), appointed Resident Medical Officer to the City of London Hospital for Diseases of the Chest, Victoria Park, E.

COLLINGRIDGE, W. R., M.R.C.S., L.R.C.P., appointed House Physician to the Royal Hospital for Diseases of the Chest, City Road.

COOK, J. B., M.D.(Vict.), M.R.C.S., L.R.C.P., appointed Senior Assistant Medical Officer to the Kensington Infirmary.

PUTTOCK, R., M.A., B.C.(Camb.), M.R.C.S., L.R.C.P., appointed House Surgeon to the General Infirmary, Hereford.

B. A. M. C. Notes.

Lt. Col. J. M. REID has been appointed Medical Inspector of Recruits for the Southern Command, and is stationed at Salisbury.

Lieut.-Col. S. WESTCOTT, C.M.G., takes up a similar appointment at York for the Northern Command.

Major A. PEARSE, D.P.H., has been appointed Sanitary Officer for the Welsh and Midlands Command, and is stationed at Chester.

The following have embarked for India:—Majors H. W. Austin and H. E. Winter; Capt. C. H. Hopkins; Lieuts. M. F. Grant and G. E. Cathart.

Capt. F. G. RICHARDS has arrived, tour expired, from India; and Capt. R. H. LLOYD from South Africa.

Lieut. R. C. WILMOT is on sick leave from India.

Postings: Lieut.-Col. J. G. Harwood to Southern District; Capt. C. W. Mainprize to Salisbury Plain; Lieuts. H. T. Wilson, W. H. Hills, P. A. Jones, to Netley.

We propose to begin the publication of notes concerning Bartholomew's men in the Naval Medical Service in the May issue.

New Addresses.

ANDREWS, H. A., St. Mary's, Tonbridge.
COMPTON, A., 3, Mount View Road, Crouch Hill.
COOKE, R. T., Brightwalton, Wantage, Yorks.
FAULDER, T. J., 50, Welbeck Street, W.
GARRATT, G. C., Summersdale, Chichester.
OWLES, O. W., Monkland, Longton, Staffs.
STAWELL, R. DE S., Castle Gates, Shrewsbury.
TOSWILL, L. R., 34, West Southernhay, Exeter.
URWICK, R. H., 11, Dogpole, Shrewsbury.

Births.

BOUSFIELD.—On March 2nd, at 35, Princes Square, W., the wife of Stanley Bousfield, M.B., of a son.
SOWKY.—On March 12th, at King Street, Newcastle, Staffordshire, the wife of Geo. H. Sowky, M.B., B.S., F.R.C.S., of a daughter.
STEPHENS.—At Laingsburg, Cape Colony, February 20th, the wife of H. H. Stephens, of a son.

We regret that the notice of a birth from Castle Street, Reading, has been mislaid.

Marriage.

FORBES—PAUL.—On February 27th, at All Souls' Church, Langham Place, W., James Graham, M.D., M.R.C.P., son of the Rev. G. Forbes, incumbent of Christ Church, Clevedon, Somerset, to Muriel Watson, eldest daughter of the late Dr. Ernest Watson Paul, of Cowes, Isle of Wight.

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. F. 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.

PHYSIC AND METAPHYSIC.

An address delivered to the Abernethian Society on February 16th, 1905.

By SIR WILLIAM JOB COLLINS, M.S., B.Sc.(Lond.), F.R.C.S.



WHEN I accepted the courteous invitation from your Hon. Secs. again to address this ancient and honourable Society, and began to cast about for a suitable subject, I was somewhat staggered on reflection to find that it is more than a quarter of a century since I began to take part in your debates, and that this is the twelfth occasion on which I have either read a paper or opened a discussion. My previous addresses have covered a tolerably wide range, and have laid under contributions various aspects of that profession which we all regard as second to none in the services it renders alike to the body politic and the individual. I find I have dilated upon "Physiognomy and Phrenology—what are they worth?" on the "Title of Doctor," on the Pathology of Cataract and of Insanity, of Vaccination and its Compulsory Enforcement, on "Public Health and Public Office," on "Medical Work at the L.C.C.," on "Specificity and Evolution in Disease," on "Rationalism and Freethought in Medicine," etc. That in spite of such a series of inflictions you should still desire to hear me again, long after my work on the teaching staff of this Hospital has ceased, and in spite of much of my thought and activity having been occupied in the dusty arena of municipal and educational administration, implies a capacity for forgiveness on the part of the Abernethian Society which I gratefully acknowledge, and a desire to recall old association which I for my part most heartily reciprocate.

If I had to offer any *apologia* for these transgressions and deviations, or if I were to endeavour to find, even in my purely pathological addresses (and running through all of them more or less), some common trend or tendency, I should both urge a justification and advance a generalisation based on the common ground that the *PHILOSOPHY of medicine has not during the last half century received, and is not now receiving, the attention it merits and demands.*

"Oh, physic, beware of metaphysic!" is the silly solecism with which any intrusion of philosophy into the practice and art of medicine and surgery is usually greeted. "Metaphysicians are poets who have missed their vocation" we are scornfully assured by the positivist school of philosophy; and the shallow man in the street will always be found to agree with Lord Bowen's cheap witticism that a problem in metaphysics reminded him of a blind man in a dark room groping for a black hat that was not there. We are so matter of fact, so practical, so utilitarian in the conception of our art that any originality of thought is accounted anathema, logic and philosophy are ruthlessly excluded from the medical curriculum, as if the arts of

thinking and reasoning were out of date or entirely superfluous for the graduate of medicine.

I would rather say to you, "Oh, physician, cultivate your metaphysics." If you would exalt your art in the hierarchy of the sciences, if you would rise above the commonplace and the obsequious, if you will emancipate yourselves from those who seem to think the whole duty of man as a medico is to perform the humble but necessary functions of the apothecary and the accoucheur, if you would find in your work the inspiration of the ideal instead of becoming engrossed by the real, sterilised by the boredom of routine and vulgarised by the merely material, then, instead of dismissing with a sneer or a shrug the appeal of the metaphysician, see for yourselves whether there is not both light and leading to be gained by employing this lamp of philosophy in investigating some of the darker problems of life alike in health and in disease.

Let me not be misunderstood. I am no advocate for armchair or fireside pathology against bedside pathology. I rejoice that accurate observation and painstaking collection of facts have cleared away the mists and cobwebs and shibboleths of the schoolmen who contrived their systems out of their unilluminated inner consciousnesses. True, like these, we may still sometimes be slaves to authority, to tradition, and to fashion, but science having shaken itself free from the shackles of ecclesiasticism is under no obligation to conform itself to theology, and would do well to avoid the discredited methods of sacerdotalism.

But while in physiology and pathology we are under the general influence of the positivist school and of the "experience philosophy," which ignore the "*a priori*" and import the methods of the physical sciences even into the *penetrabilia* of psychology, we are apt to forget that mental science is *self knowledge*, and natural science is *knowledge of OTHER THAN SELF*, that medical science has dealings with both of these, and that the exclusive pursuit of either is apt to warp judgment and paralyse discovery. J. S. Mill admitted that in mental and moral science alike (and he might have added in physical science too) the question of the *a priori* principles, the relation of the mind to truth and duty—"What I am and what I ought to be"—must intrude itself. Those who are of the *a priori* school in morals tend to be so in physics; those who are of the "experience philosophy" are generally utilitarians in ethics. Bacon and Locke and the modern school of the natural scientists are set over against Descartes, Spinoza, and Kant. These latter having seen that geometry had accomplished so much on *a priori* lines tended to push its methods into regions

where they were fore doomed to failure. The positivists and physicists, on the other hand, have gained the ascendancy, and have pressed their system to impossible lengths. When a *posteriori* induction has done its best or worst there yet remain unanswered questions in the sphere of physics dealing with *space and time, substance and causation*, and in the sphere of morals questions dealing with *duty, free will, and personality*, which still clamour for recognition and treatment.

That there are already signs and symptoms that the trend towards regarding science or realism as the only knowledge worth having is slackening would not be denied by those who concern themselves with educational meteorology. A reaction towards idealism and the humanities (including the classics and philosophy) is already setting in. In the not very propitious atmosphere of the city of Liverpool, and in the recent report made upon secondary education in that great commercial centre by Prof. M. E. Sadler (p. 12), I find this pregnant remark: "The more likely that a boy's future life-work is to absorb him in questions which necessarily have some sordid sides, the more need is there to insist that throughout his education there shall be a strong vein of idealism which will stand him in good stead, and keep his aims fresh and high throughout his after-life. And at bottom, the business relations of a great commercial city with the outside world are human relations. In no education therefore is it more necessary than in the education of a commercial community to give large place to the vivid and real teaching of the humanities."

What is here said of education generally is not less true, but perhaps more true, of the preliminary education of those who are to enter into the profession with which we are specially concerned. I am prepared to maintain that the ordinary curriculum of study prescribed for the medico in the making is not in fact a liberal education at all. Its tendency, unalleviated by external influences, is towards restriction and compression of the mind rather than towards emancipation, and that in the examples which seem to contradict this generalisation (of which happily our profession can claim not a few) it is not difficult to trace their enlargement to causes which lie outside the stereotyped professional training and routine. To this same lopsided education of medical men is largely due that lack of effective power on the part of our profession, so oft lamented in medical periodicals, in the councils of the nation, in popular administration, and in the education and direction of public opinion. *This is true of all scientific education which ignores, in its strenuous pursuit of "REALITIES," all that our forefathers comprehended in the term "HUMANITIES."* The neglect of the latter, indeed, appears the more strange and inexcusable in the science of medicine than in the case of any other science, seeing that "man" in health and in disease is the very quest of medical science. 'Tis her proud prerogative to—

'Expatriate free o'er all the scene of Man!
That mighty maze, but not without a plan.'

The *plan*, alas, too often is unsought for or unread, and the scene is all, the dramatic movement missed, and the student "is lost in a gloom of uninspired research." The reason of the intellectual impotence and moral ineffectiveness which mark the exclusive pursuit of some one science, or indeed of science itself exclusively, is not far to seek. Matthew Arnold put his finger on the explanation. He said "Neither humanists nor realists adequately conceive the circle of knowledge, and each party is unjust to all that to which its own aptitudes do not carry it. The humanists are loath to believe that man has any access to vital knowledge except by knowing himself—the poetry, philosophy, history, which his spirit has created; the realist that he has any access except by knowing the world—the physical sciences, the phenomena, and the laws of nature." "But" (he says) "it seems to me that so long as the realists persist in cutting in two the circle of knowledge, so long do they leave for practical purposes the better portion to their rivals; in the government of human affairs their rivals will beat them. And for this reason. The study of letters is the study of the operation of human force, of human freedom and activity; the study of nature is the study of the operation of non-human forces, of human limitation and passivity. The contemplation of human force and activity tends naturally to heighten our own force and activity; the contemplation of human limits and passivity tends rather to check it. Therefore the men who have had the humanistic training have played, and yet play, so prominent a part in human affairs in spite of their prodigious ignorance of the universe; because their training has powerfully fomented the human force in them. And in this way letters are indeed *runes* like those magic runes taught by the Valkyrie Brynhild to Sigurd, the Scandinavian Achilles, which put the crown to his endowment and made him invincible."*

It would seem that the pursuit of the "practical" and the "real," that twin divinity of the common-place intellect, brings about its own nemesis. In seeking to achieve the practical and to grasp reality it is, in fact, eluded by both, and the despised visionary versed in the humanities surpasses the mere man of science in affairs and in results.

Metaphysics, so far as it is concerned with the theory of knowing and being, is not less needed now than formerly as part of the equipment of the true philosopher or the wise physician, but is called in aid by the very inadequacy and insufficiency of materialism to account for phenomena in whose presence we stand to-day.

Last summer, at that *rendezvous* of all that is accounted or accounts itself scientific—the annual meeting of the British Association for the Advancement of Science,—the president of that association, the Prime Minister of England,

* M. Arnold, *Higher Schools and Universities in Germany*, p. 158.

very truly observed, "as natural science grows it leans MORE, not less, upon idealistic interpretation of the universe."

In 1890, in an address to this society on "Rationalism and free thought in Medicine," I said, "Idealism, thanks to the gentle influence of Berkely and Spinoza and more modern thinkers, has knocked the bottom out of materialism, and the relativity of all knowledge goes behind the reckonings of the mere materialist." I do not think that, reviewing the fourteen years of experience gathered in since I used that expression that any one with a scientific reputation to lose will dispute the fact that the truth of the assertion is even more self-evident to-day than perhaps it was then.

Mr. Balfour, with the authority of the first minister of the Crown, addressing a veritable concentration camp of scientists of all sorts, proceeded to demonstrate that "all kinds of matter are composed of ether and electricity. The whole universe, visible and invisible, from the insect at our feet to the starry heavens overhead, is but infinitely varied combinations of ether and electricity or convolutions of ether alone."

Here we have the last word of physical science in the opening years of the twentieth century, and there, perhaps, the Prime Minister might have allowed the conclusion of the whole matter to rest; but he went on to add (and dear must have been this added reflection to the heart of the author of the *Defence of Philosophic Doubt*), "it must be remembered that *no man knows what electricity is, nor has any man experimentally verified the existence of the ether.*" Not content with having thus cruelly overthrown the ethereal and electrical foundations of belief in the existence of an external world, he concluded by citing reasons which to his mind justified the conclusion that in this state of nescience we were destined to remain, since he was led profoundly to distrust the very sources of our experience, seeing that "faculties born and sharpened by struggle for existence" were manifestly unfitted "to elucidate the problems of physical reality or to assist in higher research."

I have not dwelt on these latest enunciations on the present position of physical science in order to conduct you to the philosophic nihilism to which the Premier's vaticinations would seem to point, but merely to show that the materialism and positivism which seemed so unassailable to many in the first half of the nineteenth century and later have caved in under the accumulating discoveries which physical science itself has piled up.

The sagacious Abbé Floury once declared that our mediæval universities had the misfortune to date from an epoch when the taste for good studies was lost; whether this be so or not, it is a historical fact that medical education, as now stereotyped, dates from a period when materialism was rampant in the spirit of the times.

After the break-up of the various schools of thought and divers systems which dominated the healing art throughout the eighteenth century, and after the suspension of the numer-

ous private schools which flourished during the first half of the nineteenth century, especially in the metropolis, through the association of medical teaching with hospital practice, or by its inclusion in university organisation as in the case of the rising Edinburgh School, the construction of the medical curriculum, as we know it, based on the sciences of chemistry and biology and on through human anatomy and physiology to medicine, surgery, and obstetrics, can be shown to coincide with an epoch during which the gospel of materialism was almost at its zenith. It is not surprising, therefore, that medical education, even at the present time, should still exhibit some of the features and characteristics imposed upon its earlier efforts. Roughly speaking, it was between 1850 and 1870 that the medical curriculum, much as we know it to-day, though now spread over five years instead of three or four, began to crystallise into its modern form. And it is instructive and interesting to inquire what were the moments then at work in philosophy and science and medicine dominating the minds alike of teachers and of taught, and tending naturally to reproduce themselves in the schools of thought and of medicine then in course of organisation.

Such inquiry or survey of the period would, I think, inform us that modern chemistry, based on the discoveries of Priestley, who escaped the fury of the Birmingham mob, and of Lavoisier, who lost his head in the French Revolution, was insisting upon the indestructibility of matter, the analogy of respiration with combustion, and the chemical composition and metabolism of the human body. Physiology, based on physics and chemistry, was claiming to explain all the phenomena of life in the terms of the laboratory. "Man is what he eats," we were informed with pontifical assurance. "As the liver secretes bile, so the brain secretes thought," shouted Carl Vogt, and in 1854 he ridiculed Rudolf Wagner's *Faith and Knowledge*, and with biting satire poured contempt on the *Creed of a Charcoal Burner*. In the same year, at the Göttingen Congress, we are assured by Prutz that among 500 men of science present not one was to be found who would say a word for Wagner's theory of a "soul substance," or listen with patience to any plea for "spiritual philosophy." Moleschott and Dubois Raymond joined in the rout of the idealists and the overthrow of the metaphysicians. Liebig's "vital force" was resolved, to their entire satisfaction, into its "chemical constituents and electrical reaction." "Without phosphorus there is no thought," was one of the watchwords of this enchanting school of psychological positivists.

Büchner, in his *Kraft und Stoff*, summed up the new creed and spread the gospel of physiological physics throughout Europe and the civilised world. Life he showed, or believed he showed, was but a movement of matter—a dance of atoms; thought—"a radiation through the cells of the grey substance of the brain of a motion set up by external stimuli,"—in the heaven and earth dreamt of in

this dreary philosophy there was no room for such metaphysical superfluities as Deity, or soul, or immortality, or freedom of will. Littré, a pupil of Comte, with great condescension had, however, analysed the soul, and vouchsafed, as the result of his research, that "the soul considered physiologically is the *ensemble* of functions of encephalic sensibility."

Such was the science of life, the philosophy of mind, in the most approved physiological circles of the fifties, sixties, and seventies of last century. While in the world of *things* we find an unprecedented era of industrial and commercial development, the railway, the steam-engine, the telegraph, the factory, political and municipal reform, and the growth of democracy were all exerting their influences, and their combined effect, as a whole, seemed rather to reinforce and emphasise the teaching of science that matter and force were the masters of the universe and the things of the mind, the world of the ideal, and the beautiful, and the good, of relatively subordinate consideration. The stigmata of these teachings of materialism are not difficult to detect.

Thus, in the current creed of the physiologist, as outlined in the text-book of Michael Foster, we are assured that "the greater part of the actions which, looking from a near point of view at the higher animals alone, we are apt to consider as eminently the purposes for which animals come into existence, when viewed from the distant outlook whence the whole living world is surveyed, fade away into the likeness of the mere by-play of ovum bearing organisms."*

Under the gospel of the omnipotence of protoplasm, Huxley scoffed at the absurd assumption of a "vital force." According to his view, it was not to be supposed that the differences between living and not living matter are such as to bear out the assumption that the forces at work in the one are different from those which are to be met with in the other. "A mass of living protoplasm is simply a molecular machine of great complexity." To speak of "vitality" as anything but the name of a series of operations is as if one should talk of the "horology of a clock." And further, he said: "Psychology is inseparably linked with physiology; and the phases of social life exhibited by animals other than man, which sometimes curiously foreshadow human policy, fall strictly within the province of the biologist, and no boundary must be allowed to separate the subject-matter of psychology and sociology which deal with the phenomena exhibited by men in society from the subject-matter of the biological sciences."†

Likewise, Burdon Sanderson, an able exponent of Ludwig's doctrine, and a follower of his methods, was ready to maintain that "animal life, as observed in man, is an aggregate of chemical processes for which food and

oxygen afford materials, the products being heat, muscular action, carbonic anhydride, water and NH_3 ."

Helmholtz, to whom medicine, especially ophthalmology, owes many a debt, waged a life-long war with the spiritual philosophers, he extolled the "school of natural science" to the disparagement of metaphysics, which he compared to astrology, and impressed on his pupils, with all the weight of scientific authority, that a "metaphysical conclusion is either a false conclusion or a concealed experimental conclusion."

I could multiply quotations indefinitely to prove, if proof were required, that the trend of science teaching, and of the applied science which medicine is, ever since the modern medical curriculum, as we know it, took form, has been, until quite recently, under the dominion of the school of materialistic philosophy, which fought its way against theological odds, and, having captured the citadel of orthodoxy and authority, reigned in their place, apparently invincible and unquestioned, during the past half century.

The dethronement, or attempted deposition, of the *humanities*, whether in the form of classical studies, notably Greek (whose retention still convulses the older universities), or in the form of philosophy, is part and parcel of the same struggle. It is unfortunate that the fight for freedom against theological shackles and intolerant ecclesiasticism has often been confounded and mixed up with this battle between the scientists and the humanists, but such confusion is unwarrantable and unhistorical, though it may, by creating an *odium theologium* or *anti-theologium*, sometimes have been made to serve the party purposes of one or other of the opposing camps.

Thus it came about that in an education like that of the medical student, standing so proximately related to the study of the animal and physical world as it does, the current doctrine shaped and moulded for at least two generations the theory if not the practice of our honourable profession.

Outside the older universities and the schools within their sphere of influence the apotheosis of science was almost complete.

In the airy phraseology of fiction the author of *Vivian Grey* wittily put it: "In the present day we are all studying science, and none of us are studying ourselves. This is not exactly the Socratic process; and, as for the *ἡρώδης* of the more ancient Athenian, that principle is quite out of fashion in the nineteenth century."

When Herbert Spencer wrote his book on *Education* in 1861, this is the incantation in which he heralded the glories of the new divinity.

"What knowledge is of most worth? The uniform reply is science. This is the verdict on all counts. For direct self-preservation, or the maintenance of life and health, the all-important knowledge is—science. For that indirect self-preservation which we call gaining a livelihood, the know-

ledge of greatest value is science. For the due discharge of parental functions, the proper guidance is to be found only in science. For the interpretation of national life, past and present, without which the citizen cannot rightly regulate his conduct, the indispensable key is—science. Alike for the most perfect production and present enjoyment of art in all its forms, the needful preparation is still—science, and for purposes of discipline—intellectual, moral, religious—the most efficient study is once more—science."*

This eloquent apostrophe of science, penned in 1861, was not unnatural, but I do not think Herbert Spencer would have repeated the same unqualified appraisal of science had he been writing at the close of last century. Indeed, much of his own philosophy contributed indirectly, and perhaps unintentionally, to the undoing of the dogmas of science. In his last book, published in 1902,† we find in the closing chapter a metaphysical yearning after a solution of ultimate questions. He writes: "It is commonly supposed that those who have relinquished the creed of Christendom occupy themselves exclusively with material interests and material activities, thinking nothing of the How, the Why, of the Whence and the Whither. It may be so with some of the uncultured, but it certainly is not so with many of the cultured. In the minds of those intimately known to me, the 'riddle of existence' fills spaces far larger than the current conception fills in the minds of men in general."

It is not surprising that in Mr. Spencer's case a reaction towards the metaphysical should have thus made itself felt. He was no admirer of the positivist philosophy, and he repudiated Comte, though G. H. Lewes endeavoured to claim him as an apostle of the one and a disciple of the other. His grasp of evolution in its widest signification preserved him from absorption in the slough of positivism. G. H. Lewes was as wrong in thus labelling him a Comtist, as he was right in questioning whether "any thinker of finer calibre has appeared in our country."

In sketching the momenta which were at work in moulding scientific opinion last century I purposely refrained from mentioning *Evolution*. It was not an omission, but a reservation. Although in its earlier and more grotesque representations, it appeared to crown the profanities of science in their sacrilege of revealed religion, its real and profound influences remained almost unfelt until the last two decades of the nineteenth century; and I venture to assert that its influence, when felt, has been towards—not the establishment—but the undoing of the materialistic philosophy.

At any rate, at the time when the school of Vogt, and Moleschott, and Büchner was rising into fame, evolutionists

were rare and few, and of little account. Huxley, who had himself attacked the eloquent author of the *Vestiges of the Natural History of Creation*, with contumely and "savagery," asserts that "if a general council of the church scientific had been held" in 1860, evolution would have been condemned by an overwhelming majority. The 500 physiologists who, at Göttingen, scouted the "spiritualistic philosophy," would, in all probability, have accorded no more favourable reception to the doctrine of mutability of species. Huxley proceeds in 1887 to say "there is as little doubt that if such a council gathered now, the decree would be of an exactly contrary nature," and he set himself to inquire what the causes could be "which led instructed and fair-judging men of that day to arrive at a judgment so different from that which seems just and fair to those who follow them."* Possibly an idealistic philosopher, with a turn for sarcasm, might be ready here to interpolate the reflection that, even if inclined to dispute the mutability of species, no reasonable doubt could be entertained as to the mutability of scientific opinion.

Even Darwin, who had proved impervious to Dr. Grant's enthusiasm for Lamarck's evolutionary views, when he read the *Vestiges* of Robert Chambers in 1844, denounced its thesis as "monstrous" and "unphilosophical," though he admitted "its writing and arrangement were admirable."

Herbert Spencer and Alfred Russell Wallace were from the first thoroughgoing evolutionists, but amid scientists generally the reception of the doctrine was slow, and even when received as an article of faith, it was seldom allowed to leaven the whole conception of the world of nature. As Spencer has observed, "It is curious how commonly men continue to hold in fact doctrines which they have rejected in name, retaining the substance after they have rejected the form," and he cites the case of Sir Charles Lyell, who united naturalism in geology with supernaturalism in biology. Lyell who laughed at the Mosaic cosmogonists for demurring to the proposition that the causes now operating on the earth's crust were adequate to explain the changes of the past, was yet unwilling to believe that "the author of nature in the creation and distribution of organic beings followed the same rules formerly as now," and he failed to "detect any signs of a progressive development of organisation."† He, too, however, later on joined in the *volte face* of the scientific world, and even claimed to have been a pioneer in the doctrine of evolution.

Consistency appeared to require that the principle should run unimpeded through the organic as well as the inorganic world, and, as a modern writer has said, evolution should enable us to trace development from gas to genius. But what was the effect, and what must be the final result, of these conceptions upon the conclusions so solidly and complacently laid down by the materialists and positivistic philosophers?

* *Textbook of Physiology*, 2nd edition, 1878, p. 567.

† *Manual of Anatomy of Invertebrated Animals*, pp. 1—9.

* Part of this quotation has been omitted owing to lack of space.—EDITOR.

† *Facts and Comments*, p. 202.

* *Life of Darwin*, vol. ii, p. 187.

† *Principles of Geology*, vol. i, ch. ix.

The accumulating evidence of the orderly and continuous and apparently continuing and continual development of the universe which has disclosed itself to the scrutiny of the reason, whether in obedience to a law of evolution, a *causa causans*, or a divine will, has entirely altered the point of view from which we contemplate the phenomena of the natural sciences. What we have learned of transmutation of forces, of the mutability of species, of the evolution of the once "unchanging" elements, has given us a dynamic in place of a static conception of the universe as the theatre of action of force, of will, of the realisation of idea, and—

"We doubt not thro' the ages one increasing purpose runs,
And the thoughts of men are widen'd with the process of the suns."

Science in disclosing the methods whereby the phenomena with which it deals have developed, and in synthesising into generalisations—called laws—the *modus operandi* of their interactions has only served in explaining the *How* to raise anew inquiries it has itself left untouched concerning the *Why*, the *Whence*, and the *Whither* of the whole, which to the last occupied the meditations of the great synthetic philosopher. His doctrine of the "unknowable" was shown by Martineau to be untenable. You cannot deny to thought that whose existence you insist upon. "What is intrinsically out of thought is necessarily out of being." What ontologically is cannot be psychologically unthinkable. *Esse is percipi* as Berkeley taught us. "The same law of thought which warrants the existence dissolves the inscrutableness of the absolute." This existence of *force* or *will* as *cause* at the back of phenomena is guaranteed to us by thought not by sense or sensory experience. We may not indeed fully *comprehend*, but we must *apprehend*. Mr. Allanson Picton in his last work on *The Religion of the Universe* in identifying Spencer's unknowable with a divine cause and developing a pantheistic religion, admits the keynote of the whole argument is the word that came to Augustine, "If thou canst not conceive what I am to myself *apprehend what I am to thee.*"

The veteran evolutionist, Alfred Russell Wallace, Darwin's co-worker and in some respects forerunner, in his book on *Darwinism* adduces reasons for accepting "the spiritual nature of man as not in any way inconsistent with the theory of evolution, but as dependent on those fundamental laws and causes which furnish the very materials for evolution to work upon."*

It is clear from this line of thought that you cannot penetrate far into the study of natural science, whether it be chemistry, or geology, or physiology, or astronomy, or mathematics without arriving at the abyss of the absolute and the shore of the infinite. †

* *Darwinism*, p. 476.

† A paragraph containing quotations from J. Martineau and G. H. Lewes has been omitted here.—EDITOR.

No thoughtful student of any science then can go far without coming across the "*a priori*ties." Chemistry and physics compel us to think of the meaning of matter and force. The physiologist must wrestle with "vitalism" whether he will or no, and trace evolution alike in individual and in species. The psychologist encounters at the outset the problem of the nature of sensation and its relation to an external world. The pathologist, whether dealing with body or mind, will be a sciolist indeed if he do not trace in the aberrations of disease the conflict of force, the seeming perversions of will, and reflect upon the nature and meaning of these departures from what he is pleased to regard as the healthy norm. How can the alienist hope to minister to a mind diseased or understand insanity in its protcan forms without clearing his mind of cant and getting clear views on free will, conscience, and moral obligation?

Our professional study and practice are interwoven with problems of metaphysical subtlety, and yet no place is found for a course in philosophy for the budding student of medicine. Even the examination in logic and psychology formerly required of an M.D.Lond. was at first relaxed, and is now abandoned altogether under the reconstitution scheme.

I have observed in taking part in debates among medical men, especially among those who have devoted some attention to the study of the mind and its diseases, a tendency to take refuge from all metaphysical questionings in alleging what they are pleased to term a "psychophysical parallelism" as an all sufficient explanation of the mysteries of mind and matter. They are content to allow that between matter with its characteristic of extension and mind with its characteristic of consciousness there is no thinkable point of convergence and contact, and they usually refer to Fechner and Wundt as final authorities for this *ignoratio elenchi*. Those who thus appeal to Fechner as the professor of physics are perhaps unacquainted with that author's excursions into poetry and metaphysics, and know little or nothing of his work on the *Zend Avesta*, and his *Büchlein von Leben nach dem Tode*. While if you turn to Wundt, though you find he opens by brushing aside metaphysics, exalts thought as brain activity, and laughs at the Herbartian Spiritualists, he is finally driven to inquire what the conclusions he has arrived at have to say to "the ultimate questions of psychology." We find him arguing for the continued development of the universal mind, and he allows that psychology has nothing to urge against the continued existence of the individual mind. He allows "That mental phenomena cannot be referred to bodily as effect to cause." Moreover, he says "personal character is the ultimate cause of volition;" external influences may act as motives to conduct, but the causes of volition are internal—a cause necessarily produces its effect, not so a motive. The nature of these springs of action—"whence-so'er they come"—must, he says, be determined by our

general metaphysical theory. And lastly Wundt, whose views have often been wrongly interpreted by the materialists, declares "it is, or should be, the aim of metaphysics to satisfy this craving of the reason for final unification. . . . We must appeal to metaphysics for an answer."

Yes, Gentlemen, "*we must appeal to metaphysics for an answer,*" that is the sum and substance of what I have been urging. I plead for a greater regard for the subjective operations of thought, for a recognition of the ratio of the finite to the infinite, for a reverent study of the evidences of the universal mind at work "in man, in nature, and in human life," which must emerge from any dynamic or pantheistic conception of the universe.

Wordsworth has thrown the same thought into noble verse when he argues:

"How exquisitely the individual mind
(And the progressive power perhaps no less
Of the whole species) to the external world
Is fitted—and how exquisitely too
(Theme this but little heard of among men
The external world is fitted to the mind.)"

Such philosophy is no impractical star-gazing, no looking for faces in the fire, it is intensely practical, the method of the true artist, the key note of all noble research, and will pave the way to discoveries, which ever elude the grasp of the mere laboratory hack, and baffle the search of the fact hunter, whose mental horizon is circumscribed by a microscopic objective.

The Baconian method, based solely on observation and induction, is not to be too exclusively cultivated. The deductive or synthetic method practised by Newton, justified by Mill, and exemplified by Herbert Spencer, is peculiarly applicable to the problems of pathology in the present stage of development of that science. Our laboratories and libraries are groaning with accumulations of recorded observations, and silted up with superimposed strata of inductions which have had their day and served a variety of purposes. The quickening influence of the deductive method, of just ratiocination, and honest verification, as yet largely remains untried, but I venture to predict that success will await those who will prepare themselves to adopt it and persistently employ it.

I have endeavoured, with all humility, to make some contribution towards such effort. More than twenty years ago I read a paper before this Society entitled "Specificity and Evolution in Disease." Mr. Herbert Spencer, who accepted the dedication of that paper, was so good as to say "its conception is thoroughly philosophical, and promises to open the way to a considerable reform in pathology."

The views which I have advocated from the year 1881 onwards respecting the evolution of specific diseases, and the paramount importance of soil, predisposition and environment in determining the origin and nature of such diseases have passed through the usual three stages of (1)

wholesale condemnation,—indeed the *Medical Press** accused me of "essaying with all the vigour of youth to demolish the theories of specific diseases which have sufficed to satisfy the acutest physicians of this and every age;" (2) adoption without acknowledgment † (not only of the ideas, but even of the language in which they were clothed); (3) acknowledgment without recognising the process of adoption; and in an article on the "Natural History of Infectious Diseases," by Dr. Thompson in Stevenson and Murphy's work on Public Health, ‡ reference is made to my papers of 1884 and 1889, and it is there admitted "that evolution in connection with epidemic diseases, or more strictly their causes, is day by day forcing itself more prominently upon our consideration."

In the most recent publication on *Bacteriology and the Public Health* (Dr. George Newman, p. 28), the view I propounded to this Society twenty years ago is introduced and emphasised, the writer asserting that "he has been impressed in particular as to the truth of this view by the observation of a number of epidemics, by the study of a long series of cultures of the same bacillus on different media, and by antitoxin production." And then referring to my researches he adds: "But the same conclusion has been reached from other premises." Dr. Nash, the Medical Officer of Health for Southend, writing in the *Lancet* (January 14th, 1905), also calls attention to the views I advanced on philosophic grounds so many years ago, and adds that his own observations of infectious diseases, which he is about to publish, confirm my contention.

Again, following the same method, in 1888 in the *Lancet* (August 25th) I propounded a theory of the pathology of cancer, which was derided by those who could entertain no cause that was not bacterial for the production of every ill to which our flesh is heir. I said:—

"The hard-and-fast line which once in the minds of pathologists, though never in the methods of Nature, sharply divided, upon a morphological basis, the benign from the malign, has been wiped out, and the old doctrine of the 'heterology' of malignant growths has been so qualified, restricted, and modified to meet modern requirements that it is practically ruled 'out of court.'"

I then propounded the following thesis. I said:

"If, then, we believe that in her wildest vagaries of pathological neoplasm nature makes no jumps; if we recognise a transition between the simple and the specific, the innocent and the malign, chronic inflammation and cancerous infiltration, sarcoma and carcinoma—in what, then, does cancer consist? In generation, in inflammation, in repair, in carcinomata and sarcomata the individual factor is morphologically apparently identical; what differences

* May 14th, 1884.

† *Medical Record*, August 15th, 1884.

‡ *Illustrated Medical News*, January 25th, 1890.

§ Vol. ii, p. 250.

there may be latent, not expressed. In inflammation, repair, and in malignant growths, then, there is a reversion to embryonal cell type. In the two former processes there is either organisation of embryonal cells into tissue or liquefaction into pus. In the neoplasms, on the other hand, there is indisposition of the component cells either to differentiate into tissue or to suppurate. They lack the influence which makes for organisation; their instincts are of the lowest—arc ameboid, in fact. They possess the fecundity of cells unfitted for 'colonial' life, and share their vagabond propensities. Herein lie the factors of malignancy, the causes alike of rapid growth and the infectivity of cancer."

The recently published researches by Professor Farmer, Dr. Bashford, and others have served to show how a *posteriori* investigations have confirmed the theory I had been led to adopt deductively.

I am not so presumptuous as to suggest any *novum organum* of medical discovery, but I do plead for a more philosophical study of the problems of pathology, for a scientific use of the imagination, and especially for a greater application of the deductive method, and for the adoption of that attitude of mind towards such problems as the acceptance of that method implies. Our medical schools are essentially monoteknics; they therefore do not afford that opportunity for cross fertilisation of the sciences which is so fruitful of new lines of investigation, and so profitable for the production of new ideas.

Helmholtz used to say that what others described as his discoveries unfolded themselves to his mind as the application of ideas and methods derived from one science to the purposes of another.

Metaphysicians, said Ribot, are philosophers whose aim is the reconstruction of the synthesis of the universe as we know it.

The repudiation of metaphysic, so characteristic of an age of materialism, such as that in which the modern mighty progress in natural science took its rise, is destined to give place, sooner or later, as Mr. Balfour truly asserted at Oxford, to a more idealistic interpretation of the universe.

The clearer the conception of the evolutionary development of the whole inorganic and organic world of nature, from gas to genius, the more are we impelled to ask the "why" of the gas and the "whither" of the genius if we would lift "the weary weight of all this unintelligible world and see into the life of things."

The universal mind or will that sleeps in the mineral, dreams in the vegetable, awakes in the animal, and becomes self-conscious in man is immanent in all.

Without losing ourselves in the cloudlands of Fichte, or Schelling, or Hegel, we may, with the philosophers, regard matter or body as objectification of will, universal or individual, and with the poet hold that—

"Of the soul the body form doth take,
For soul is form and doth the body make."

That is to say, to translate poetry into physiology, function is antecedent to structure, which it in turn determines and ordains.

While, with Kant, we must admit that our knowledge of the external world—of the other than self—is conditioned by the intuitions of space, of time, and of causality, there is nevertheless in the ego that which transcends these *a priorities* and in consciousness and conscience is free and unconditioned, lays hold upon *immediate* knowledge, and is in communion with the universal mind.

As Martineau has finely said *—

"Laplace, in scanning the heavens with his telescope, could find no God, and Lawrence declared that the scalpel in dissecting the brain, came upon no soul. Both are unquestionably true, and it is precisely the truth of the *second* that vitiates the intended inferences from the first. Had the scalpel alighted on some perceptible soul we might have required of the telescope to perform a similar task; and on its bringing in a dumb report have concluded that there was *only mechanism there*. But in spite of the knife's failure we positively know that conscious thought and will *were* present, yet no more visible yesterday; and *so* that the telescope misses all but the *bodies* of the universe, and their light avails nothing to prove the absence of a living mind through all. If you take the wrong instruments the objects of your search may well evade you. The test-tube will not detect an insincerity or the microscope analyse a grief. The organism of nature, like that of the brain, lies open, *in its external features*, to the scrutiny of science; but on the inner side the life of both is reserved for other modes of apprehension, of which the base is self-consciousness and the crown is religion."

Thus to look on nature is to realise—

"A sense sublime
Of something far more deeply interfused
Whose dwelling is the light of setting suns
And the round ocean, and the living air,
And the blue sky, and in the mind of man
A motion and a spirit that impels
All thinking things, all objects of thought,
And rolls through all things."

The true scientist, under the inspiration of the same thought, turns pantheist, and exclaims—

"The realms of being to no other bow
Not only all are Thine, but all are Thou."

The moralist and pietist may join hands and with the poet declare—

"Our wills are ours, we know not how,
Our wills are ours to make them Thine."

And lastly, a broad and philosophic insight will, I think, bring about a truce between phisic and metaphysic, and the devotees of both may yet unite with Tennyson and say:

"Let knowledge grow from more to more,
But more of reverence in us dwell,
That mind and soul accordingly well
May make one music as before."

* Part of his quotation has been omitted.—EDITOR.

St. Bartholomew's Hospital



JOURNAL.

VOL. XII.—No. 8.]

MAY, 1905.

[PRICE SIXPENCE.]

St. Bartholomew's Hospital Journal,

MAY 1st, 1905.

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

Calendar.

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|-------|-----|--|
| Mon., | May | 1.—Special Lecture, Mr. Harmer. |
| Wed., | " | 3.—Cricket Club. Trial Game at Winchmore Hill.
Clinical Lecture, Mr. Harrison Cripps. |
| Fri., | " | 5.—Clinical Lecture, Sir Dyce Duckworth. "On the
Later Stages of Cirrhosis of the Liver." |
| Sat., | " | 6.—St. B. H. C.C. v. Wanderers. Home. |
| Mon., | " | 8.—Special Lecture, Dr. Ormerod. "Eczema." |
| Wed., | " | 10.—View Day.
Clinical Lecture, Mr. Harrison Cripps.
C.C. v. Norwood. Home. |
| Fri., | " | 12.—Clinical Lecture, Dr. Norman Moore. "Cases of
Pleurisy." |
| Sat., | " | 13.—C.C. v. Virginia Water. Away. |
| Mon., | " | 15.—Special Lecture, Mr. Eccles. "Deformities of
Fingers and Toes."
Examination for Lawrence Scholarship begins. |
| Wed., | " | 17.—Clinical Lecture, Mr. Bruce Clarke. |
| Fri., | " | 19.—Clinical Lecture, Dr. West. |
| Sat., | " | 20.—C.C. v. Addlestone. Away. |
| Mon., | " | 22.—Special Lecture, Dr. Lewis Jones. "The Use of
X Rays in Medical Work" |
| Wed., | " | 24.—Clinical Lecture, Mr. Bruce Clarke. |
| Fri., | " | 26.—Clinical Lecture, Dr. Ormerod.
Examination for Matthews Duncan Medal begins. |
| Sat., | " | 27.—C.C. v. Southgate. Away. |

Editorial Notes.

The Summer Session has begun auspiciously for the Hospital; for, as we go to press, we hear news that all Bartholomew's men will welcome, namely, that the Treasurer and Almoners have accepted a contract for the new Out-patient and Casualty block from Dove Brothers at a cost of £95,000, and that building will commence at once. Let everyone who has not collected or subscribed begin now.

Furthermore, the response to the appeal for the Rebuilding Fund was much better last month than it was in the early months of the year. There has been a munificent donation of £5000 from Messrs. Wernher, Beit, and Co., a second donation of £500 from the Goldsmiths Company (the first being £2000), and £1000 from the Trust Fund of the late Mrs. Alice Palmer, per E. Heron Allen, Esq.; to say nothing of many smaller contributions.

WITH regard to the Pathological Block we must admit that there is only £1000 in hand, and it is estimated according to the plans, which we purpose to publish next month, that the block will cost £20,000. There is no doubt of the urgent necessity of this block both for the efficient treatment of the patients and for the good of the Medical School; and this is fully recognised by the Governors. But what is to be done? At the present time the matter is receiving the earnest attention of the Governors and Medical Council. The Treasurer and Almoners have advised the Governors to commence building at once if the Medical Council thinks it can raise half the total cost of the building. Of course it is not the duty of the medical staff to raise the money; but the present is a special crisis, and the money must be raised in some way or other. Therefore we feel that we shall be doing our duty if we can revive the scheme of raising money for the Pathological Block in the JOURNAL. Much cold water was thrown upon the scheme when our predecessors started it in these columns fourteen months ago, and it has been carried on under the greatest difficulties. But we think that by publishing the plans we shall gain the confidence of all Bartholomew's men, and may hope to strengthen the hand of the Medical Council by raising substantial sums of money so that the building may be commenced at once. We shall be very glad to receive any letters or suggestions from old Bartholomew's men upon this matter.

VIEW Day will take place on Wednesday, May 10th, and with this in prospect spring cleaning is almost at an end. We are glad to hear that fashion will not demand the wearing of frock coats; that fantastic custom was broken last year, and no one was a whit the worse. The Resident Staff frames its own laws of fashion, but the common herd also chooses for itself.

THE British workman is distinguishing himself, and has made rapid strides with the two temporary operating theatres. We may hope that they may be completed and ready for inspection on View Day.

A CORRESPONDENT writes—"A *propos* of the necessity of rebuilding the operating theatre the following story is of interest: On Friday, March 24th, Mr. Jonathan Hutchinson, F.R.S., Senior Consulting Surgeon to the London Hospital, came into the old operating theatre just as Mr. Bowlby had finished his operations. Looking round and up at the gallery Mr. Hutchinson remarked, 'Yes, yes, just the same as when I was a student!' and pointing to the left hand of the top gallery said, 'I can well remember standing up there with Tom Smith and Henry Power, who were my fellow-students.' Mr. Hutchinson went on to explain that, though he was not a *bonâ fide* St. Bartholomew's medical student, yet he took out a course of lectures and became a 'partial' student here in order to attend the lectures of Dr. Charles West, the founder of the Great Ormond Street Hospital for Sick Children."

IN the March number of the JOURNAL we expressed our views upon the *raison d'être* of the Abernethian Society, and we are glad to see that they are thoroughly endorsed by Professor Howard Marsh, an old and keen supporter of the Society; his letter will be found in another column. We hope that we may have the honour of publishing the views and suggestions of other readers of the JOURNAL, because at the present time the Society does insufficient credit to its honourable reputation.

THERE is an interesting article in the April *Practitioner* upon the Royal Medical and Chirurgical Society of London, which, having been founded in 1805, will celebrate its centenary this month. But though the writer gives a short account of the origin of the Medical Society of London and of two other of the older societies which were very short-lived, he does not mention our Abernethian Society, which was founded in 1795 by John Abernethy as the Medical and Philosophical Society of St. Bartholomew's Hospital, and has a record of which it may well be proud.

DR. HORDER's interesting paper on the "Bacteriology of the Blood" appeared as a supplement to the March JOURNAL. We regret that it was omitted from the table of contents.

We are glad to hear that Dr. F. E. Fremantle, F.R.C.S., D.P.H., has been elected a Governor of the Hospital. Although originally a Guy's student, yet Dr. Fremantle has taken some of the advanced courses of instruction here, and is a keen supporter of St. Bartholomew's. The knowledge of general hospital administration which he has gained in South Africa and in Japan should prove of service at the meetings of the Governors.

We offer hearty congratulations to Mr. H. J. Paterson, F.R.C.S., on winning the Jacksonian Prize for 1905. The subject of the essay was "The Diagnosis and Treatment of the Surgical Diseases of the Stomach." It is interesting to note that for many years St. Bartholomew's has been able to claim a large proportion of Jacksonian prizewinners.

We offer late but none the less heartfelt congratulations to Major Robert Bird, M.D., F.R.C.S., D.P.H., of the Indian Medical Service, on his decoration with the C.I.E. in recognition of his services to the Amir of Afghanistan, who had injured his hand by a gun accident.

We have received news of quite a merry meeting of Bartholomew's men in Hong Kong, but unfortunately some of the party had left before the wedding of Dr. F. Gröne, D.P.H., Assistant Medical Officer of Health for Hong Kong, and Miss Dorothy Mutter, late Sister of Coborn Ward, which took place on March 25th. Lieutenant R. M. Ranking, R.A.M.C., as best man, bore his part nobly.

THE Past and Present cricket and tennis matches have been fixed for Wednesday, June 7th, but the question has been raised as to the advisability of postponing this fixture until the first week in July, when the weather is usually warmer. We offer it as a suggestion that it might be possible to arrange the Past and Present function at Winchmore Hill on the same day as one of the Decennial Club dinners, say the last Wednesday in June or the first Wednesday in July.

THE subject-matter for the Year-Book, which the Students' Union has decided to publish, is well in hand, but the task of obtaining a correct list of all the Bartholomew's men with their addresses is greater than was anticipated; and so it will probably not be published before the end of the month. No definite price has been fixed for the book, but it is proposed to send out a copy to every Bartholomew's man gratis. However, in order to cover the cost of postage, each man will be *invited* to become a subscriber to future editions (of which three are guaranteed in the publishers' contract) by paying the nominal sum of one shilling. Thus a certain amount of recognised support from the old students will be ensured. There is no doubt that the book will be both useful and interesting.

The Varied Manifestations of Rheumatic Infection.

(A Clinical Lecture, February 17th, 1905.)

By SIR DYCE DUCKWORTH, M.D., LL.D.,
Treasurer Royal College of Physicians.



ENTLEMEN,—I propose to discuss with you to-day as concisely as I can the large subject of rheumatism. Several cases illustrating this disease now in my wards afford a fruitful opportunity for the consideration of the subject. In your future practice, the world over, you will always have ample experience in respect of the several phases of rheumatism, and in recent years much fresh knowledge of it has been acquired. Few disorders have been more studied or debated about, and many are the theories which have been elaborated regarding it, even within the limits of my experience. Perhaps the commonest conception of it in the public mind is that it is always a painful condition affecting chiefly the joints and moving parts of the body. A pain anywhere is almost always called "rheumatic" by the ordinary sufferer, and is still too frequently so regarded somewhat flippantly by some of us who ought to know better. I hope to show you that when rightly discovered rheumatism is indeed a very wide-spread and multifiform disorder, and one which may be manifested in many other textures than those which are involved in the structures of the joints.

We take as the most typical instance to begin with the case of a patient suffering from acute rheumatism or rheumatic fever. The diagnosis here is not very difficult. The disorder is most common in the young; the joints are mainly affected with severe pain and some swelling. There is fever, sometimes high fever, a hot sweating skin, a furred tongue, and a sour smell emanating from the body. The involved joints compel immobility in the limbs, and the pains pass from joint to joint. There is effusion into the joints and the synovial sacs about them, with some redness. This immobility of the limbs sometimes leads ignorant persons to believe that there is paralysis of them. The illness is not seldom preceded by a sore throat some days before the joints suffer, or by a pain in the back, and there is often a history of exposure to cold and perhaps of a wetting after a period of exertion. Such are the obvious symptoms of an acute attack. If no proper care and treatment are secured the patient will remain in continuous suffering for weeks, become weak and anemic, and probably display urgent symptoms of disorder in the chest. When the treatment of this condition was less well directed than it is now some of the older physicians came to believe that the only cure for the disease was "six weeks in bed and flannel." The patient then rose from his bed in shattered health, and more or less of an invalid for the rest of

THE late Mr. Luther Holden has left £3000 to found and endow a "Luther Holden Scholarship" in surgery, and £500 for the Rebuilding Fund, whilst he has also generously provided for the Samaritan Fund of the Hospital, and has most courteously made a bequest to Sister President in appreciation of the services which the sister of a ward renders to the surgeon.

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

GENERAL FUND.		£	s.	d.
Already acknowledged		749 ⁸	5	7
S. C. Hounsfeld, Esq.			3	3
Mrs. Haddon (per Dr. Wm. Odell)			1	0
Mrs. Ogle (second donation)			5	0
Collected by Lt.-Col. T. A. Dixon, R.A.M.C.			4	0
" R. M. im Thurn, Esq.			2	6
" S. C. Hounsfeld, Esq.			3	17
R. Raines, Esq.			1	1
Collected by C. P. Hooker, Esq.			7	5
" W. Hyde Hills, Esq.			1	11
Collected by C. P. Charles, Esq.			5	0
R. Palgrave Simpson, M.D.			5	0
Collected by W. McLean, Esq.			3	7
N. Bennett Powell, Esq.			5	0
G. A. Spear, Esq.			5	5
H. Kerswill, Esq.			1	1
Collected by H. Kerswill, Esq.			3	1
" D. Leslie Beath, Esq.			10	10
M. G. Pearson, Esq., F.R.C.S.			5	5
Capt. W. H. Cazaly, I.M.S.			2	10
Collected by Cyril R. Crawford, Esq.			10	10
A. R. Graham, Esq., M.C. (Cant.) (2nd donation)			2	2
Collected by B. H. Barton, Esq.			1	6
" W. H. Maitlow, Esq., M.D.			0	10
" H. J. Beddow, Esq.			12	10
" E. B. Lathbury, Esq.			0	11
Rev. C. Henslow			1	1
A. F. Street, Esq., M.D.			3	0
Collected by A. B. Fearnley, Esq.			6	8
Total		£7611	11	9
PATHOLOGICAL FUND.		£	s.	d.
Already acknowledged		992	9	6
Capt. J. K. S. Fleming, I.M.S.			5	0
C. J. Evans, Esq.			5	0
F. E. Fremantle, Esq., F.R.C.S.			50	0
D. N. Ruck, Esq.			5	0
Collected by G. E. Gask, Esq., F.R.C.S.			2	12
*Capt. H. J. Walton, I.M.S.			1	1
Capt. W. H. Cazaly, I.M.S.			2	10
Total		£1064	8	0

* Has also subscribed to the General Fund.

IT is with very great regret that we record the sudden death from ulcerative endocarditis of Dr. Reginald Bigg. It is only four years since "Reggie" Bigg, as he was known to all of us, left the Hospital. After holding a house appointment at the Tynemouth Infirmary he became Resident Medical Officer to the Dispensary in Newcastle. He graduated in Medicine at Durham University, where he also took the D.P.H., and was appointed Demonstrator of Bacteriology. We offer our profoundest sympathies to his family in their sad bereavement, and we ourselves know that we have lost a friend. An obituary notice will appear next month.

his life. He had probably been bled and well dosed with mercury. The pulse was the only guide to treatment, and there were no means of ascertaining the temperature, or of studying the condition of the disturbed internal organs. Now, as to the effects of rheumatic fever on the latter. You will observe that in each case of this disease we examine immediately the condition of the heart, since we have learned that not only are the joints involved, but that the component structures of the heart may be also affected by the peccant matter peculiar to rheumatism. This discovery was first made in this Hospital by Dr. David Pitcairn, one of our physicians in pre-stethoscopic days, at the end of the eighteenth century.

Till lately it was the common belief that rheumatism exerted its particular malign effects solely upon the joints and fibrous structures generally, including especially the endocardium and pericardium. The intimate pathogeny of the disorder was always obscure, the presence of acid sweats leading gradually to the belief that lactic acid was the peccant matter in the system, and that this material was produced in undue quantity. This theory led to the plan of treatment by large doses of alkaline remedies which were in vogue when I was a student. The next theory which was brought forward suggested that rheumatism was of a malarial character, and this view led to the treatment by salicin and salicylate of sodium, one which proved of more value than any previously employed. In the meantime careful study of the disease brought to light the facts that there were other manifestations of rheumatism beyond arthritis and carditis. It was found that certain forms of faucial angina and tonsillitis were of this nature, that a variety of purpura was dependent on this source, and that some disturbances of the skin were due to rheumatic influence. The disorder known as erythema nodosum was perhaps the earliest to be recognised as of this nature; subsequently other forms of erythema, and later the curious occurrence of subcutaneous nodules on certain parts of the body. The muscular system was found to suffer and manifest severe pain and disability. It had, further, long been observed that the nervous disorder known as chorea appeared to hold a marked relation to rheumatic disease, occurring before, during, or after overt attacks of acute rheumatism. It was long, however, before physicians ventured to call chorea cerebral rheumatism, and even now this view is not universally accepted. We now find that our conception of rheumatic disease has thus widened considerably, and that its influence and manifestations are varied, and apt to alight on many parts of the body. For long there had been observed certain features in the disorder which appeared to justify an alliance with, or likeness to, some forms of blood poisoning or pyæmia which are known to affect joints, and present somewhat similar constitutional conditions. Thus pyrexia, sometimes severe, pleurisy, pneumonia, and meningitis are known to be com-

plications of rheumatism; these together with multiple arthritis, sweating, etc., are just what we meet with in forms of pyæmia, and mistakes in diagnosis have thus happened. Acute osteo-myelitis of an infective nature has not seldom been taken for rheumatic arthritis, also gonorrhœal synovitis, which certainly owns a specific infecting cause. This consideration brings us at once to the latest conception of the disease, namely, that it is of an infective nature, not produced from within by some metabolic perversion, endogenously so to say, but an infection from without, introduced somehow into the system, or exogenously. Guided by this conception we are enabled to follow with much assurance the varied manifestations of true rheumatism. The fact that sore throat is often an early forerunner of the more obvious symptoms leads to the belief that the infection takes place primarily in the fauces, a region which we know to be highly susceptible and vulnerable in the presence of definite toxic agents. Thence the infection probably spreads far and widely. We have next to notice that, although rheumatism is a very common disease, it does not affect or infect everybody. It is manifest that many persons enjoy an immunity from it, and cannot become truly rheumatic. The explanation of this fact is not far to seek. The same may be affirmed in respect of the infection of tubercular toxin. We find that certain persons have a marked proclivity to one or the other. This is clearly a matter concerning the constitution or peculiarities of the tissues of the individual, and we therefore speak of the diathesis or proclivity to these disorders in the particular person so affected. This condition is inherited and personal, and runs in families more or less strongly marked, more in some members than in others of the same family.

Recent researches have demonstrated that in rheumatism we have to deal with a particulate and specific infecting microbe, one of the streptococcal genus as is believed, and the labours of Triboulet, Singer, Wasserman, Poynton, and Payne have made this plain for us. The microbe is a diplococcus, and it has been isolated from the blood, tonsils, endocardium, pericardium, membranes of the brain, and even from the subcutaneous nodules in this disease. By inoculation with these and their toxic products the several lesions of rheumatism, including chorea, have been induced in animals, and hence our knowledge is placed on a sure foundation in this respect, constituting one of the modern triumphs of medicine which the public are little disposed to place to its credit in these days when surgery is commonly credited with the whole advance in our art.

The toxæmia thus induced is the peccant matter formerly spoken of by the older physicians, and in its varied workings in the system lactic acid appears as a by-product only. According to the manner and locality of the toxic influence we find the varied manifestations of rheumatism in the throat, skin, joints, brain, heart, and other textures,

and thus better understand the different phases of it met with in daily practice.

It is of interest to note here that these discoveries make clear for us the difference between rheumatism and gout, two conditions that are often confounded and believed to be closely allied. They are not closely allied, and are materially distinct. We have no evidence of any infectivity in the case of gout. There is a toxic element without doubt, but it is of endogenous formation, arising from the special metabolic derangements peculiar to the individual. The patient creates his own toxin. It does not enter from without. What alone is common to the two conditions, as I believe, is the basic diathetic habit of body or constitution which renders the subject liable under the respective provocation or influences to one or the other, and so rheumatism and gout are seen to run in certain families, and to be wholly absent from others.

In respect to rheumatism we note, further, a tendency to affect largely the motorial functions of the body. The poison alights upon the joints and on the great motor centre of the circulation, and we find some aid from the conception that the presiding nervous centres of these parts are almost certainly situate in adjacent parts of the medulla oblongata. The occurrence of what are known as spinal arthropathies throws some light on this difficult matter.

Having thus endeavoured to clear the way for my clinical subject of to-day let us consider briefly the feature of some cases which I bring before you from my wards. They are all of an acute nature, and I purposely omit all reference to the more chronic varieties of rheumatic disease which, however, I may tell you, now come more obviously into relation with the acute forms than has hitherto been imagined, a point I have tried to indicate on other occasions.

The first case I will mention is that of F. J.—, æt. 22. You may remember I brought her before you on a previous occasion, illustrating a recovery from severe rheumatic pericarditis with effusion. We employed paracentesis of the sac in that case, but no fluid was withdrawn. Amendment followed active blistering, which is usually of much value in such cases. This woman next developed subcutaneous nodules on her hands, which still remain, and she also manifests a very anæmic condition, which is apt to follow acute rheumatism. The heart-sounds are free from murmur, whence we conclude that there has been no endocarditis, or if such existed at any time all signs of it have passed away favourably. The anæmia is now yielding to treatment, and the blood-count is improving.

The next case is that of S. K.—, an undersized child, æt. 11. She had serious cardiac disorder, with physical signs indicating damage to the tricuspid, pulmonary, and mitral valves. I do not think this an example of congenital malformation or disease. We can obtain no history of any rheumatic attack in this instance. Her first symptom was a sudden onset of dyspnoea on the 30th January, and the child was supposed to have been in ordinary good health previously. You will not seldom meet with similar cases, and the absence of preceding rheumatic symptoms may lead you to believe that they are not of rheumatic origin. I would warn you against any such belief. If such cases are not of rheumatic origin, I would ask what is their origin? We know of no other condition likely to induce such endocarditis, and we also know well that acute rheumatism may occur in children without arthritis of sufficient severity to attract attention, and also without pyrexia. Hence the disease may, and certainly does, alight upon the heart, and pass unrecog-

nised by the parents. The damage is only discovered later by the presence of cardiac symptoms, or it may never disclose itself till discovered incidentally by auscultation.

Rheumatic endocarditis may occur in the fetus *in utero*, and this is the common ætiology of congenital cardiac malformations, the right side of the heart being then, for obvious reasons, the usual site of the mischief. Such cases as these are termed instances of abarticular rheumatism. The prognosis is bad. The subjects remain stunted in general growth, and the tendency is to failure and dilatation of the myocardium, hepatic engorgement, dropsy, and death. The next case is that of M. H.—, æt. 13, who came into Faith Ward on November 15th last year with acute articular rheumatism. In this instance we found a strong family history of rheumatic proclivity. The mother had rheumatism, heart disease, and died of it. One sister had rheumatic fever twice and chorea. On admission the heart was free from murmur; the pains in the joints were rebellious to treatment by salicylate of sodium and aspirin. A month after admission, the girl having been kept in bed all that time, a systolic apex murmur was detected. There was much depression, and lingering pain in the left shoulder-joint. The systolic murmur became rougher and louder. The case proved very tedious. About January 18th some choreic twitchings were noticed. I show you the temperature chart of the patient. You observe that on admission there was a temperature of 102°, but after the second day there was no pyrexia, the temperature remaining subnormal all through November and December till the 6th January, when there was a rise for a day to 100.4°. With the onset of signs of endocarditis there was still subnormal temperature, and with the first symptoms of chorea the same condition prevailed. A rise occurred again to 100.2° on February 3rd for one day only, but with a steady aggravation of the chorea a rise began again on February 7th, and continued till the 13th of this month, reaching 103.2° on the 11th inst., when the girl was very ill. The chorea is very severe, the twitchings and movements demanding restraint, and feeding by the nares being necessary. Large doses of chloral hydrate and bromide of potassium are required to induce adequate rest. There is present that peculiar silence which prevails in severe cases of chorea. At the approach of puberty you should always regard chorea as a serious disorder. Most of the fatal cases occur at that time, or, as I would rather say, used to occur then, for since the introduction of chloral as a remedy we do not often meet with fatal cases at any period of life. We now regard such manifestations as indicative of cerebral rheumatism, and we treat them accordingly as such with salicylates, aspirin, together with bromides, taking care to limit the movements and sustain the powers of the heart and nervous system by an adequate supply of nourishment. A few days ago the respiration assumed the Cheyne-Stokes type, and the pulse became very feeble, so that strychnine and ether were given, and with benefit. The catheter is required twice daily. I quite hope for recovery in this case. In this case we follow the several manifestations of rheumatic infection, first its alighting on the joints, next on the endocardium, and finally on the cerebral membranes and cortex. We note the strong family proclivity to be affected by this specific infection, and the personal vulnerability to it.*

We rise from a study of the whole matter gravely impressed with the malign possibilities of this disease, one so widespread, so damaging to vital parts of the body, and so worthy of our serious study and best efforts to limit its range of action.

As to its prevention we have but little knowledge. It is clearly right to maintain the general health at its highest vigour, to avoid sudden exposure to our often inclement and shifty climatic conditions, to be sufficiently and wisely clad, but not over coddled. At the onset of the disease and throughout bed is imperative—rest to the heart and circulation. The dietary should be chiefly of milk and carbo-hydrate food. Animal broths are undesirable. With the advent of any variety of carditis blistering over the

* April 17th.—This patient has made an excellent recovery. The mitral murmur remains.

præcordia is useful, and may be repeated from time to time with benefit. Sodium salicylate or aspirin is commonly the best medicine, in full doses at first, after one smart aperient dose of calomel. My experience of the treatment by perchloride of iron is not satisfactory. If the joint pains are obstinate I find potassium iodide and quinine of value, or Huxham's compound tincture of bark with citrate of potass may be employed. Most cases respond rapidly to the prudent dosage of salicylate of sodium. Many cases linger on, as I have noted, in consequence of over-feeding or the giving of animal food too prematurely. The subsequent anæmia demands iron and a little good wine, and a change to some dry inland climate is advantageous to promote a sound recovery of health. We seldom meet now with hyperpyrexia in acute rheumatism. If it occurs we should resort to sponging with iced water, Leiter's tubing round the head, and dosage with quinine (gr. v every four hours) as long as may be necessary. These measures commonly prove effectual in such cases, and render the system of cold bathing, which is cumbersome and troublesome, unnecessary.

Cok's Chronicle.

By NORMAN MOORE, M.D.,

Physician to St. Bartholomew's Hospital.



JOHN COK, a brother of St. Bartholomew's Hospital, who copied into a great vellum book all the title deeds of the hospital estates, as well as all the royal charters, papal bulls, and episcopal briefs he could find relating to the hospital, had early in life been apprenticed to Thomas Lamporte, a goldsmith in Wood Street, and, like some other goldsmiths of his period, became an accomplished scribe. He was ordained priest in 1417, and in 1419 became a brother of the hospital. There he lived to the end of his days, and within our walls he was no doubt buried.

He began to write his cartulary in 1456, and ten years later he had nearly finished it, and writes at the end of a long bull of Pope Nicholas V "Scriptum per fratrem Johannem Cok in etate declinata, cujus animam propitiatur Deus: Amen." After another bull of Pope Nicholas two years later he has written in Latin "written by brother John Cok in the evening of his life in the year of Our Lord 1468, on whose soul may God have mercy: Amen." He was devotedly attached to the hospital, and took pride in its privileges and independence, as a note appended to his copy of a charter of King Edward II shows: "Written by brother John Cok, in the evening of his life, on the twenty-fourth day of August, with unsteadiness of hands, as appears by the writing. A.D. 1466, and in the sixth year of King Edward IV, the charter of the confirmation of the liberties of the hospital of Saint Bartholomew in West

Smithfield, London, obtained by Master William Rows in the nineteenth year of Edward II. On whose soul may God have mercy."

John Wakeryng, in whose election by acclamation "per viam Spiritus Sancti" he took part in 1422, was probably the man of his time whom he admired most, and Cok lived throughout the forty-four years of his mastership.

At the end of the cartulary Cok has written in Latin a short chronicle of the Kings of England.

In the year of grace 1042 the coronation of St. Edward, King and Confessor, at Winchester, who, in the twenty-fifth year of his reign, was buried in state in the Church of Westminster, which he himself had caused to be built.

In the year 1066 the coronation of Duke Harold at Westminster, and the same year his burial at Waltham.

In the year 1067 the coronation of William I, Duke of Normandy, at Westminster, who, in the seventeenth year of his reign, caused England to be described in one volume called Domesday, and the fourth year after that was buried at Caen.

In the year 1087 the coronation of William Rufus at Westminster, and in the thirteenth year of his reign he was buried at Winchester.

In the year 1100 the coronation of Henry I, Belklerk, brother of King William Rufus, at Westminster, and in the thirty-fifth year of his reign he was buried at Reading. He made the Park of Woodstock.

In the year 1135 the coronation of Stephen the King at Westminster. He was buried in the nineteenth year of his reign at Faversham.

In the year 1154 the coronation of Henry II, son of the Empress, and kinsman of Stephen, at Westminster. And in the thirty-fifth year of his reign he was buried at Fontevreux.

In the year 1154 the translation of St. Edward, King and Confessor, on the third of the Ides of October.

Thomas, Archbishop of Canterbury, and afterwards, owing to the said King, martyred in the year of Our Lord, 1171, on the 29th day of December.

In the year 1189 the coronation of King Richard at Westminster, who reigned eleven years, and was buried at Fontevreux.

In the year 1199 the coronation of John the King at Westminster, and after he had reigned eighteen years he was buried at Worcester. In this reign was the interdict of England, and it lasted to the year of the Lord 1214.

In the year 1216 the coronation of Henry, son of King John, at Gloucester, who, in the fourth following year, was again crowned at Westminster, and was there buried in the fifty-seventh year of his reign.

In the year 1274, the 14th of the Kalends of September, the coronation of Edward I, the first after the Conquest, at Westminster who was there buried in the thirty-fifth year of his reign.

In the year 1307, the 10th of the Kalends of March, the coronation of Edward II at Westminster, who was buried in the twentieth year of his reign at Gloucester.

In the year 1326 Edward III, the flower of knight-hood of all Christendom, was crowned at Westminster, in the eighteenth year of his age, and in the year of the Lord 1346, on the 3rd day of September, the same Lord King Edward began to besiege the town of Calais with a camp, and continued his siege to the 3rd day of August in the next year, on which day he subdued the aforesaid town to his government with his camp. And in the year of the Lord 1348, on the Kalends of July, the most illustrious King of England, Edward III, conquered the French in a naval fight at Sluys. And in the year of the Lord 1346 with the English the French fought at Cressy, and the King of Bohemia there perished. In the same year the 10th of the Kalends of November the Scots were conquered by the English at Durham, and David, King of Scotland was taken. And in the year of the Lord 1356 the 13th of the Kalends of October, the capture of John, King of France at Poitiers (Poyters) by the excellent Prince Edward, firstborn of the gracious King Edward III. And in the year of the Lord 1376 the sixth of the Ides of June, died Edward, the excellent prince, on which day fell the feast of the Holy Trinity. And in the year of the Lord 1377, the 11th of the Kalends of July, died King Edward, the flower of knight-hood of Christendom, and on the third of the Nones of the same month he was buried at Westminster in the fifty-first year of his reign.

In the year 1377, the 17th of the Kalends of August, the

coronation at Westminster of Richard II, son of Edward Prince of Wales, in the year of his age eleven. And in the twenty-third year of his reign he ended his life, and was buried at Westminster.

In the year 1390, on the feast of Saint Edward, King and Confessor, the coronation of Henry IV at Westminster. And in the fourteenth year of his reign he ended his life. He is buried at Canterbury, and was the son of the Duke of Lancaster.

In the year 1413, on the 6th day of the month of April, which day was Passion Sunday, and a very rainy day, the coronation of Henry V at Westminster, at which coronation I, Brother John Cok, who recorded that royal coronation for the refreshing of memory, was present and beheld it; which king carried on many astonishing wars, and subdued a great part of France to his rule. And he died in France in the tenth year of his reign, and was honourably buried at Westminster.

In the year 1432 Henry VI, son of King Henry V, in the first year of his age, began to reign on the first day of September.

It will be observed that Cok's dates are sometimes erroneous, and sometimes, from difference of reckoning, do not accord with those in common use at present. In the eleventh century the year began on Christmas Day, and hence Cok puts William's accession under the year 1067, instead of the 1066 to which we are accustomed.

Edward I, who succeeded his father in 1272, was abroad at the time, and was not crowned till he came home in August, 1274.

The year in the fourteenth century began on Lady Day, so that January, 1327, as we should reckon it, was 1326 in the reckoning of Cok's time. Edward III was proclaimed in January, and crowned on the 1st of February.

I was present at the Jubilee of Queen Victoria in Westminster Abbey, and, as I looked down from the triforium of the choir on the splendid assemblage of princes, and watched the great Queen herself walk up the nave to her throne, my mind naturally recalled this chronicle of the brother of Saint Bartholomew's, who, perhaps from the same place, watched the coronation of the future victor of Agincourt, and saw:

"Harry the King, Bedford and Exeter,
Warwick and Talbot, Salisbury and Gloucester."

Bonesetters and their Work.

By HOWARD MARSH, M.A., M.C., F.R.C.S.,
Professor of Surgery in the University of Cambridge.



VERY well-advised general practitioner and every well-advised surgeon will look into the question of bone setting, and be careful as to the attitude which he adopts towards it. He who ignores it will not have long to wait before one of his best or one of his most talkative patients is cured by a member of the fraternity. He who says bonesetters are ignorant quacks is merely beating the air. The public, instead of agreeing with him, will say that he is jealous. Thus his position is both futile and undignified. No one, of course, need believe, as many of the public do, that bonesetters can work miracles equal to those recorded in the Old Testament; yet it cannot be

denied that in the past bonesetters have, as a matter of fact, often cured cases in which surgeons had failed. Even in this year of grace 1905 bonesetters still exist, and the cases which they can cure exist also. It therefore behoves all whom it concerns to keep a sharp look-out.

How do bonesetters do their work? To begin with, they do not make a diagnosis in the ordinary sense of the word. Diagnosis demands some anatomy and pathology, and the bonesetter knows nothing of either. Nor does this matter, for being a bonesetter he has the natural gift of at once telling whether a bone is out or not. He does this by instinct, just as a bird flies or a fish swims. A bonesetter in a Law Court once said that his knowledge was hereditary. To such a one anatomy is superfluous. Mr. Hutton used to say "Don't bother me with anatomy. I can cure you, what more do you want?" This instinctive or hereditary knowledge concerns chiefly small bones in the neighbourhood of the various joints, of the very existence of which the surgeon is quite unaware. A surgeon, of course, knows all about the big bones, but he knows nothing about these little ones—they are entirely beneath his notice. And how can a patient who has been lame for a month, but whose surgeon has assured him there is nothing the matter, have any doubt about the correctness of this view of the case when he finds that the bonesetter sees at a glance, perhaps through a thick leather boot, that a bone is out, when he moves the foot, and there is a crack (when the bone goes in) and when he finds himself cured?

The buttons of the back (the bonesetter's name for the spinous processes), again, are things about which surgeons know very little. The surgeon may have no idea that they are out, while the bonesetter not only sees immediately that they are out, but at once puts them in. Although muscles very seldom slip in surgical practice, the accident is a very common one in the practice of bonesetters. The deltoid, for instance, often "slips round to the front," and under manipulation goes back with an audible and reassuring jerk. It will do this not only at the shoulder, but at the knee and the ankle. What patients are told is the matter with them is sometimes grotesque. Thus a lady who had a bursa over the tuber ischii was told, in the vernacular, that the bone in this part of her body was out, and, after submitting to manipulation, was assured it had gone in. Sometimes it is alarming. A neurotic youth with slight lateral curvature was told that his pelvis had opened and both his hips were out. This terrible condition reminds one of the sailor's threat to the young middy that he would screw out his navel and unship his posteriors. Sometimes the artist is not a bonesetter—he has blossomed out into an Osteopath. Now many a bonesetter is a perfectly honest man, but your osteopath is a knave of the very first water. Only a few weeks ago an osteopath told a patient who had recently had a fracture of the clavicle—(a) that the bone was shamefully mended; (b) that the pain he felt meant

that the arm would soon be paralysed; (c) that there was a dislocation of the spine; (d) that there would soon be a clot in the brain; (e) that there was not a moment to lose; (f) that £10 must be paid down at once, and that the cure would take fifteen weeks. Was ever Ossa more wickedly heaped on Pelion?

As to results; these fall into two classes, the successes and the failures. The cases which bonesetters can cure were, before Sir James Paget gave his lecture,* and for some time after it, thick on the ground. Surgeons finding that a wound of a joint was followed by violent, sometimes fatal septicæmia, concluded that like the peritoneum, joints were intolerant of interference. When, therefore, a joint, say after a wrench, was "inflamed," they put it on a splint and kept it fixed for three weeks or a month. After reducing a dislocated humerus they kept the arm bandaged to the chest for a similar period. In the treatment of fracture of the bones of the leg, the ankle-joint was kept fixed at an angle, say of 120° with the leg, for six or seven weeks. In many of these cases the joints became stiff, either from mere position or because adhesions had formed. Here bonesetters found a rich harvest. They repeated their accustomed formula:—The doctor had ignorantly (or shamefully) mismanaged the case; a bone was out, or a muscle (usually the ubiquitous deltoid) had slipped; they wrenched the limb, the bone went in, or the muscle slipped back into place, with a snap which startled and convinced everyone who heard it (in other words they broke down adhesions), and they frequently produced a speedy and complete cure. In recent years the defects of surgical practice which furnished bonesetters with this happy hunting-ground have been corrected. Splints are employed with more knowledge as to their use and abuse, and with a healthy conviction that their abuse has often been very much in the ascendant; and by the judicious and timely use of passive movements and massage the formation of adhesions has been prevented, muscular wasting has been obviated, and recovery has ensued so pleasantly and quickly that the patients have found it unnecessary to seek further advice. At the present time it is understood that if adhesions have formed so that stiffness and pain remain, they must be removed before the patient is dismissed as cured. Until lately it was customary to assure the patient that he was all right as soon as the fracture had united; but to tell a man who wants to shoot or to plough that he is cured, although he cannot put his heel to the ground, recalls the French surgeon's statement that his patient had "died cured." Surely in both cases the result left something to be desired; and although the dead man would tell up and down the country side, in the hunting-field, in the market-place, and on his way to and from church; or in London society, where it would quickly travel far and

wide, for *vires acquirit cundo*, will be that Dr. So-and-So said he was cured while all the time a bone was out which the bonesetter saw at a glance, even through his clothes, and then and there put it in. The following instance is now such ancient history that all the *dramatis persone* are dead except the patient; of whom, instead of saying I hope he is alive to tell the tale, I will say I trust his leg has been well so long that he has forgotten there ever was anything the matter with it. The story presents so vivid and instructive an epitome of the relations of bonesetters to surgery that I am glad to tell it.

A young gentleman, belonging to one of the best known families among the aristocracy, injured the calf of his leg at lawn tennis. He was put to bed, and mistake number one was made, for his leg was placed on a splint. At the end of three weeks the splint was removed, but the foot was in a position of equinus, and an attempt to bring it up towards a right angle gave severe pain. Then came mistake number two, for the foot was left in this position and various local applications were tried; while the patient was kept on a sofa, with a flower in his button-hole, and some light refreshment on a table near at hand. For the whole season he was petted and pitied by the *élite* of the Upper Ten, and was seen first by one distinguished surgeon, and then by another. Not improving he was sent to a health resort, and then for a sea voyage, but all to no purpose. At last he consulted a bonesetter, who, without a moment's hesitation, said a muscle had slipped out, and at once proceeded to put it back by bringing the foot up to a right angle with the leg. In a few days the patient could walk as well as ever. There can, I think, be no doubt as to this case. A few muscular or aponeurotic fibres had been torn, and an adhesion had formed, and this paltry lesion, treated on wrong lines, had kept the patient for many weeks on the sofa, driven him away to a health resort, and then on a sea voyage, and had cost some of the first surgeons of the day the ignominy of a very public defeat at the hands of an itinerant bonesetter. As we can now clearly see, this was no case for fixing the limb and keeping it at rest. Three days on a sofa, followed by passive movements and massage, and then by walking exercise was all that was required. The case is a very useful one, showing as it does that limbs must not be placed on splints and kept at rest as a matter of routine, but only when the surgeon has clearly seen why he should use a splint at all, and what exactly it is that he expects it to do, and therefore how long it should be continued.

Space does not allow me to discuss the different cases which bonesetters cure. They may be found admirably described in Sir James Paget's* lecture. I have also written about them.† The main points for those to bear

* *Loc. cit.*

† *Diseases of the Joints and Spine*, second edition, 1897, pp.

* *Surgical Essays and Lectures*.

in mind who wish to keep clear of bonesetters are that in even the most trivial cases a careful and exhaustive examination should be made so that, as far as possible, the true condition present may be ascertained. A most necessary thing in many instances is to definitely ascertain that there is nothing seriously wrong; for then the question forcibly presents itself—On what does the incapacity of which the patient complains depend? Are there adhesions, or is there mere stiffness from position? Is there some slight displacement of a semilunar cartilage, or of one of the small tendons connected with the transverse processes of the cervical vertebrae; or, is the patient neurotic or merely timid? In presence of any of these even bare possibilities movement may very well be used. It can do no harm, for all serious conditions have been ascertained to be absent, and however unlikely it may appear, yet I know by experience several times repeated, that movement may, in this group of cases, effect an immediate cure. It may even appear quite clear that movement cannot do any good, and yet it may forthwith cure the patient. Take, for example, the following instance:—Adhesions around a sprained ankle are broken down and all symptoms disappear. Some months later the patient returns saying that his foot is bad again. Nothing can be found amiss—movement appears perfectly free. The patient asks to be cured as he was before. The surgeon says this cannot be done as no adhesions are now present. The patient seems greatly disappointed and repeats his request. The surgeon at length agrees, but merely in order—as no risk is incurred—to satisfy the patient. The unexpected occurs and the foot is cured. I think, although they gave no sign, some few adhesions must have re-formed. A bonesetter would certainly have cured this case by putting a bone in.

A bonesetter may score, not because the surgeon is at fault, but because he (the bonesetter) has done the least good, but because he says, and the patient believes, that he knows more about bones than any surgeon. When going to the fountain head in a frame of mind in which they are ready to believe that mountains are about to be cast into the sea, patients find, as they watch the bonesetter, that he grasps the case without a moment's hesitation. They at once draw their own conclusions. What a contrast! The surgeon seemed puzzled, and had the left arm uncovered as well as the right, although the left had nothing whatever the matter with it; he appeared to hesitate and go over the ground again, and, after groping about in the dark, to fail absolutely in finding, not only which particular bone it was, but that any bone of whatever sort or kind was out. What a disappointment! what a waste of time and of a fee thus to have bought at the wrong counter! The bonesetter, with a steady glance so penetrating that he could evidently see the bones as clearly as a skiagram could show them, with a shrug of the shoulders which meant that the patient had been a poor victim, and the surgeon a clumsy ignoramus, meddling

with things which he had better have left alone; and with a punch with his thumb, which at once disclosed the "tender spot," was master of the situation. Here was another case in which a button of the back was out, or in which the deltoid had slipped round from the outer to the inner side of the ankle. All this to a surgeon who knows that what has been said is a myth from beginning to end is aggravating enough; but it is worse still when a person, who has been grossly imposed upon, completely believes what has been asserted. I lately heard of a mother who was firmly convinced that her child had been cured, by a bonesetter, of old infantile paralysis; and of another case in which an Osteopath, after putting in a bone at the outer margin of the orbit, promised that the patient would soon begin to see with her glass eye. And she believed it.

Further Extracts from the Letters of a Medical Student. 1828—1830.

(Continued from p. 12.)

DUBLIN. NOVEMBER 9TH, 1828.—In the first place, I can give, I think, a good reason why I prefer Steevens' Hospital to Meath. The surgeons at Steevens' go round exactly at 7 o'clock every morning, but Friday,—which is a public day and certainly rather inconvenient; but unless there is some operation of consequence, I do not intend to go there on that day; the hour is twelve, which only gives, or rather will give me, one hour to go there and back, and see any operation besides. We (for I have a companion) get back about a quarter after nine, breakfast, and then separate, he to the College of Surgeons, and I to Trinity College. At the Meath the surgeons and physicians are very irregular, frequently half an hour after their time, so that sometimes it is 10 o'clock before the pupils get away. Then at Steevens' there are 200 beds, at Meath not more than 50, and the terms the same at both. Last winter they had four operations at the Meath, and they were at Steevens' never a week without one, and frequently two and three. It is true I do not know anything of the officers of the Meath; but Mr. Cusack, who sleeps in the Hospital almost every night, is so very regular and communicative, and he gives us accounts of the diseases, and makes his remarks in a very free and unreserved way, that I am very much pleased with him. Mr. Wilnot also makes his remarks to us very freely, but not so much so as Mr. Cusack.

I cannot say I am so much pleased with Colles in the wards of the Hospital, as he is rather reserved; but perhaps that may wear off. Then there is Dr. Marsh, I believe the first physician in Dublin, or there is only Dr. Cheyne before him, if not the first. I heard him give his introductory lecture

to a course of practice of medicine, and I must say that if I had to attend practice of physic here, I would rather hear him than anyone here. His language is almost, I may say, beautifully eloquent, without any fine flourishes which obscure the meaning. I have been round the wards at Steevens' with him and like him very much there too. He is quite a stethoscopist. We have not got into a regular train of business yet; but I believe that when we have, it will be—seven o'clock in the morning Steevens', when the surgeons go round; about 8 o'clock Mr. Wilmot gives a clinical lecture; and we get home to breakfast from about a quarter to half past nine. I then go to the anatomy house and work till one, when we have a lecture from Dr. Macartney. He is at present giving a public course, as he is obliged to do, of twelve lectures. From two till three Dr. Stratten gives a lecture, on pharmaceutical chemistry and materia medica at present. Dr. Macartney gives us a demonstration of the bones from three to four; he began on Wednesday. I did not begin to dissect till Thursday, and got a lower extremity of a very good subject. It was the first that came in since I arrived, and in consequence of my entering soon I came in for it. The demonstrations do not commence fairly till the 17th, and then it will be a demonstration from eleven to twelve, and a lecture from one to two. At seven in the evening Dr. Montgomery lectures on midwifery in Cuffe Street, not far from here, just at the top of Stephen's Green. I only entered to him last night. Soon after we got home a polite note came asking us to breakfast with him this morning. Of course, we went and found him a very nice, gentlemanly, little fellow. We did not stay very long with him, as he was going to the College chapel.

Mr. Hensman was going into the country, and I was going to Steevens' Hospital, which I did do, and went round with Mr. Cusack, who was very attentive and polite as usual. He performed two operations—amputation above the knee—on Friday. During the first, Mr. Colles, who had charge of the tourniquet, was looking about him when the screw slipped and almost deluged Colles (and he richly deserved it, for it was complete inattention), Cusack, an assistant, and my companion, Mr. Hensman. I sent you a paper on Wednesday giving an account of the meeting of the Brunswickers. The Scotch Greys were out, and it was very beautiful to see them galloping through College Green in the gaslight, and the place which had been, a minute before, more like Bedlam broke loose, was as still as if there was not a living being within forty miles. Mr. Hensman is the son of a surgeon in Liverpool, a very nice young man much about my own age, who was with Mrs. Fox last winter. He arrived here the Saturday after I did. He attends the College of Surgeons.

During the first week I heard Harrison lecture on comparative anatomy every day, and a most beautiful lecturer he is. Jacob gave two or three demonstrations. He is not a very good lecturer; but when he gets fairly into the

subject, he goes on very well. I have heard him lecture in a very plain, good way, quite matter of fact.

There are some very good cases at Steevens'. One, a case of brachial aneurism from puncture in bleeding. The man is nearly well. They applied a compress, and rolled the arm up from the tips of the fingers to the axilla, bled him pretty freely from the other arm, and gave him digitalis in large doses. One day he took six doses, of twenty drops each. Of course, that reduced the arterial system, and gave them an opportunity of producing absorption of the extravasated blood. There is also a curious case of fistula *in ano*, on which we are to have a clinical lecture from Mr. Wilmot to-morrow morning. Tell Boulton I can get a complete set of bones, separate, for eighteen or twenty shillings. Pray, how does the Milk Street Dispensary go on? Has it beat the other out of the field yet? Also the Old School and the New School?


DECEMBER 18TH, 1828.—I have had a case of scarlatina, or more properly speaking, according to Mason Good's classification, rosalia. John Hill began about ten days since. I followed your treatment, an emetic in the first instance, a dose of calomel, and then the muriatic acid. Being a pupil of Mr. Cusack's, I let him know, and he called to see him several times, but did not order anything, telling me I might give him just what I liked. He put his clothes on to-day for the first time, but did not leave his room. He had a very smart attack and was very ill, but I think is coming round rapidly. Mrs. Fox has been very anxious about him, as well as about her own family, none of whom, luckily, have taken it so far.

We had the operation of lithotomy by Mr. Cusack, which I am sorry to say terminated fatally, the lad dying of diffuse inflammation of the cellular membrane the day after the operation. The time occupied from the first incision to the extraction of the calculus was two minutes and twenty seconds. Mr. Cusack had got the stone on the blunt gorget with his finger, and in putting in the forceps he pushed it off, and that, of course, made the operation longer than it would otherwise have been.

We have a case of ichthyosis which is getting well under the administration of the nitro-muriatic acid.

(To be continued.)

The Special Departments.

 I propose to publish from time to time in the JOURNAL a short account of each of the special departments of the Hospital in turn, with a summary of a few of the cases in attendance. Our object in doing so is not so much to instruct, because that is impossible in the small space at our disposal, but rather to call attention to the great amount of important practical work that is carried out in these departments, and also to diminish, if possible, the great waste of clinical material which occurs almost daily at the Hospital, by attracting more general interest in these departments. There is a tendency on the part of students to neglect the special departments altogether, or to

rush through the work as quickly as possible, as if it was a necessary evil to be brushed aside. This mistake is only discovered afterwards, and it may be at the cost of many patients. This month we take the Ophthalmic, the oldest of our special departments.

THE OPHTHALMIC DEPARTMENT.

This Department was founded in 1870 with Mr. Henry Power as the first ophthalmic surgeon to the Hospital. Before this time the general surgeons treated the eye cases, and operated for cataract, etc., in their own wards. However it is interesting to find it recorded in 1727 that "through a tender regard for the deplorable state of blind people the Governors think it proper to appoint Dr. John Freake, one of the assistant surgeons of this house, to couch and take care of the diseases of the eye of such poor persons as shall be thought by him fit for the operation, and for no other reward than the six shillings and eightpence for each person so couched as is paid on other operations."

Mr. Vernon was appointed Demonstrator of Ophthalmic Surgery in association with Mr. Callender, and subsequently Junior Ophthalmic Surgeon in 1870.

On Mr. Power's retirement in 1894 Mr. Jessop was appointed to the Junior office, and became Senior after Mr. Vernon's death in 1901, when Mr. Holmes Spicer was elected to fill the vacancy.

The wards were not opened till some time after the Department was instituted, and then beds for twelve male and thirteen female patients, under the admirable direction of our present Sister "Eyes," were allotted to the Department, and were opened by the then Prince and Princess of Wales.

There is a small theatre attached to the wards, and here operations may be seen on Tuesdays and Fridays at 2 p.m.

Probably the most important part of the Department's work, from a student's point of view, is done among the out-patients, as practically all the patients in the wards are first thoroughly examined in the Out-patient Room.

Mr. Jessop attends on Wednesday and Friday afternoons in the Surgery at 3 p.m., where, on the latter day, he gives a demonstration at 3.30 p.m.

Mr. Holmes Spicer sees his patients in the Medical Out-patient Room on Monday and Thursday mornings from 9 to 1, and gives a demonstration on Thursdays at 12 on interesting cases. Special classes for the higher examinations are also held from time to time.

It will be seen that a useful knowledge of ophthalmic work can be obtained by attending the out-patient rooms, the classes, and the wards, but students are strongly advised, if possible, to work as clinical dressers in the Department. The hours required are far less than formerly. For six weeks of the appointment two mornings a week under Mr. Spicer are all that is required, while under Mr. Jessop for another six weeks it is necessary to do ward work every morning, and to attend the Department three afternoons in the week. Thus it is obvious that men are able to hold the

appointment while doing other work, whereas till quite recently dressers had to give their whole time to the Department.

It cannot be impressed too strongly on the student how useful even a slight knowledge of ophthalmology may be in general practice. Refraction work cannot be learnt thoroughly without clerking, but it is possible for men to obtain a fair grasp of the methods of diagnosis and treatment of the common eye diseases by attending regularly the work of the department and the demonstrations.

There have been, during the last few months, several interesting cases of orbital tumour, a few cases of diphtheritic conjunctivitis, and many cases of perforating wounds of the eye, as illustrated by Mr. Noon's paper, while there is a constant series of cases showing syphilitic disease affecting both the eyeball itself, and its extrinsic muscles and nerves.

In fact, if men will only take the trouble to attend the work of the Department, there is nearly always plenty of clinical material for all purposes, and perhaps we may hope to hear less frequently the oft-repeated excuse "I have never seen a case of so and so."

WOUNDS OF THE EYEBALL.

Being a short account of the cases lately treated in the Ophthalmic Department.

By L. NOON, B.C.Cantab.

Wounds of the eyeball are of sufficient frequency to interest the general practitioner as well as the ophthalmic specialist. They are generally classified in the books as:

A. Those where a foreign body remains in the eye.

B. Those with no foreign body.

Class A is not a large class, since a foreign body can in most cases be removed, and then the case comes under Class B.

Class B is further divided into (i) Ruptures by considerable violence from a blunt weapon, and (ii) Incised or punctured wounds. These are further subdivided according to whether the wound involves the cornea, the ciliary region, or the posterior part of the sclera, those involving the ciliary region being the most dangerous.

Clinically the cases treated in this department during the last year fall into four groups:

(a) Injuries with considerable violence, causing a large corneal wound which involves the sclera as well. These are due especially to the bursting of glass bottles. There is always a great loss of vitreous, sometimes the lens is lost as well; the iris and ciliary body are prolapsed, and when the patient is first seen, with the eye closed, it is clear from the sunken condition of the eyelids that they have lost the accustomed support of a normal eyeball behind. In most cases it is hopeless to delay excision; in one case out of five treated here the eye was saved till the twenty-seventh day, but then had to be removed as it was still inflamed, and was setting up irritation of the other eye. Sympathetic ophthalmia developed in this case in spite of the excision. The eye was, however, ultimately saved with good vision.

(b) Punctured wounds of the cornea. In these cases the ciliary body, as a rule, escapes uninjured, and it is safe to wait events, since there is very little danger of sympathetic ophthalmia in the other eye. If the perforation is deep, however, the iris or vitreous will probably have been infected, and the eye remains inflamed, more and more fibrin and pus being thrown out into the interior of the eye, till vision is lost, or reduced to a very small quantity. Excision is then necessary to relieve the patient from constant pain. Four such cases treated here ultimately required excision, while two were not infected, and the eye was in consequence saved. Of these two one had no vision in the eye, because the whole pupillary margin of the iris became adherent to the corneal wound, thus closing the pupil; in the other the lens was wounded, and subsequently became opaque, and further operation is now necessary to remove this opaque lens.

(c) Incised wounds of the cornea. Two such cases came under

treatment, in both of which the iris was stuck in the wound. The first necessity was to free the adherent iris, by a large iridectomy, so that no band of iris tissue might be left included in the wound, to irritate the ciliary body by traction, and to serve as a possible road for the entrance of micro-organisms to the interior of the eye. In one of the two cases the lens was broken up by the injury, and had to be evacuated. Both cases healed well, the eyes having useful vision.

(d) Scleral wounds are favourable if the wound is behind the ciliary region, if there is no foreign body, and if there is no great loss of vitreous. Diagnosis often depends largely on the diminished tension of the eyeball, but the wound can sometimes be observed either directly or by the ophthalmoscope. Two punctured wounds of the sclera, and one scleral rupture were cured, while one punctured wound, in which a piece of glass remained some hours, turned out to be infected; the eye continued inflamed till excision was performed some weeks later.

The Clubs.

STUDENTS' UNION COUNCIL.

A meeting of the Council was held in Mr. Favell's room in the College on Friday, April 14th, at 4.30 p.m., the President (Dr. Herringham) in the chair. There were also present—Messrs. Harmer, Burra, Davis, Favell, Griffin, Horner, Hoskyn, Loughborough, Marshall, and Trevor Davies.

A communication from the Publication Committee was read, and the resolutions therein, concerning the management of the JOURNAL and the constitution of the Publication Committee, were considered and approved of. Certain other business was discussed.

THE CRICKET CLUB.

The season of 1905 will open with prospects of a fair batting side under the captaincy of G. F. Page, who has been such an energetic secretary for the past two years.

As in former years we have to depend on him to do all the fast bowling, and to deplore the absence of good changes. If any member of the Hospital should know of a good right-hand slow and a left-hand fast bowler we hope that he will induce both these valuable acquisitions to come to the Hospital forthwith.

J. F. Gaskell will be our only slow bowler, and he is at his best on a fast wicket.

Our batting prospects are a little brighter. H. N. Burroughs will be a valuable addition to the team, and returns after a three years' absence.

From G. Viner, who showed such promising form last year, we expect equally good results.

P. R. Parkinson, who was prevented from playing regularly last season, is also coming back to the eleven.

We are still in need of a regular wicket keeper, but hope that this summer will supply a long-felt want.

The secretaries will be glad to hear of any Freshmen who intend to play cricket this season. There will be a trial game at Winchmore Hill in the first week of May, and nets will be up on the ground every afternoon for practice.

A good fixture list has been arranged for the coming season, and it is hoped that those interested in the game will take it up keenly and endeavour to bring the Hospital Cup to Bart's, an almost unknown resting place.

FIXTURES.

Date.	Opponents.	Ground.
Wed., May 3...	Trial Game.....	Winchmore Hill.
Sat., " 6...	Wanderers.....	Winchmore Hill.
Wed., " 10...	Norwood.....	Winchmore Hill.
Sat., " 13...	Virginia Water.....	Virginia Water.
Sat., " 20...	Addlestone.....	Addlestone.
Sat., " 27...	Southgate.....	Southgate.
Wed., " 31...	Enfield.....	Winchmore Hill.
Sat., June 3...	M.C.C.....	Winchmore Hill.
Wed., " 7...	Past & Present.....	Winchmore Hill.
Sat., " 10...	East Molesey.....	East Molesey.
Sat., " 17...	R.I.E.C.....	Cooper's Hill.
Sat., " 24...	Mayfield.....	Mayfield.
Sat., July 1...	Dunstable Grammer School.....	Dunstable.
Sat., " 8...	London County C.C.....	Crystal Palace.
Sat., " 15...	Croydon.....	Winchmore Hill.
Sat., " 22...	Gravesend.....	Gravesend.

SWIMMING CLUB.

PROSPECTS FOR THE SEASON.

The outlook for the coming season is favourable, though, in losing our half-back J. G. Watkins, we have lost the best and hardest-working man in the team.

R. C. P. McDonagh being also out of his year we have lost a back whose steadiness could always be relied upon in a crisis. The way he captained the team last year left nothing to be desired, and before the end of the season they were a model of keenness and punctuality.

Lastly, we have lost H. M. Hanschell, a goal whose place will be hard to fill, and whose splendid defence in some of the Inter-hospital water polo matches is fresh in the minds of his contemporaries.

Thus we have three vacant places in our team. We are very pleased to welcome S. Dixon as a valuable addition this year; his forward play has plenty of dash and pace. In Follett we have another most useful player, and with these two the loss of Watkins and McDonagh will be less felt.

Of last season's men Trewhy and Trapnell are both very sound forwards, and the latter should prove considerably faster than last year. The former though a good tackler is apt to be erratic in shooting. Ryland lacks pace and is rather slow on the ball, but the latter fault practice will cure.

The place of goal is a hard one to fill adequately, and at present there is no one who seems specially suited for it.

It is hoped any Freshmen who are keen swimmers or play water polo will come down and join in the practice games. Any further information can be obtained from the captain, C. F. O. White, or the honorary secretary, F. C. Trapnell.

Our headquarters this season are the Holborn Baths, and tickets (price 4d. each) can be obtained from the above gentlemen.

ATHLETIC CLUB.

The success of the "Sports" at Winchmore Hill last year will stimulate the Committee to do all in its power to make the event even more successful this year. The date has been fixed provisionally for June 14th. It is to be hoped that there will be a large number of entries, and that men will take the trouble to get fit for their special events. The holding of relay races, tug-of-war and sack races should lend an additional interest for men who do not take athletics seriously. The Committee is fortunate in being able to call upon the services of all of its representatives in the Inter-Hospital Sports last year, and we are glad to hear that some Freshmen have come up who will cause keen competition for the places in the team.

LAWN TENNIS CLUB.

The tennis courts have attained a popularity and success which, it is to be regretted, has not been vouchsafed to the Hospital VI in so far as the results of their matches for last season were concerned. But in other fields individual members have been more successful. Messrs. Slade and Riviere have both been elected to the Junior Staff, whose gain will be the Club's loss, as they will no longer be able to turn out regularly for the Hospital as heretofore.

The outlook for the present season promises to be somewhat better than that of last year, as at least four of last year's team will be able to play regularly, and several Freshmen have entered who should prove of use.

In order that no promising player shall escape notice, as hitherto may have been the case, it is proposed that a Committee of the Tennis Club be formed, consisting of the officers of the Club and one representative from the first, second, and third years.

The officers for the year are—
 President.—W. D. Harmer, Esq., F.R.C.S.
 Vice-Presidents.—T. G. Slade, B. B. Riviere.
 Captain.—P. Black.
 Secretary.—F. J. Gordon.

RIFLE CLUB.

The prospects for the present season are not very bright, since the team will lack the services of J. Morris, S. H. Andrews, and E. A. Dingle.

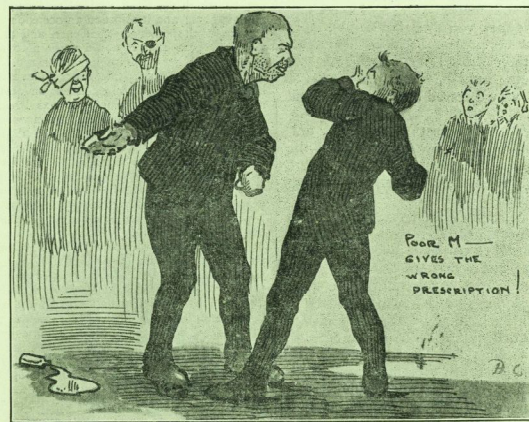
However, it is hoped that Freshmen and others who are keen on shooting will join the club and practice as often as possible.

The captain is H. B. Owen, and the secretary A. J. Kendrew from whom any information may be obtained.

Extract from Dr. Peppys's Diary.

DR. CROONE* told me that at the meeting at Gresham College to-night (which it seems they now have every Wednesday again) there was a pretty experiment of the blood of one dog let out (till he died) into the body of another on one side, while all his own run out on the other side. The first died upon the place, and the other very well and likely to do well. This did give occasion to many pretty wishes, such as the blood of a Quaker to be let into an archbishop, and such like; but, as Dr. Croone says, may, if it takes, be of mighty use to man's health for the amending of bad blood by borrowing from a better body.

14th November, 1666.



LIFE'S LITTLE WORRIES ON THE DISTRICT.

This morning I met with Mr. Hooke, and he tells me the dog which was filled with another dog's blood at the College the other day is very well, and like to be so as ever, and doubts not its being found of great use to men; and so Dr. Whistler who dined with us at the tavern.

16th November, 1666.

* William Croone, of Emmanuel College, Cambridge, chosen Rhetoric Professor at Gresham College, 1659; F.R.S. and M.D. Ob. 1664.

Anxious mother (with daughter on second visit)—I didn't know as it was so serious, doctor!

Out-patient physician.—But what makes you think it is serious?

Anxious mother.—You've put early grave on the paper, doctor!!

It was a case of incipient exophthalmic goitre.

The Bacterial Balance.*

When the May and the June baby had got well acquainted, they exchanged confidences.

"My milk comes from a certified cow," said the May baby.

"So does mine," said the June baby.

"It is milked by a man in a white suit, with sterilised hands, through absorbent cotton, and kept at a temperature of forty-five degrees."

"So is mine."

"It is brought to me in a prophylactic wagon drawn by a modified horse."

"So is mine."

"Then how in thunder do you manage to be so fat and well?"

The June baby winked slyly.

"I chew old paper and the corners of rugs and anything I can find that is dirty, and in that way I manage to maintain the bacterial balance which is essential to health," he said, chuckling.

The May baby laughed long and loud.

"So do I," said he.

How to Defeat an Examiner.

By A STUDENT.

EXAMINERS are but human." Some students, however, enter for examinations with the idea deeply rooted in them that the good man who asks such abstruse questions is a sort of demigod, deciding the fate of hundreds by a mere scratch of his pen. This is quite a mistake. Examiners are very human, and should be treated as such. For example, think of a dear old gentleman with white

* We make no apology for reproducing this story at third hand, but express our indebtedness to the *Medical Standard* and the *British Journal of Nursing*.—EDITOR.

whiskers and mouse-coloured trousers, who plays Patience in the evenings, and pretends to play golf on fine afternoons. He is periodically rather bored by having to read through piles of uninteresting manuscript, but at other times is humorous, jolly, and most sweet tempered. This is the much-dreaded examiner. Human? Most certainly! and as easily defeated as any other old gentleman. Hence candidates should take heart, and approach their examinations with a becoming spirit of levity.

The chief qualification for passing an examination is bounce. It cannot be denied that a substratum of accurate knowledge is useful at times, but bounce and the faculty for self-assertion are of paramount importance. Let me give an instance. You have been asked a question about which you know nothing. After a few well-chosen anecdotes you will turn to the matter of the question, and introduce such phrases as "it is rather doubtful," "it has been variously stated," or "authorities differ." The examiner reads this, differs from you, immediately and most erroneously considers himself an authority, is therefore delighted, and gives you full marks. Or, again, on one of the questions in the paper you are, if possible, more uninformed than on any of the others. You will leave this question until last, and then write it very hurriedly and badly. The examiner, being human, will at once jump to the conclusion that you were pressed for time, and will make allowances.

Should you consider any of the questions unfair, or outside the range of the syllabus, it is always best to tell the examiner so—it will keep you to the straight way in future. He is sure to appreciate your disinterestedness in calling attention to his shortcomings.

"Padding" is a most valuable adjuvant to the candidate's answer, especially in cases where the examiner marks in accordance with the number of pages written. At all times, however, it is useful, and serves to ease the mind of the examiner, tired by too long concentration on mere exact science. Good padding always contains plenty of spicy anecdotes, short stories, local allusions, and trilles of that kind. You are asked a question about cantharides, for example. You know practically nothing about the drug, but by a lucky chance happen to remember that, to stimulate the growth of hair, your Uncle Joseph rubbed cantharides into his bald head with such perseverance that he died of acute nephritis. You will tell this to the examiner, giving a short description of Uncle Joseph, his habits, and his language. The examiner reads it with enthusiasm, and gives you full marks.

The outward appearance of an answer is everything. For this reason, when entering for an examination I provide myself with variously coloured inks, chalks, and a small water-colour paint-box in addition to the usually recognised impedimenta of an examination candidate—pencil, india rubber, spirit level, pocket theodolite, etc. All capital letters must be written in red, violet, or green ink, and the name of any well-known man of science whom you may have occasion to mention should be profusely illuminated. All this will please the examiner.

Should you happen to be skilled in the art of caricaturing, your answer may be illustrated by sketches of fellow-students at work, or even by portraits of the examiner himself. I have spoken to some of my fellow-students who have acquired the art of drawing, and one and all assure me that their success in examinations depends entirely on the animated sketches accompanying their answers. Person-

ally I have perforce to be content with the mere illumination of the more important words.

Always remember that you have paid down much good money for the privilege of having a thoroughly good time with the examiner; and never forget that it is an Englishman's birthright to muddle through things, and that examiners are, as one of them has assured us, human.

A. T. N.

Correspondence.

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

SIR,—As one who, at a now remote period, saw much of the Abernethian Society and for some years worked in its ranks, I venture to say a word or two on the questions which are at present under discussion in your JOURNAL in regard to the principles on which the Society should be conducted. As I remember it in the sixties the Abernethian was almost exclusively a students' society. True, the introductory address was given by some member of the Staff, and it served two purposes. It showed that the Society was one to which the Staff desired to extend their fullest recognition and support; and it afforded an occasion on which someone, speaking from full personal experience, and at the same time with the authority of a senior, could explain to new comers the purposes which the Society was intended to serve.

But at the ordinary meetings no one above the standing of a house surgeon was present, except on quite rare occasions. Generally one of the house surgeons was President, and in the eyes of the rank and file the house surgeons were Archbishops and Lord Chancellors. They conferred much dignity and stability on the Society. When a house surgeon related a case from the wards, and reported what he and Sir William Lawrence or Mr. Paget had done, and when the case was discussed by the other house surgeons, the first year's men, as I well remember, seemed to catch a glimpse of a glorious arena in which they hoped themselves later on to play a part. These discussions were revelations as to what the future had in store for them.

The set papers were contributed by clinical clerks or dressers, or by embryo physiologists or pathologists. Their freshness and bold flights towards the unknown were such as Müller and Virchow might well have envied, and they were discussed with great ingenuity and dash by those who had studied the subject and carefully prepared their remarks; for, if a man was to read a paper before a room full of critics and fighting men, especially as a house surgeon would be in the chair and perhaps one or two in the audience (this was before the days of house physicians), he was impelled to choose for his subject one which he had thought a good deal about, to collect and arrange his facts carefully and even laboriously, and to write his best English. The discussions afforded an opportunity for the practice of public speaking. They trained men in respect to boldness, readiness, and self-possession—faculties that required cultivation, so that should they tend to become exuberant they could be pruned, or when they were tender plants nurtured and brought forward. I used to feel that every one who either read a paper or joined in a discussion became thereby both a wiser and a better man.

The work went so well that Sir William Savory used to say he would rather attend a meeting of the Abernethian than of any other learned society in London. I always remember those days with unalloyed satisfaction, and feel that the Abernethian is one of the most useful parts of a man's training at the Hospital. The discussions followed by tea and muffins did more than anything else to promote intercourse and *esprit de corps*. When men met each other as the heat of battle was just cooling down, and when each remembered the points he had made and how, although his opponent had done well, he, at least in his own opinion, had done still better, and when juniors, whose part as yet was merely that of listeners, could stand side by side with the combatants and even ask them questions, a feeling of true comradeship was established. These evenings gave everyone concerned a good start as a future true St. Bartholomew's man.

I think all this is what the Abernethian should be. All this is, in fact, its *raison d'être*. The students should be, in the main, left to themselves to initiate and conduct their own debates, as is the case, for example, at the Union at Cambridge. As to incursions from

without, the Introductory and the Mid-Sessional addresses are quite good, but the ordinary meetings should not be converted into what they seem to have lately become, occasions for clinical lectures which, however admirable and valuable in themselves, are, in my opinion, out of place in a students' debating society.

Yours faithfully,

HOWARD MARSH.

March, 1905.

PAST v. PRESENT CRICKET MATCH.

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

DEAR SIR,—The Past v. Present cricket match is fixed for Wednesday, June 7th. I should be very glad if all those old Bart's men who wish to play would send me their names as soon as possible.

Yours faithfully,

H. EDMUND G. BOYLE.

RESIDENT STAFF QUARTERS,
ST. BARTHOLOMEW'S HOSPITAL.

Reviews.

THE BOOK OF PRESCRIPTIONS (BEASLEY). Eighth edition. Rewritten by E. W. LUCAS, F.I.C., F.C.S., with an introduction by ARTHUR LATHAM, M.A., M.D., F.R.C.P. (London: J. & A. Churchill.) Price 5s. net.

This is a small and handy volume containing a great deal of information and many valuable prescriptions. All the more important drugs are arranged in alphabetical order, and under each are short notes on their pharmacology, therapeutics, and posology, and several prescriptions illustrating their use, the doses in every case being given according to both the imperial and the metric systems.

The index of diseases and remedies at the end of the book is a little suggestive of the Drug Manufacturer's Diary, and is hardly in keeping with the high tone of the rest of the contents.

The *Book of Prescriptions* should be of value to medical students as a connecting link between the standard works on pharmacology and materia medica and those on medical treatment.

THE OPEN-AIR TREATMENT OF PULMONARY TUBERCULOSIS. By F. W. BURTON-FANNING, M.D., Chitab., Physician to the Norfolk and Norwich Hospital. Pp. 176. Price 5s. (London: Cassell and Co.)

This is the second of what promises to be an excellent series of books upon modern methods of treatment by Messrs. Cassell and Co., and the present subject could not have been entrusted to better hands than those of Dr. Burton Fanning, whose experience at the Mundesley and Kelling Sanatoria has been very wide. The book is carefully arranged. After a lucid account of the disputed points in connection with the etiology of pulmonary tuberculosis, the author gives two short chapters on some of the clinical aspects of the disease, and then proceeds to the selection of cases for treatment, which constitutes one of the most important sections in the book, emphasising, as it does, the great importance of early diagnosis. The routine treatment in the various stages of the disease is described in its simplest form, and it is upon the simplicity that the author lays so much stress. In the last chapter he shows how the treatment can be efficiently carried out at home provided that the open air, methodical rest, and the proper use of exercise and food can be guaranteed for the patient, and that the treatment can be continued for a sufficient length of time. Naturally, we turn to the chapter upon the results of sanatorium treatment, and we are glad to find that the author has "no intention of describing the achievements of the open-air method in too glowing terms." "*Absolute cure*," he quotes, "like happiness, can be predicated of a man only when he is dead." His classification of results is thoroughly definite and rational, and his statistics agree with those usually accepted, both as regards selected and other cases.

There are many other interesting points in the book, such as the educational value of the treatment and the subsequent care of patients, with especial reference to a scheme for obtaining suitable employment for the poorer patients after their discharge.

We recommend the book very strongly both to the practitioner and the student.

SHIP SURGEON'S POCKET-BOOK AND MEDICAL OFFICER'S LOG-BOOK. By W. E. DAWSON. Feap., 8vo. Price 2s. 6d. net. (Baillière, Tindall, and Cox.)

In our opinion, this will not prove a very useful book to a medical officer taking charge of a ship for the first time. Its arrangement is particularly unpleasing. The author is misleading when he says ether *descends* and chloroform *ascends* during administration. The most useful parts of the book are the blank pages at the end for the medical officer's log.

THE PRINCIPLES AND PRACTICE OF ASEPTIC. By A. S. VALLACE, M.B., Ch.M. (Sydney), etc., Surgeon to the Berrima District Hospital, New South Wales. Feap., 8vo., pp. 95. Price 2s. 6d. net. (Baillière, Tindall, and Cox, London.)

An exceedingly useful little book, thoroughly concise and up-to-date, but we cannot help saying that most of it has already appeared in Mr. Lockwood's excellent book, to which the author makes little reference. True, he adds some new points, and lays emphasis on the importance of conserving tissue resistance. He introduces a new method of sterilising catgut, which appears to be more satisfactory than most of the other methods. The section on the sterilisation of sponges is weak.

MANUAL OF HYGIENE FOR STUDENTS AND NURSES. By JOHN GLAISTER, M.D., D.P.H. Camb., etc., 2nd Edition, revised. Pp. 402. Price 6s. net. (Messrs. E. and S. Livingston, Edinburgh.)

There can be no doubt that this book has proved a very useful introduction to the important subjects of hygiene and preventive medicine. We think, however, that it might be made much more concise in future editions.

Such chapters as those on sleep and hypnotism, exercise and rest may be interesting to the layman, but are too elementary to be of much service to students or nurses; otherwise the book is well got up, and the illustrations are good.

SURGICAL CASE-BOOK CHARTS FOR DISEASES OF THE RECTUM. By CECIL M. HEATH, M.A., M.B. Camb., F.R.C.S. Price 1s. 6d. On Mr. Heath's caricatures of the rectum and its surroundings it is possible to indicate the position and relations of most diseases to which this important region is liable.

R. A. M. C. Notes.

Major O. R. A. JULIEN, C.M.G., and Capt. A. H. MORRIS, both stationed at Chatham, have obtained Diplomas of Public Health.

On arrival in India the following are posted as under:—Major H. W. Austin to Quetta; Major J. R. Anderson to Meerut; Capt. C. H. Hopkins to Bombay; Lieut. G. E. Cathcart to Rawal Pindi; Lieut. A. A. Meaden to Mhow.

Lt.-Col. J. R. Dodd, F.R.C.S., is in charge of the Military Hospital at Mhow; Lt.-Col. H. G. Hathaway of that at Poona; Lt.-Col. F. H. Treherne at Nowshera; and Major H. B. Mathias, D.S.O., at Campbellpore. Lieut. F. A. H. Clarke is Staff Surgeon at Chohrata; Lieut. A. H. Hayes is stationed at Peshawar, and Lieut. R. Storr at Ambala. Lt.-Col. F. P. Nichols is in Barbados, and Major F. M. Mangin in Jamaica.

Lt.-Col. G. H. Sylvester is in charge of the Surgical Division, Royal Victoria Hospital, Netley; Lt.-Col. J. G. Harwood of the Military Hospital at Portsmouth; Major J. Girvin of Wellington Barracks, London; and Lieut. H. C. Sidgwick of Ewshott Camp.

Major J. R. FORREST is promoted Lt.-Col.

Capt. M. H. G. FELL is going through the promotion cause at the R.A.M. College.

Lt.-Cols. A. H. Burton and W. J. Baker, Major F. W. Begbie, and Capt. E. E. Ellery are returning home tour-expired.

Naval Medical Service.

We have received the following notes concerning the recent promotions and appointments of the Bartholomew's men in the Royal Navy, and we propose to publish similar notes from month to month.

Sir HENRY NORBURY, K.C.B. has retired from the post of Medical Director-General of the Royal Navy, a position which he has held for the last eight years.

The following officers are on the retired list.—Deputy Inspector-General H. A. Close; Staff Surgeon J. L. Bagnall-Oakley; Surgeons C. Alsop and H. B. Guppy; Fleet Surgeons D. McIver, A. T. Corrie, J. S. Lambert.

The following are the present appointments of those still serving on the active list:

FLEET SURGEONS.—H. X. BROWN on the Devonport Dockyard; A. S. Nance to H.M.S. "Isis" (*North America and West Indies*); A. M. Page to H.M.S. "Suffolk" (*Mediterranean*); W. Spry to H.M.S. "Boscawen" (*Portland*); C. Strickland to H.M.S. "Aboukir" (*Mediterranean*).

STAFF SURGEONS.—H. Clift to H.M.S. "Venus" (*Mediterranean*); F. J. Dalton to H.M.S. "Gibraltar" (*North America and West Indies*); R. C. Munday to H.M.S. "Sutlej" (*China*); J. H. Pead to H.M.S. "Charybdis" (*on passage home*).

SURGEONS.—H. C. Adams to Haslar Hospital; C. H. Arathoon to H.M.S. "Egmont" (*Malta Dockyard*); L. A. Bals to H.M.S. "Barham" (*Home Fisheries*); J. Boyan to the Cape Hospital; W. J. Codrington to H.M.S. "Isis" (*North America and West Indies*); E. Follott to H.M.S. "Imogene" and H. A. Kellond-Knight to H.M.S. "London" (*Mediterranean*); B. Ley to H.M.S. "Ocean" (*China*); L. Morris to H.M.S. "Mars" (*Atlantic Fleet*); L. Murphy to H.M.S. "Harrier" (*Scottish Fisheries*); F. H. Nimmo to H.M.S. "Indefatigable" (*Portsmouth*); J. O'Hea to H.M.S. "Excellent" (*Portsmouth Gunney School*); H. W. Shewell to H.M.S. "Vivid" (*Devonport*); A. R. Skey to Marine Depot, Walmer; A. Woolcombe to H.M.S. "Pandora" (?); W. P. Yette to H.M.S. "Challenger" (*Australia*).

The following officers are at home upon half-pay awaiting appointments:—Staff Surgeon H. Spicer and Surgeon N. H. Harris.

The following are on foreign service leave:—Fleet Surgeon H. W. Burke; Surgeons W. H. Pope and S. Roach, who has just returned from Bermuda Hospital.

The three officers who were successful at the last examination for admission have just passed out of Haslar successfully, namely, Surgeons K. D. Bell, H. B. Hill, and P. M. Rivaz.

Indian Medical Service.

The following Bartholomew's men are at home on leave at the present time:—Lt.-Col. W. A. Sykes; Captains R. F. Baird, H. Boulton, W. H. Cazaly, W. Selby, D.S.O.; and Lieut. A. E. J. Lister.

Lt.-Col. C. M. E. McKee, 83rd W. L. Infantry, has been granted leave pending retirement.

Capt. W. G. RICHARDS is granted eight months sick leave.

Major C. E. WILLIAMS has been permitted to return to India.

Major B. C. OLDFHAM received charge of Cuttack Goal on March 6th.

It is understood that Lt.-Col. LUKIS will be appointed Principal of the Medical College, Calcutta.

Major J. G. HULBERT has been transferred to Shahjahanpore.

Capt. A. W. R. COCHRANE on return from leave is posted to Chittagong, and has charge of the gaol.

Appointments.

BURSTAL, E., M.B., B.Ch. (Oxon.), appointed House Surgeon to the West London Hospital.

ELLIS, E. S., M.R.C.S., I.R.C.P., appointed House Surgeon at the East London Hospital for Children, Shadwell.

LOVEDAY, G. E., M.B., B.C. (Cant.), appointed Surgeon to the s.s. "Glaucus."

MORRIS, J., M.R.C.S., L.R.C.P., appointed Junior Resident Medical Officer at the Seamen's Hospital, Greenwich.

PARKER, H. F., M.D. (Cant.), M.R.C.S., L.R.C.P., appointed Hon. Assistant Medical Officer to the Royal Surrey County Hospital, Guildford.

POWER, D'ARCY, M.A., M.B. (Oxon.), F.R.C.S., appointed Surgeon to the Bolingbroke Hospital.

TAYLOR, MARK R., M.R.C.S., L.R.C.P., appointed Admiralty Surgeon and Agent at Porthleven and Gunwalton; also Honorary Surgeon to the Tiuo Diocesan Home for Waifs and Strays.

New Addresses.

ATKINSON, S. B., 4, Ewing Street, Bow, E.

BLAGDEN, JOHN J., 10, Nicholas Street, Chester.

CALVERLEY, JOSEPH E. G., C.M.G., 21, Park Avenue, Folkestone.

GARDNER-MEDWIN, F. M., 22, High Street, Wavertree, Liverpool.

GROVES, E. W. H., 16, Richmond Hill, Clifton.

MATTHEWS, E. A. C., 10th Lancers, Cawnpore, India.

SHELDON, A. W. S., Honolulu.

WALTON, H. J., care of Messrs. H. S. King & Co., Pall Mall, S.W.

Birth.

RUST.—On February 25th, at 39, St. Mary's Road, Higher Crumpsall, Manchester, the wife of John Rust, M.R.C.S., L.R.C.P., of a daughter.

Acknowledgments.

Middlesex Hospital Journal; The Broadway; The Practitioner; London Hospital Gazette; Guy's Hospital Gazette; Climate; The British Journal of Nursing; The Hospital; The Health Resort; Le Mois Medico-Chirurgical; L'Echo Medical du Nord; Giornale della reale Societa Italiana d'Igiene.

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. 9.]

JUNE, 1905.

[PRICE SIXPENCE.]

St. Bartholomew's Hospital Journal,

JUNE 1st, 1905.

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

Editorial Notes.

We go to press sadly this sunny month of June: for the JOURNAL has lost a friend, and St. Bartholomew's one of her most loyal sons. Dr. Eustace Talbot is no more. Words fail us when we would express our thoughts, for we have seldom heard of any more tragic end to a bright and promising career. Eustace Talbot was in perfect health on May 18th, talking merrily—as was his wont—in the Square, and advising us about this very number of the JOURNAL (for he was our predecessor in office, and still a keen member of the Publication Committee). On May 21st he was operated upon for appendicitis, from which he apparently rallied in a satisfactory manner. However, late on May 25th he relapsed, and died the following morning. If that be not tragedy enough, we will add that it was only on May 18th that he had become engaged to be married.

We cannot offer a greater tribute to his memory than by saying that on May 26th the whole Hospital wore an aspect of gloom—not only his personal friends (of whom no single man at St. Bartholomew's could claim more), but also those that knew him only by sight and reputation. The same expression was on everyone's face, the same words on everyone's lips.

It is not easy to estimate in words all that he has done for the Hospital which he loved so well. Ever since he joined St. Bartholomew's in 1896 he has supported it loyally

in work and play—a prominent member of the cricket team, an office-bearer in the Dramatic Club, President of the Abernethian Society, and finally, House Physician and Editor of this JOURNAL. More recently he took an active part in the social developments of the Students' Union. In fact, if it had not been for Eustace Talbot the foundation of the Students' Union would have been a thing of future rather than of past history; for, during the difficult months of organisation, he was at once the figure head and the Advisory Board of the students, tempering the enthusiasm of the promoters with his superior knowledge and sound judgment.

His present appointments at the Hospital were those of Casualty Physician and Assistant Curator of the Museum. He filled both of these positions with an inspiring enthusiasm, which made it a pleasure to work either with him or under him. For a short account of his personal character and abilities we refer our readers to the obituary notice in another column.

We know that we are but echoing the wishes of all Bartholomew's men when we beg to offer our deepest sympathies to his sorrowing parents, his other relatives, and to the lady so recently betrothed to him.

The funeral took place on May 30th at his country home near Eden Bridge, in Kent. Among the many mourners there was a knot of his more intimate friends from St. Bartholomew's and Cambridge; and among the many beautiful wreaths there were tributes of affection from the Students' Union and the Publication Committee of the JOURNAL, as well as from the Visiting and Resident Staffs respectively. A simultaneous memorial service was conducted in the Hospital Church by the Rev. Wm. Ostle.

ALREADY there are signs of activity on the site of the future Out-patient and Casualty Block, and it will not be long before the British workman gets thoroughly into his stride. We believe that we are not too sanguine in looking for the completion of the block during the winter session of 1906—witness the two temporary operating theatres which were only commenced two months ago and are now ready for occupation.

THE Rebuilding Fund has received a fresh lease of life. Last month we had barely enough to meet the contract price for the first block, namely, £95,000. At the present time there is well over £101,000 on the books.

IN addition to a handsome but anonymous donation of £1000 we must gratefully acknowledge £500 from G. W. C., £250 from A. R. Bowton-Knight, Esq., and several subscriptions of £100 and more, chiefly from anonymous subscribers.

SUCH anonymity is inspiring in these material days; and the philosopher should rejoice to hear that the three collecting boxes outside the Hospital gates often contain a few golden sovereigns in addition to the more abundant pence and half-crowns. These boxes are opened on the first day of each month, and have held as much as £10 after a month of fine weather.

IN connection with the Rebuilding Fund we are pleased to see that a presentation has been made to Sir Ernest Flower by the Governors and friends of the Hospital in recognition of his incalculable services during the past eighteen months as Honorary Secretary of the Special Appeal Fund. Sir Ernest, we all know, is a very busy man, but he has found time to come to the Hospital almost every day, and has directed the difficult business of the Appeal Office in a way that commands the wonder and admiration of every Bartholomew's man. Suffice it to say that he has been responsible for the raising of more than £100,000. The gift took the form of a handsome silver cup, an exact replica of the one made by Paul Lamerie in 1739, which is now in the possession of the Goldsmiths' Company.

VIEW Day this year was a bright and sunny function. The pretty flowers, the refreshing teas, the renewal of friendships, more than compensated for the general upset and disturbance of the natural order of things.

THE summer mid-sessional address to the Abernethian Society will be delivered on Thursday, June 8th, at 8 p.m., in the Medical Theatre, by Mr. Bruce Clarke. He has taken as his subject "The Surgeon and the Pathologist."

We hope to see a large audience, for we know that the address will be interesting.

THE Annual Sports of the Athletic Club will be held at Winchmore Hill, on Wednesday, June 14th. For full particulars we refer our readers to the club news in another column. We hope that a large number of competitors will enter for the events, and that many visitors will turn up, now that the function promises to be much more of a family gathering than used to be the case when the sports were held at Stamford Bridge.

THE Past and Present (Cricket and Tennis) matches have been wisely postponed till Thursday, June 22nd, which is a fortnight later than usual. This is always a great day of reunion of Bartholomew's men, and the expectation of a larger attendance this year than ever will probably be fulfilled if only the weather is favourable.

WITH the Junior Staff Summer Concert in prospect the Musical Society is very much in evidence at present. The Choral Society holds a practice every Monday evening at 8.30 p.m. under the able direction of Mr. Grandage, who would like to hear still a few more new male voices. The Orchestra continues its successful career. The concert is fixed for Friday, June 30th, at 7.30 p.m.

THE series of Decennial Club dinners will be held as usual this summer. Dates and places as follows:

Club.	Date.	Place.	Secretary.
4th and 5th
6th ...	Wed., June 28th ...	Albion Hotel ...	Mr. Cumberbatch.
7th ...	Wed., July 5th ...	Trocadero ...	Mr. Bowlby.
8th ...	Wed., June 28th ...	Oddenino's ...	Mr. Waring.

SEVENTY-ONE candidates presented themselves for the Final Fellowship Examination of the Royal College of Surgeons, which we believe is a record number. Of these thirty-six passed, a higher percentage than on the occasion of the last examination. Thirteen gentlemen presented themselves from St. Bartholomew's, and we are pleased to state that nine of these were successful. To them we offer our most hearty congratulations. Their names are as follows:—T. Bates; Capt. T. H. Foulkes, I.M.S.; H. B. Mylvaganam; L. Noon; F. Norman; Capt. W. Selby, D.S.O., I.M.S.; F. Spreat; R. A. Walker; H. W. Wilson.

MR. McADAM ECCLES has been appointed an Examiner in Surgery for the Society of Apothecaries.

WE congratulate Dr. Bedford Pierce on his recent election to the Fellowship of the Royal College of Physicians, and also Mr. T. P. Legg on obtaining the University medal at the B.S. examination of London University.

Obituaries.

EUSTACE TALBOT, M.A., M.B., B.C. Cantab.,
M.R.C.P.,

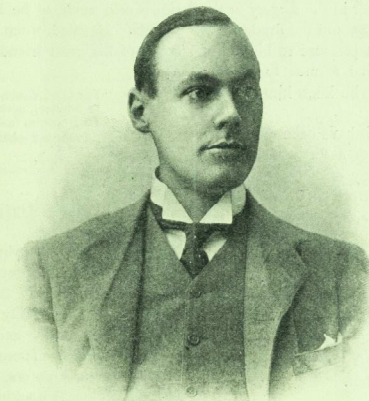
Casualty Physician to St. Bartholomew's Hospital and Assistant
Curator of the Museum.

Obiit May 26th, ætati 31.

THE facts of the sudden and tragic death of Dr. Eustace Talbot are recorded in the Editorial column. It is left for one of his friends to write of his career thus early blighted and of his personal qualities.

Eustace Talbot was educated at Winchester, where his singularly charming and attractive character received its preliminary training, and we are certain that Winchester

hæmoptysis to relinquish his appointment in order to go to Davos in search of health. After a very short time, however, he proved a credit to the open-air treatment and though he has been in the habit of returning to Davos for a month's holiday each year, he was not troubled again with any unfavourable symptoms. This experience enabled him to speak with authority on the Sanatorium treatment of early pulmonary tuberculosis, upon which he read a most instructive paper before the Abernethian Society in 1903, of which society he had been the president three years before. Doubtless, too, it was this experience that led him to study the incipient stages of this disease which gave considerable weight to his opinion on any suspected case. With regard to his other professional attainments he



may well be proud of him as one of her noblest alumni, who carried his school motto with him through life in word and deed. From school Eustace Talbot went to Trinity College, Cambridge, where he made many lasting friendships and distinguished himself in many different fields. He was editor of the *Granta*, an invaluable supporter of the A.D.C., and he served on the Committee of the Pitt Club, while in the athletic world he represented his college in cricket and the University in tennis.

In 1896 he came to St. Bartholomew's, where he at once commanded the respect of all, and the friendship of many of those with whom he came into contact. He qualified in 1898, and was soon afterwards appointed house physician under Sir William Church. After he had been in office for seven months, working with characteristic energy and enthusiasm, he was forced owing to an attack of

obtained the diploma of M.R.C.P. in 1901 but had not yet proceeded to his M.D. degree. In 1903 he was elected Assistant Physician to the Royal Hospital for Diseases of the Chest and Casualty Physician to St. Bartholomew's in the following year. He also held the post of medical examiner to the Sun Life Assurance Office, in which work he took a lively interest. He was naturally gifted with good powers of observation and with a sound judgment. He was also possessed of a rarer quality, namely, considerable clinical acumen, though his experience was still but small. This was very noticeable in the Casualty Department; for it was extraordinary how often his provisional diagnosis proved to be correct in those difficult cases, in which diagnosis at first sight is almost impossible.

He was well versed in general literature and did not confine his attention to the narrow sphere of medicine, but

was a man of the world and a student of human nature. He was a keen sportsman and always thoroughly enjoyed a cricket week in the summer or a day's golfing. He played with great regularity for the Past Cricket XI *v.* the Present in the annual function at Winchmore Hill.

In addition to the very prominent part which he took as a student in the social, intellectual, and athletic life of the Hospital he acted as editor of this JOURNAL for fully eighteen months, and bestowed a great deal of time and attention upon it.

His manner was frank and cheerful, and he was always ready to lend a helping hand or to do what was asked of him. His way of speaking both in conversation and in public was peculiarly happy, and his merry wit made him a delightful companion at all times. Perhaps one of his rarest qualities was the enviable enthusiasm which he put into his daily round of work, whether in the surgery or the Museum; for he loved his profession, and the drudgery of the Casualty Department seemed a pleasure to him. Indeed, his whole life at the Hospital seemed to be continuous sunshine, which he and all who knew him enjoyed to the full.

In conclusion, of no one could it have been more truly said that there was every prospect of a distinguished and happy future before him. The irony of Fate is strange! Just one year ago Eustace Talbot wrote in these columns of his friend James MacBryde, who died suddenly in the same way of the same disease—

"All must regret the promise that has been so early blighted. For those who knew him at Cambridge, or at the Hospital, there remains a more intimate and personal sorrow: for them there is only this consolation, that no mean act, no ill-tempered word, sullies the fair memory of his most charming companionship." How true these words are of our friend Eustace Talbot.

REGINALD BIGG, M.B., B.S., D.P.H. DURH.,
M.R.C.S., L.R.C.P.

ALL Bartholomew's men who knew Reggie Bigg will deeply regret to hear of his death from ulcerative endocarditis, after a short illness of three weeks, on April 13th. He was educated at Repton, and then entered St. Bartholomew's as a full student. He qualified for the Conjoint Board Diploma in 1900. In 1902 he obtained the Durham University degrees of M.B., B.S., and later took the D.P.H. with honours. While working for the degrees he was house surgeon to the Tynemouth Infirmary at North Shields, and afterwards was appointed medical officer to the Newcastle Dispensary and Demonstrator of Bacteriology and Comparative Pathology at Durham University. During his career at St. Bartholomew's Reggie Bigg made many friends, and those of us who knew him best can realise

what a staunch friend they have lost. His parents' house, Fenny Compton Rectory, Warwickshire, was always open for his friends, and many of us had there on several occasions the pleasure of meeting the Rev. Canon and Mrs. Bigg, who latterly left Fenny Compton for Christ Church, Oxford. Reggie Bigg at Repton was a good football player, and all country sports came naturally to him. During the last part of his time at Hospital he had to give up the more vigorous exercises owing to a weak heart. He was a very hard worker, passing all three parts of the Durham University degree in the shortest possible time. At Newcastle he had begun to do extremely good work in the scientific field of Medicine. He had especially worked at Bacteriology, and his prowess was acknowledged by his appointment to the demonstratorship. Had he been spared, he no doubt would have made a name to the outside world such as he leaves now in the hearts of his friends. He died, when nearly thirty years of age, at the house of his great friend Dr. S. Murray, at Newcastle-on-Tyne.

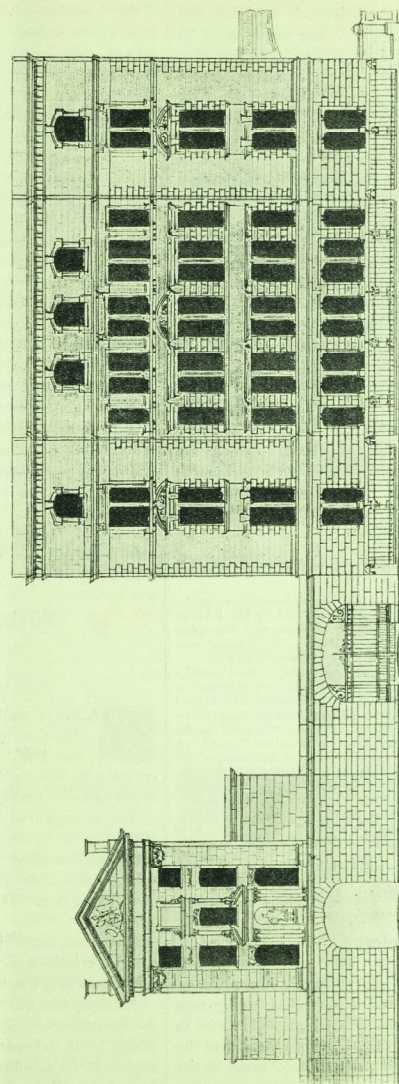
"For can I doubt, who knew thee keen
In intellect, with force and skill
To strive, to fashion, to fulfil
I doubt not what thou would'st have been."

The Pathological Block.

THE accompanying illustration is an elevation plan of the proposed Pathological Block as it will appear from Smithfield, when it is completed. The site will be readily recognised, for it lies between Henry VIII's gateway and the present Library and Medical School Buildings. There is no doubt that it promises to be a handsome structure, and it will be in perfect harmony with the present School buildings, and with the Out-patient and Casualty Block, which, at the present time, is in the builder's hands. As was stated in the last number of the JOURNAL, the Pathological block is to cost £20,000; and it will be seen from the minute of the House Committee, which we are privileged to publish below, that the Treasurer and Almoners, realising the urgent necessity of this block to the Hospital and the Medical School, have recommended to the Governors its *immediate erection*, if they can have some assurance of half the total cost of the building—that is £10,000. Perhaps no millionaire is forthcoming to do what is necessary, but surely some influential old Bartholomew's man can put the case in a sufficiently attractive form to touch the generosity of a wealthy philanthropist or a would-be benefactor of medical science. This should not be a difficult task at the present time, seeing that the policy of the Governors, as may be gathered even from this article, is so clear and decided, and efficiency is their watchword. However, to resume, if no millionaire is forth-

ST. BARTHOLOMEWS HOSPITAL.

ELEVATIONS IN SMITHFIELD.



PATHOLOGICAL BLOCK

KING HENRY'S GATE

coming, it remains for us—Bartholomew's men, past and present—to redouble our energies. The money must be raised. It is useless to cry over spilt milk, and say that all the money that has been subscribed or collected by old Bartholomew's men ought to have been placed to the credit of this Pathological Fund. Certainly it ought, but the fact remains that only £1100 of it has been so assigned.

We are not asking too much. We fully recognise that some Bartholomew's men—unfortunately the minority—have done their duty nobly, and have supported their Hospital splendidly in its time of need, and to these we wish to return our hearty thanks for all that they have done in the past year, and particularly to those who have acted as local Secretaries, and have been instrumental in collecting large sums of money. But there are many, past and present alike, who have done nothing yet. There is no excuse now for any further delay. One block is already begun, and there is enough money to pay for its building; another block—equally important for the Hospital and the Medical School—will be commenced as soon as £9000 more can be raised. Therefore, we appeal to everyone either to subscribe or collect for the JOURNAL Pathological Fund. Collecting cards may be obtained on application to the Editor. Now is the right time to begin. *The Pathological Block must be completed before the commencement of the Winter Session, October, 1906.*

Extract from the Minutes of House Committee Meeting, April 13th, 1905.

"The Committee had an interview with representatives of the Medical Council with reference to plans prepared by Mr. l'Anson for giving effect to the resolutions of this Committee, 15th December last, which plans, together with a report thereon, Mr. l'Anson now submitted. Reports from the Medical Council were also read.

"After considerable discussion it was intimated to the Council's representatives that the Treasurer and Almoners are disposed to recommend the Governors to erect a new permanent Pathological Block at an estimated cost of about £20,000, and to build, as an addition to that Block, suitable School offices, as requested by the Council's representatives, provided, and as soon as, the Council can assure the Governors of a sum of at least half the total cost of the entire building as special contributions to that object, but that the Treasurer and Almoners must defer coming to any final decision with regard to such a recommendation until they have been able to reconsider the matter, and until the plans have been further discussed by the Council in consultation with Mr. l'Anson and have been again submitted to them for approval."

The above minute was confirmed by the full Court of Governors on April 27th, 1905.

Notes.

THE Annual Distribution of Prizes will take place on Wednesday, July 12th. Lord Ludlow has kindly consented to give away the prizes. Invitations will be sent to all old Bartholomew's men in the London district, and the Warden will be pleased to send tickets to those in the provinces who apply for them.

* * *

WE have been asked by a correspondent to give the names of those old Bartholomew's men whose widows or sons are candidates for the Pensionerships or Foundation Scholarships in connection with Epsom College. There are four vacancies for Pensionerships this year, and the names of two Bartholomew's men are concerned:

- (1) The widow of Peter Swales, M.R.C.S., L.S.A., who practised for thirty-three years at Sheerness, and died in 1896 (second application).
- (2) George A. MacNutt, M.D.Brux., who practised for twenty-three years in Notting Hill and Dundee, and elsewhere, but is now incapacitated (first application).

* * *

THE great increase in the number of operations that are performed daily in the Hospital has led to the necessity for adding to the Staff of Anæsthetists. We offer hearty congratulations to Messrs. W. F. Cross and H. E. G. Boyle on their election and prospective promotion to the Visiting Staff of the Hospital as Assistant Administrators of Anæsthetics. In consequence there will shortly be two vacancies for Resident Anæsthetists. Mr. Boyle has also been appointed a Demonstrator of Anæsthetics by the Medical School.

* * *

As we go to press it is with deep regret that we hear of the sudden death of Mrs. Harrison Cripps on June 1st.

Clinical Odds and Ends.

By DR. SAMUEL WEST.

CONCERNING CARDIAC PAIN.

CASES of cardiac pain fall into two categories. In the one the pain is felt, more or less, actually in the heart itself. In the other the pain is radiated or reflected, and, though originating in the heart, is felt as well elsewhere.

The heart-pain is connected with the distension or over-distension of its cavities. This is obvious and capable of easy demonstration where the pain develops during or immediately after great exertion, e.g. after running or rowing in a race. This may be called heart-strain or heart-spain.

The heart, once sprained may, like any other strained muscle, remain weak and liable to pain with even slight effort for a long time after.

No sharp line can be drawn between these slight attacks of discomfort or pain and those more severe paroxysms, which, in an extreme degree, are called angina. Indeed, angina, in its agonising and paroxysmal character, closely resembles colic, and, as colic is produced by the unsuccessful attempt of an over-distended muscular organ to

empty itself against resistance. So angina may be well described as cardiac colic. As the pains of severe colic may not be confined to the distended organ, but be radiated and reflected to other parts, so it is not surprising that the same should occur in angina.

Thus we come to the second category of cardiac pain, the reflected or radiated group. Of this the most familiar instance is the pain felt in angina in the root of the neck and left shoulder, or down the left arm. Why the pain should usually be referred in this direction is not so clear, but it does not always take this course, for it may be felt in both arms alike, or sometimes in the right alone.

Usually it is when the left ventricle is the seat of distension that cardiac pain is felt. In mitral disease the pain is rarely so severe and much more limited in range, not extending far from the cardiac area, and radiating on a more horizontal plane into the axilla rather than upwards. I have tried to connect the varying distribution of the pain with the distension of the different cavities of the heart, but I have failed to discover any constant or general law.

One kind of reflected pain is sometimes met with in connection with left ventricle distension or failure which deserves mention, viz. great *cutaneous hyperæsthesia*. This may affect the whole præcordial region and some distance around it, and it may be so acute that the slightest touch produces exquisite distress, and percussion is impossible. A somewhat similar condition may be met with occasionally where there is acute pericarditis. It is then attributed to direct irritation of the branches of the intercostal nerves, but I have never seen it so pronounced as in the left ventricle cases I have mentioned. As in these there is no question of pericarditis, and, therefore, of direct irritation of the intercostal nerves, it must then be regarded as indirect and reflected. This condition is easily dealt with, for brushing the parts over freely with tinct. of aconite quickly allays it, and once removed it does not ordinarily recur.

IRREGULAR MANIFESTATIONS OF BACK PRESSURE FROM THE HEART.

When the heart fails, and backward or venous congestion occurs, the results usually show themselves earliest in the most distal parts. When œdema develops it occurs first round the ankles, then reaches the legs, then the abdomen, and finally the thorax. The friends often describe it graphically by saying the water came first in the legs, and gradually rose higher and higher till it reached the heart, and then the patient died. There are many exceptions to the order in which the signs of backward pressure develop. This may be illustrated by an india-rubber tube subjected to a distending force. It gives way most at the weakest spots. So in backward pressure special circumstances affecting some part of the body may make the signs most evident there. Thus the liver may be greatly enlarged and

very painful at the time when no œdema has appeared in the feet or fluid in the abdomen, and, with the occurrence of these, the enlargement of the liver may diminish. So, again, with the kidney. Backward congestion of the kidney often produces albuminuria, but not often in large amount. There may, however, be a great deal of albumen in the urine. I have seen as much as one half, two thirds, or even more, and so the question of chronic nephritis might arise. Time, however, brings the correct explanation, for, with the improved circulation, the albuminuria rapidly decreases or vanishes within a few days in a way which would have been impossible had there really been nephritis. So, again, fluid may appear in the pleura before much œdema has developed in the legs.

When the heart is recovering itself and the backward congestion diminishing, the signs may likewise disappear in an irregular fashion. Thus ascites may persist after the œdema of the legs has gone, until it is tapped, and then not recur. More remarkable instances occur in the pleura. I have met with cases in which the heart recovered itself, and all the signs of venous congestion disappeared except for a pleuritic effusion. This refused to go spontaneously, and had to be tapped, when it did not recur. Albuminuria is usually one of the first symptoms to disappear on recovery, but if it should persist for some time the kidneys are probably unsound.

The Transmission of Parasitic Diseases by Insects.

A paper read before the Abernethian Society on February 2nd, 1905.

By J. W. W. STEPHENS, M.D.Cantab.,

Walter Myers Lecturer on Tropical Medicine, University of Liverpool.

INSECTS form one of the *classes* into which the Arthropods are divided. They are characterised by the possession of a pair of antennæ and three pairs of legs. Among the insects we find the order Diptera, or flies, and it is with the Diptera and the diseases they convey that I purpose dealing.

Now parasitology, or the study of parasites and parasitic diseases, concerns itself with those diseases caused by animal parasites in distinction to bacteriology which concerns itself with vegetable parasites and the diseases caused by them. The study of parasitology has, within a few years, advanced so rapidly and extended its domain so extensively that already, for these reasons, it is a subject difficult for one person to grapple with, so that we find specialisation in its medical application, and we have the helminthologist who studies worms, the protozoologist who studies protozoa, dipterologist, flies, etc., who study the subject,

not solely from the scientific standpoint, but from the practical medical standpoint.

So rapid have been the discoveries in medical parasitology that I shall instance here only a few of the diseases transmitted by insects, leaving out of account the diseases, not a few, transmitted by other arthropods, such as ticks, e.g. the diseases caused by *Piroplasma*, such as *P. bovis* and *P. hominis*, and the tick fever of Uganda, due to spirilla and conveyed by ticks.

Now four of the most important diseases transmitted by insects are malaria, yellow fever, trypanosomiasis (including sleeping sickness), and filariasis. All diseases that we may fairly describe as tropical, and, indeed, diseases caused by animal parasites are, perhaps, characteristic of the maladies of tropical in contra-distinction to those of temperate climes.

Malaria is caused by the presence of a protozoan parasite in the blood. This parasite has two cycles of development. In the first it increases in size till it occupies practically the whole of the red cell, it then subdivides into a number of small bodies which escape from the red cell. These bodies, or so-called spores, are now for a time free in the plasma, and it is at this time, or thereabouts, that we get the rise in temperature of the febrile attack in malaria. The young spores then again invade the red cells, and so the cycle begins again—this is the cycle of multiplication or asexual cycle or cycle of *auto-infection*. But now under certain conditions, and possibly it is when the system has acquired a resistance to the parasite, and so the parasite finds its existence threatened, that a different mode of development is adopted. The parasites, instead of growing into a form, which is about to subdivide, grow up into two cells, differing slightly but characteristically in appearance, which are male and female cells, or, as they are called by zoologists, *gametes*, or, to be still more precise, *makrogametocyte* for the female cell, and *mikrogametocyte* for the male cell. So that we have, at a certain stage in the blood of a malarial patient, two different kinds of cells, viz. male and female gametes. These exist in all three species of malaria, simple tertian, malignant tertian, and quartan. In simple tertian and quartan they are round in form, whereas in malignant tertian they are crescentic, and so crescents are nothing else than gametes, which happen to have a crescentic shape. Now that is what we find in the blood at a certain stage of the disease, and so things remain until either the parasites are killed by quinine or a new factor is introduced. It is this new factor, a blood-sucking insect in this case—a mosquito—that gives the opportunity for further changes. As long as these gametes remain in the circulatory blood no changes occur, but when the mosquito bites, and the blood has entered the stomach, important changes occur. Both cells escape from the red blood-cell, and both, if not round before, now become round. The male cell throws out several processes or flagella, which are

practically speaking spermatozoa. They break loose, one of them pierces the female, and the result is a fertilised cell or *zygote*. I will not describe in detail the further changes in this; it is sufficient to say that this *zygote*, now in the stomach wall, grows, and, after ten days or a fortnight, splits up into a number of fine spindle-shaped bodies, about $14\ \mu$ long, which eventually get into the salivary gland of the mosquito. When the mosquito bites a fresh person these escape with the salivary secretion and enter the blood-stream and become changed into young parasites, so that we have reached the point from which we started. This cycle of the parasite in the mosquito is the sexual cycle, or reproductive cycle, or cycle of fresh infection; for it is only by this means that malaria can be conveyed to a healthy person. There is not the slightest ground for believing that malaria can be contracted in any other way except by the bite of an *infected* mosquito.

We see thus the all important rôle played by the mosquito in the transmission of malaria, the contagion is conveyed solely by the mosquito, and only after a period of seven to fourteen days has elapsed for development of the parasite in its tissues. Let us now consider the part played by the mosquito a little more closely. The family *Culicidae*—mosquito or gnats—is divided into several sub-families—*Anophelina*, *Culicina*, etc. It is, however, only the mosquitoes in the sub-family *Anophelina* that are capable of transmitting malaria. Now the sub-family contains over eighty species, but we only know with certainty in the case of about ten that they actually do convey malaria. Of the rest we know nothing, except that in the case of one—widely spread in India and the east, and by some irony of fate this happens to be *A. rossii*—we know with fair certainty that it does *not* transmit malaria, for, so far, nobody has ever found this *Anopheline* infected in nature. This is a peculiar fact. We know, of course, that mosquitoes belonging to the sub-family *Culicina* will not convey malaria, and just as in the case of a larval stage of a worm, we have only one host in which it will develop, so also malaria parasites in the sexual stage will only develop in mosquitoes of the sub-family *Anophelina*. How restricted the number of species in this sub-family is remains still to be seen. I would insist further upon the point that mosquitoes only *transmit* malaria, they do not, so to speak, give malaria *de novo*, as I am afraid is the popular notion. Now it is worth considering for a moment what is the source of the malaria that the *Anophelines* transmit in the tropics to the European resident there. It was thought at first that the *Anophelines* transmitted the parasites from cases of fever among other Europeans, so that if your neighbour had fever you felt anxious about yourself when he was not shut up in a mosquito-proof room, but there was at hand a source of fever entirely unsuspected, and even at the present day not sufficiently recognised even by medical men in the tropics, and that is the native children. These, as you can imagine in the prolific tropical

regions, swarm everywhere—they are the common “piccin”—and although apparently in the rudest health, and in the most exuberant of spirits, if you examine their blood you will find that not uncommonly 100 per cent. contain malaria parasites. It is these children, especially those under ten years of age, that are the great source of malaria parasites, and are a most dangerous source of infection often fatal to the white man. There is one further aspect of the question: Where, in the tropics, do you find *Anopheles*? If you wish to collect them in hundreds or thousands it is the native hut that you would visit. Here they get shelter, darkness, and plenty of food (blood), and, most important fact of all, it is these *Anophelines* that become infected by the parasites in the children's blood, and it is these *Anophelines* that now can and do transmit malaria to the European whose bungalow is so frequently but unhappily, in Africa, situated in their midst. It is not then mosquitoes, as a whole, which are the cause of malaria, it is not, further, *Anophelines*, but solely and simply *infected* *Anophelines*, and these *Anophelines* are infected in the huts of the natives. Now, happily, this is being recognised, and the principle of segregation, or separate sites for Europeans, is being carried out steadily but surely. Already, at Freetown—“the white man's grave,”—they have a separate station for Europeans in the hills, and the ghastly sacrifices of white men, which have been made to malaria, are being diminished. The eradication of malaria from the native will not be accomplished in our day, and although this is our aim, it is none the less our duty to save Europeans from the deadly conditions under which they have heretofore lived.

I have digressed somewhat from my subject and must now return to insects. The next important disease conveyed by flies is yellow fever. Now, at the present time, the cause of yellow fever is unknown, yet it is practically certain that the disease is transmitted by certain mosquitoes. In this case the mosquito belongs to the sub-family *Culicina*, a different sub-family from that which conveys malaria, and the actual species concerned is known as *Stegomyia fasciata*. The data with regard to its transmission are the following:—A patient is infective for the mosquito not later than the sixth day of the fever. The incubation period in the mosquito is about thirteen days or longer; the incubation period in the healthy person submitted to the bites is about four days.

It is generally thought that yellow fever is contracted at night, for those who leave the towns in the afternoon when yellow fever is epidemic are said not to contract yellow fever. On the other hand *S. fasciata* is said to be a day-biting species, not biting at all at night. One of these statements is apparently wrong. That *Stegomyia* is the cause has been confirmed experimentally by many, and moreover Havana, it is stated, has been freed of yellow fever by destroying the *Stegomyia* there.

As a third example of diseases transmitted by flies, we

may consider the diseases caused by trypanosomes. There are numerous diseases among animals caused by trypanosomes, such as the Ngana of Zululand and other parts of Africa, the Surra of India, the Dourine of North Africa, the *mal de cadenas* of South America, and very many others not so completely known. To this list we have unfortunately to add a trypanosome disease (or diseases) in man, which we may call trypanosomiasis, including under that designation also sleeping sickness. It has not, however, been proved in all these cases that flies are the means of contagion, but in the case of Ngana, the first of these to be elucidated, we know that the disease is transmitted by tsetse-flies, flies related to, and not so very unlike, the larger of our common house flies.

Surra of India is possibly conveyed by another family of flies, viz. horse flies or *Tabanidae*, for there are no tsetse-flies in India.

Dourine, which affects horses, is a peculiar trypanosome infection in that it would appear that the flies are not concerned at all, but that it is conveyed solely by *coitus*. Regarding *mal de cadenas* there is also some uncertainty. It is thought by some to be conveyed by *Stomoxys*, the stable fly, belonging to the same family as the tsetse-flies.

Human trypanosomiasis, including sleeping sickness, is also transmitted by tsetse-flies. We may now consider how this transmission is brought about. To return to Ngana or tsetse-fly disease as it is called. All travellers in Africa are well aware of the tsetse-fly and its ravages, and how impossible it is to take horses through what is called the tsetse belt. What is the reason of this? The older observers from the time of Livingstone attributed the result to a poison introduced by the fly. Bruce showed that this so-called poison was in fact a protozoan, viz. a trypanosome.

How then does the fly become infected with trypanosomes? It was found that the big game harbour trypanosomes in their circulation without apparently suffering much. The flies follow and bite the big game, and so become infected themselves. The trypanosomes are then transmitted to non-immune animals, such as European horses, and the result is a fatal disease. The particular fly concerned in the transmission is *Glossina morsitans*. In this case, however, the conditions differ from those in malaria and yellow fever, for here no incubation period is necessary, and, in fact, after about forty-eight hours the fly is no longer capable of transmitting the disease. The transmission here is a direct one, and the evidence is against any developmental cycle proceeding in the fly. So that the proboscis of the fly acts somewhat the part of an inoculating needle.

In the case of human trypanosomiasis, sleeping sickness, the mode of transmission is similar. The particular species of fly here concerned is *G. palpalis*. Trypanosomiasis is a disease widely spread among the natives of the Congo, and Uganda more especially. The present state of our know-

ledge is the following: that all cases which, in the early stages may show no signs at all, except the presence of trypanosomes in the blood, yet eventually develop signs of sleeping sickness, and die. The disease is unknown in the absence of the fly. The habits of life of the native, and the abundance of tsetse-flies are conditions which determine the spread of the disease. The fact, too, that in the early stage the disease is difficult of detection, except microscopically—unless possibly enlargement of the cervical lymphatic glands may have a considerable diagnostic value—makes prophylactic measures based on isolation difficult.

Finally, I may briefly consider *Filaria*.

Much work remains to be done on this subject. What we know so far refers mainly to the filaria of man, the embryos of which occur in the blood, and are known as *F. bancrofti*. Here, again, it is a mosquito which is the transmitter of the disease, or at least we can state this much. The embryos, on reaching the mosquito's stomach, penetrate the wall and develop in the mosquito's tissue, increasing in size, and eventually reaching the proboscis of the mosquito where they presumably escape when the mosquito again bites a fresh subject. Of course the actual experiment has not been tried, for filarial disease may have terrible results, such as elephantiasis. In the case of the dog, however, which harbours a filaria, *F. immitis*, there is a certain amount of evidence to show that this is the actual method. Four mosquitoes fed upon a dog containing embryos in the blood, were, after the lapse of sufficient time for these to develop in their tissues, allowed to bite a healthy dog. In this dog one or two immature adult worms were found.

In the case of filariasis, various mosquitoes appear to act as carriers, e.g. several species of *Culex*, and several species of *Anopheles*.

The Clubs.

STUDENTS' UNION.

A meeting of the Council was held in Mr. Favell's rooms, on Monday, May 22nd, at 4.30 p.m. Dr. Herringham presided, and there were also present Dr. Morley Fletcher, Mr. Harmer, and Messrs. Burra, Hoskyn, Horner, Marshall, Griffin, Newton Davis, Trevor Davies, Phillips, Loughborough, and Miles.

Mr. Hoskyn submitted the report of a sub-committee which had been appointed to consider the advisability of lectures and discussions on non-medical subjects of general interest being arranged by the Students' Union. In accordance with the opinions expressed by this sub-committee it was unanimously resolved that meetings—not more than

six in the year—should be held, at which papers should be read on subjects of general interest, which should be followed by properly managed discussions. These meetings should be held in the Abernethian Room or one of the school theatres if the permission of the Medical School could be obtained. It was further recommended that two of the meetings be held in the Christmas session, two in the Easter, and one in the summer session; and that arrangements be made with the Abernethian Society authorities so that these papers do not clash with those of that Society. A sub-committee of three—Messrs. Hoskyn, Burra, and Griffin, with power to add two to their number—was appointed to consider the matter further, and to make arrangements for the meetings.

Messrs. N. C. Davis and S. Trevor Davies were appointed to represent the students of the Hospital at the conversazione to entertain the delegates at the congress of the London University students.

CRICKET CLUB.

ST. BART'S v. WANDERERS.

Played at Winchmore Hill on May 5th, resulting in a win for our opponents by 39 runs. The Hospital side was short of practice, but the fielding was a great improvement on former years. J. W. Bean bowled splendidly, taking 6 wickets for 54 runs, and had all the batsmen in difficulties. The batting was poor, lack of practice being the chief cause.

WANDERERS.		ST. BART'S.	
S. Coleman, c Way, b Bean.....	67	W. B. Griffin, c Beldam, b Barker.....	26
E. A. Beldam, b Bean.....	27	J. W. Bean, l-b-w Rose.....	9
T. A. Darke, b Bean.....	3	G. Viner, run out.....	3
A. F. Damian, c Adams, b Bean.....	0	G. H. Adam, b Barker.....	3
D. L. A. Jephson, b Page.....	4	E. de Verteuil, c and b Rose.....	0
K. E. M. Barker, c Griffin, b Bean.....	23	J. M. Smith, b Barker.....	1
A. M. Latham, b Bean.....	0	G. Bowen, b Barker.....	0
J. Hadath, b Page.....	2	C. Noon, c Barker, b Jephson.....	12
R. S. LeMay, not out.....	0	G. F. Page, c Damian, b Barker.....	6
B. L. Rose, b Page.....	0	J. Postlethwaite, not out.....	10
A. N. Other, run out.....	0	L. F. K. Way, b Jephson.....	13
Extras.....	10	Extras.....	9
Total.....	138	Total.....	99

BOWLING ANALYSIS.

Overs.	Maidens.	Runs.	Wickets.	
G. F. Page.....	17	2	45	3
W. B. Griffin.....	6	2	14	0
J. W. Bean.....	15	0	54	6
J. Postlethwaite.....	4	0	11	0

ST. BART'S v. VIRGINIA WATER.

Played at Virginia Water on May 13th, resulting in a draw. Our opponents winning the toss on a fast wicket scored 267 for 6 wickets, Havers batting well for 107. For the Hospital J. W. Bean played splendidly for 58 not out, and retrieved a bad start by the Hospital. He made most of his runs by means of a fine off drive. J. M. Smith hit hard for a very useful 40, and G. H. Adam also did well. The fielding was again good, but the bowling was ineffective on the good wicket.

SCORES.

VIRGINIA WATER.		ST. BART'S.	
Bishop, ht wkt b Bean.....	35	J. W. Bean, not out.....	58
Keenan, b Page.....	5	W. B. Griffin, b Keenan.....	1
Street, c Page, b Parkinson.....	63	G. Viner, b Street.....	0
L. Havers, b Gaskell.....	107	P. R. Parkinson, b Street.....	10
W. J. Hill, b Page.....	3	J. F. Gaskell, c Blaber, b Keenan.....	3
F. D. Morgan, not out.....	26	W. W. Hull, b Keenan.....	22
Blaber, c De Verteuil, b Griffin.....	8	J. M. Smith, c Stinton, b Havers.....	40
Avies, not out.....	0	G. H. Adam, st Stinton, b Havers.....	26
Stinton.....	0	E. de Verteuil, not out.....	9
T. E. Harper.....	0	C. Noon, did not bat.....	0
Joslin.....	0	G. F. Page, did not bat.....	0
Extras.....	20	Extras.....	23
Total (6 wkts.).....	267	Total (7 wkts.).....	192

BOWLING ANALYSIS.

Overs.	Maidens.	Runs.	Wickets.	
G. F. Page.....	22	3	72	2
J. W. Bean.....	21	1	58	1
W. B. Griffin.....	10	3	28	1
J. F. Gaskell.....	8	0	47	1
P. R. Parkinson.....	7	1	20	1
J. M. Smith.....	6	6	22	0

ST. BART'S v. ADDESTONE.

Played at Addestone on May 20th, ending in an easy victory for the Hospital by 200 runs. This result was due to some good bowling and excellent batting. J. W. Bean again bowled in his best form, taking 6 wickets for 32 runs, varying his pitch and pace with great skill. In the batting line J. F. Gaskell scored a fine 86, hitting well on the leg side; whilst G. F. Page hit brilliantly for 66, which included fourteen fours. E. de Verteuil (43) and P. R. Parkinson (34) both played well for their runs.

SCORES.

ADDESTONE.		ST. BART'S.	
J. C. Adams, b Bean.....	13	H. N. Burroughes, b Bell.....	22
J. G. Fulk, b Bean.....	4	J. W. Bean, c Marnham, b Jeffrey.....	20
R. J. Marnham, b Page.....	9	J. F. Gaskell, c Young, b Paine.....	86
R. S. Paine, b Bean.....	8	W. B. Griffin, b Horrocks.....	28
A. H. Bell, c Way, b Bean.....	28	P. R. Parkinson, c Fulk, b Jeffrey.....	34
L. Jeffrey, b Page.....	8	J. Postlethwaite, b Adams.....	23
G. Junks, b Page.....	1	E. de Verteuil, b Adams.....	43
N. Horrocks, b Bean.....	0	C. Noon, c Horrocks, b Paine.....	13
G. W. Pratt, c Bean, b Page.....	0	G. F. Page, b Horrocks.....	66
D. W. Horrocks, b Bean.....	1	L. F. K. Way, run out.....	10
W. R. Young, not out.....	2	N. G. Horner, not out.....	9
Extras.....	8	Extras.....	37
Total.....	82	Total.....	391

BOWLING ANALYSIS.

Overs.	Maidens.	Runs.	Wickets.	
G. F. Page.....	11	3	42	4
J. W. Bean.....	11	2	32	6

2ND XI.

The 2nd XI have so far played 5 matches, of which 2 have been won, 2 drawn, and 1 lost. The team is generally stronger than late years, and should have a successful season. There is some variety in the bowling, and if the batting improves as it should do there is no reason why the Junior Hospital Cup should not be won this year. The fixture list is a long one, nearly every Wednesday and Saturday until the middle of July being provided for. The captain is A. J. Symes, and the Hon. Secretary H. Rimington.

ATHLETIC CLUB.

The annual sports will be held at Winchmore Hill on Wednesday, June 14th, and will commence at 2.30 p.m. punctually.

The officials are—
President.—Dr. H. Morley Fletcher.
Captain.—A. L. Candler.
Hon. Sec.—L. F. Way.

Judges.—Mr. W. Bruce Clarke, Dr. Herringham, Mr. H. J. Waring, Dr. Drysdale, Mr. S. R. Scott.

Referee.—Dr. Morley Fletcher.

Starters.—Mr. Bowley and Mr. Gordon Watson.

Timekeeper.—Mr. P. J. Furnival.

Clerks of the course.—Messrs. Ash, Hogarth, Stone, and Trevor Davies.

Handicappers.—Messrs. Ash, Candler, and Stone.
Mrs. Morley Fletcher has kindly consented to give away the prizes.

The events will be the same as in previous years with the exception that there will be no sack race. The relay races and tug-of-war, as instituted last year, will be continued; and there will be a 120 yards handicap chiefly for those who have not had the opportunity of training. It is expected, however, that men will take the trouble to get fit and practice for their special events so that the Committee may be able to select a thoroughly strong and representative team for the Inter-hospital competition. Entries, which should be made on the notice boards in the smoking room or the Secretary, close on June 7th.

SWIMMING CLUB.

FIXTURES.

Mon., June 5.....	Oxford.....	Holborn.
Fri. " 9.....	Ealing.....	Faling.
Mon. " 10.....	H.A.C.....	Holborn.
" " 26.....	Richmond.....	Richmond.
Tues. July 4.....	Hornsey.....	Hornsey.
Wed. " 12.....	Artists V.R.....	Marylebone.
Fri. " 14.....	Ealing.....	Ealing.
Mon. " 17.....	Hornsey.....	Holborn.

ST. BART'S v. OXFORD.

Played at Oxford on May 17th. The match ended in a win for the 'Varsity by 3 goals to 2. After commencing the Hospital steadily pressed for the first three minutes, and Beale scored the first goal for us (1-0), but Oxford soon played better together and equalised (1-1). After half-time play was ragged on both sides, but Morris scored for Oxford with a good cross shot (1-2); our men got more together, and Watkins scored after a long swim up the bath (2-2). Finally just before time Fry put Oxford one goal ahead.

For the first match of the season our team gives signs of promise. There is too little passing done at present, but a few matches more should smarten up the play a great deal. Team: H. L. Beale, F. C. Trapnell, H. B. Folitt (forwards); J. G. Watkins (half-back); C. F. White, A. Ryland (backs); F. Trewby (goal).

SHOOTING CLUB.

FIRST ROUND ARBITAGE CUP.

Shot Wednesday, May 24th. Bart's won by 25 points.

SCORES.		Total.		
200.	300.	600.	Total.	
A. H. Owen.....	35	27	26	88
P. Dingle.....	28	28	32	88
F. Bistcheck.....	27	34	27	88
F. Nash Wortham.....	30	33	24	87
R. Fuller.....	25	28	22	75
A. J. Kendrew.....	18	25	30	73
Grand total.....	200	200	400	
Mary's were second.....	Total.....	200	474	

A very good shoot, especially as it was the first. It speaks well for the future, and we ought to make sure of the Cup this year.

The Special Departments.

IN the early days of the last century the study of obstetrics and diseases of women occupied only a minor place in the curriculum of the medical student. In our own Hospital the subject was not entirely neglected, and from time to time lecturers on midwifery were appointed by the Medical Staff, among these may be mentioned Dr. John Clarke and Dr. Gooch, who held the appointment in the early years of the nineteenth century. This arrangement, however, probably proved unsatisfactory, for on August 17th, 1825, the House Committee passed the following resolution:

"To secure to the pupils the benefit of instruction in midwifery in the event of there not being any member of the Medical Board educated in that science and competent to teach it. In such contingency the Committee recommend that an election for the Midwifery Lectureship do take place at the usual court for the election of officers in every year until the necessity for strengthening the Medical School by the talents of strangers shall no longer be necessary by the hospital possessing within itself the competent knowledge and excellence in that branch of the profession as it so eminently is allowed to do in every other."

How long the help of strangers was required and who these strangers were we have not been able to discover, but from February 10th, 1835, there has always been a definite head of the department:

February 10th, 1835.—Dr. Hugh Ley.

April 26th, 1837.—Dr. Rigby (first President of the Obstetrical Society, and author of the well-known work on uterine hæmorrhage).

July 11th, 1848.—Dr. Charles West (a pioneer in the study of diseases of children and the founder of the Great Ormond Street Hospital).

October 8th, 1861.—Dr. Greenhalgh.

September 20th, 1877.—Dr. J. Matthews Duncan, who came to us from Edinburgh and quickly raised the Obstetric School of St. Bartholomew's to a height unknown before.

1890.—Dr. Champneys.

The history of the department and the vicissitudes through which it has passed if exhumed from the records of the Hospital and School would form an interesting chapter in the history of English obstetrics. This, however, we must leave for some future date. At present we content ourselves with a few words about the department as it exists at the present time.

It is unnecessary to enter into the details of the general arrangements. Everyone knows that Dr. Champneys attends in the wards on Mondays, Wednesdays, and Fridays at 2; and Dr. Griffith in the out-patient rooms on Wednesdays and Saturdays at 9.30; and that on all these occasions students of the Hospital and old Bart.'s men are heartily welcome; everybody knows that there is a large extern midwifery department, a clerkship in which is one of the most valuable appointments that a student can hold. Here, for the first time, the student becomes a responsible practitioner of medicine; he must make his own diagnosis and act upon it; for the first time his patient's life is

entirely in his own hands; for the first time he is face to face with grave crises which call for promptness and skill.

A month at Mackenzie's will teach a man more of the practice of his profession and of the problems which the doctor is called upon to solve than can be learnt in any other way. It is a matter of regret that he must go to this work raw and untrained, that he has not been taught how to learn midwifery in the only way in which it is possible to learn it, namely, at the bedside; that he goes to this work knowing nothing of the care and feeding of the new-born child. We are looking forward eagerly and anxiously to the days when we shall possess a lying-in ward in which the student shall receive a short preliminary training before he is called upon to conduct cases himself; but even now the man who does not spend a month at Mackenzie's leaves the Hospital infinitely poorer for the lack of this experience. A lying-in ward is rapidly becoming a necessity for every general hospital with a medical school attached. In the first block of our new buildings accommodation has been provided for the students who are working on the district so that in the future the work can be undertaken amid much more comfortable surroundings than have been possible in the past.

In the Gynecological Out-Patient Department considerable changes have been brought about by the appointment of clinical assistants; the number of new cases referred to the department every week has become so large that it is absolutely impossible for Dr. Griffith to see the whole of them himself. This difficulty has been met by the appointment of a chief assistant who, acting under the direction of the assistant physician-accoucheur, now sees a certain number of the new cases, and gives clinical demonstrations. In addition clinical assistants have been from time to time appointed for a period of three months, these offices are greatly appreciated by old Bart.'s men who have grown a little rusty in their gynecology, and by members of the services who have obtained leave for study. At present the department is cramped through lack of room, but when it moves into its new quarters the work in certain directions will be greatly extended.

In the wards the routine has undergone no very great change during the last few years except that, as in other departments of the Hospital, more and more use has been made of the aids to diagnosis which modern pathological research has placed within reach. A new feature has been the appointment of pathological clerks whose duties include that of cutting sections of all tissues removed by operation. This work has proved most valuable, and a series of energetic clerks has rendered it possible to confirm the results of many important researches such as those upon the pathology of the corpus luteum, the embedding of the ovum in the tube, and the nature of ovarian dermoids. All tissues removed, no matter what their nature, are now examined microscopically and a description of the section

From a Patient's Point of View.

I WALKED fra Canning Toun to Bartholomew's 'Ospital an' went in to see one o't doctors. 'E gie'd me a note wie another doctor chap's name on, an' a 'ad to stan' agen a door an' wait while 'e coom. 'E axed me what ail'd me, tha knaws. Tow'd 'im was bad at breathing; thought a 'ad a touch on' 'eart. 'E tow'd me to pull off me shirts; then first one young chap an' then another was at me, pummelling me abaat—nobbut boys; they did'n't seem to know much abaat it. 'E give me a note to get some medicine wi' and two boxes o' little sweets or summat—nobbut little things, an' I had to suck 'em when pain come on, an' it took it clean away. 'E says be sure an' only take onc, if a took three a would be a dead 'un i' no time. So a did what he telt me, an' went agen next week to see another big man ca'd Dr. T—. A 'ad to wait me turn, an' then went in another room wi' a lot of young student chaps; a could hav' counted five an' twenty o' them. They all 'ad a go, fust one poking 'is fingers an' then another. A was in their fra' a quarter past one to fower o'clock—shutting-up time, a reckon. 'E gie'd me as much medicine as would last me a fortnight—a pint in each bottle. A thought a should need a donkey an' cart to tak' t' ome. A 'ad to pay a penny for a jar wie cod-liver oil an' jam, oil were mixed wie jam. Same day, t' ould gentleman axed me, would a like to earn haaf-a-crown. A says "Yes, an' right glad o't," for a 'adn't earned ought for weeks. "A' right," 'e says, "come down on Saturday to St. Patrick's Needle, Savoy Street, quarter to two, an' you'll earn haaf-a-crown an' your tea." A went, an' a never seed sich a lot o' young chaps. We've aal got to larn, tha knaws, an' a 'spects they 'ave got ta do same. 'Theer was an ould gentleman wi' 'em. 'E knew what 'e was abaat—young 'uns didn't. 'E says, "Sound that chap an' telt me what you think o' 'im." 'T' ould man wouldn't telt 'em onything. Some o' 'em scratches their 'eads an' didn't know any more abaat it than that their box. 'T' ould chap kept writing it down on a bit o' paper. A stayed their, a think, an' 'our o' two an' got me haaf-crown an' tea, then walked a' t' way back to Canning Toun. A was a bit short o' breath in t' even'd, tha knaws, an' 'ad ta stop ivery six yards or so.

We take the following from the columns of the *Lancet*:

MEDICAL TITLES.

SIRS,—Is it fair that one man passes an examination in medicine, surgery, and midwifery, and gets L.S.A. only after his name, and another who passes an examination in the same subjects is enabled to put after his name L.R.C.S., L.R.C.P.E., L.F.P.S.G., L.M.?
Yours faithfully, M.R.C.S., L.S.A.

Anatomy Tutor (showing femur).—Now, then, what muscle is inserted here in the digital fossa?
Bright Student (without any hesitation).—Digitalis, sir!

written and added to the clinical notes; of the energy and industry of the clerks who have undertaken these duties, it is impossible to speak too highly; in the case of specimens which are of particular interest, or which present points of difficulty it is no uncommon thing for sections to be cut from five or six different parts.

We cannot close this brief review without some reference to the Museum. We are deeply indebted to Dr. Andrews for two things, for adding a series of most instructive specimens and for giving us a catalogue which is clear and lucid in its arrangements. Some of the specimens recently added are of the very highest value from an educational point of view, and their preparation by the formalin method has preserved the colour in a way which was previously impossible. We would particularly direct attention to the series illustrating degenerative changes in uterine fibro-myomata, to the specimens of solid malignant tumour of the ovary, including one of the very rare solid embryomata and to the specimens of concealed accidental hæmorrhage and placenta previa.

MIDWIFERY UNDER DIFFICULTIES.

By Dr. J. L. MAXWELL, Tainanfo, Formosa.



I WAS down in the country about twenty miles away from the city to attend the induction of a native pastor to one of our country churches. I took nothing medical with me, and expected for one day to escape the patients. But I had no sooner arrived at the place than I was asked to see a woman who had been three days in the second stage of labour.

I found a young woman with a very slightly generally contracted pelvis, the head well down, but not moving—in fact, stuck. The woman had a pulse of 140, and a temperature, having no thermometer, I did not know how high. She was certainly pretty bad, and could not have stood it much longer. She had passed no water for more than two days, and the bladder stood up like a football on her abdomen. The child was evidently dead.

Now here was a fix. What was I to do? To send to the city for instruments meant almost certainly that the woman would be dead before they arrived. So I searched round the village and happily found a native Chinese doctor who had two or three very old instruments bought from some foreign shop. My armament finally consisted of a large very rusty trochar, a pair of blunt scissors, a pair of dressing forceps, a second pair of forceps, and a teaspoon! Well, there was nothing else for it so I started with the big rusty trochar, and with a preliminary shudder thrust it boldly in over the pubes, withdrawing a good many bowls of urine. Then recollecting Barnes's description of how before forceps were invented pressure was used from above, I got well over the woman and tried squeezing the child out from above—to no purpose, it would not budge an inch; so as the mother was gradually getting worse I stuck the trochar into the head, enlarged the opening with the scissors, and then set to work to pull off pieces of bone with the dressing forceps, a tedious business indeed; finally with the aid of the teaspoon I got most of the brains away, and then got both my pairs of forceps on the scalp of the child and started it moving; after that there was no difficulty, and as the placenta had separated long before there was practically no bleeding.

Naturally I thought there was little chance for the woman, but she did admirably despite some sloughing from pressure by the head remaining so long in the pelvis.

I may say that the room where the patient lay was just big enough for myself and another person to get in as well as the patient herself.

Happily this is a very exceptional sort of case; we do not often have to lack instruments in that way.

View Day, 1905.

VIEW 3 till 6 a.m. on Wednesday, May 10th, Covent Garden Market was alive with Bart's nurses purchasing flowers. Five hours later the clinical clerks found themselves even more superfluous than usual in the medical wards, while the dressers were only tolerated in the surgical wards because there was need of them. Everywhere within the Hospital there was an atmosphere of impending disaster. By these signs it was known that View Day had arrived.

Soon after two o'clock there was a flash of familiar scarlet wheels in the Square, and the watchers round the Fountain said to one another that the Treasurer had surely turned up. Presently the beadle—more imposing than ever—marshalled the Almoners and Governors into line, Lord Ludlow placed himself at their head, and the afternoon's comedy had begun.

It was a beautiful day in honour of the visitors, and whilst the solemn procession slowly twined itself around the bottles and pill machines of the dispensary the humorist was at work in the Fountain, and soon the water in the basin was blue with organic pigments, while the banished goldfish thanked their gods that they were still in the Library filter.

Within the wards the usual ceremonies were observed with the minutest attention to detail. First the awe-inspiring visit of the procession, and the humorous quintette performed by the Treasurer, the Physician, the Matron, the Sister, and the Steward; then the hurried feeding of the patients; and, finally, the storming of the ward by an interminable throng of thirsty visitors.

The decorations were particularly pretty this year. Perhaps the favourite colours were yellow—in harmony with the sunshine outside—and pale pink; but it were idle to try to recall in detail the many beauties of the flowers we saw. The show babies also were exceptionally beautiful, and received if anything more petting than on previous View Days. We understand that they all passed excellent nights, and that beyond a slight headache they were in the best of health next morning. The lady occupants of the most popular cots are reported to have criticised somewhat severely the humble costumes of the mothers who visited them on the following afternoon. It is to be hoped therefore that our guests next year will make a point of wearing the quietest of garments.

The Great Hall, always an attraction, was rendered even more attractive than usual by a large stock of aseptic theatre furniture, presumably being stored there until the British workmen have finished with the old wall-game site. "How nice for the doctors," remarked a young and lovely visitor, "to operate with all those pretty pictures round them—but what a big room!"

The dissecting-rooms hardly seemed as popular as usual with the fair sex this year, but the museum was well patronised, and at six o'clock the upper galleries were pink with interested ward-maids feasting their eyes on pathological dainties.

But the best of good things must come to an end, and the greatest capacities can be exhausted; and, as the sun began to hide his head behind the west block, our own reporter acknowledged defeat at the fourteenth cup of tea, and silently joined the parting throng. View Day was over. N. G. H.

Reviews.

DISEASES OF THE LIVER, GALL-BLADDER, AND BILE-DUCTS. By H. D. ROLLESTON, M.A., M.D. Cantab., F.R.C.P., Physician to St. George's Hospital. 8vo., 794 pages. With illustrations. Price 25s. London and New York: W. B. Saunders and Co.

Although the literature on the subject of the liver and its diseases is very large, there was no book in the English language which could claim to be an up-to-date or exhaustive treatise. Therefore we were ready to welcome Dr. Rolleston's volume, and we congratulate him most heartily upon the result.

The general plan of the book is good, the common and the rarer diseases are treated with a due sense of proportion, and the size of the volume is kept within very moderate bounds by a judicious use of small type for notes of cases and for disputed points; the illustrations and microphotographs are really first-class, and are for the most part quite original. What has struck us chiefly in reading through the book is the large number of original observations which the author has been enabled to include as the result of his experience of diseases of the liver during the last twelve years, and the laborious conscientiousness with which he has studied the enormous literature of the subject. There are most interesting sections on tight-laced or corset liver, with a dissertation on the much-maligned lobe of Riedel, while the author's remarks and views upon the functional diseases of the liver form a very careful and instructive essay.

The author excels in the hackneyed subject of cirrhosis of the liver to which he devotes 160 pages, every page of which affords most interesting reading, from the various methods of classification to his excellent and original clinical description of the disease and also to his admirable conclusions on its pathology.

We can find no fault in the book, and we consider it a most valuable addition to the standard text books of medicine. We have one suggestion to offer and that is that Dr. Rolleston be prevailed upon to publish a smaller book containing extracts with all his summaries and conclusions. This would be most useful to the bewildered student, who cannot be expected to cope with the present volume as a whole. Treatment sound common sense.

FIRST AID TO THE INJURED AND SICK. An advanced Ambulance Handbook. By F. J. WARWICK, B.A., M.B. Cantab., M.R.C.S., and A. C. TUNSTALL, M.D., F.R.C.S. Ed. 3rd edition. (Bristol: John Wright & Co.) Price 1s. net.

This seems an excellent little handbook for the purpose for which it is intended. The text is concise and simple, and the illustrations, of which there are a great many, are admirably clear. The brief outline of anatomy and physiology at the beginning is sufficiently correct, while the later sections on bandaging and the outlines of minor surgery might well be read by the first-time surgery dresser.

Reviews of the following books have been received but are held over owing to great pressure on space.

The Historical Relations of Medicine and Surgery, Clifford Albutt, Macmillan & Co.

New Methods of Treatment, by Dr. Laumonier. Translated from the French by H. W. Syers. Archibald Constable & Co.

Elementary Microscopy, F. Shillington Scales. Baillière, Tindall and Cox.

In Watchings Often, Rev. E. E. Holmes. Longmans, Green & Co.

Golden Rules of Medical Practice, Lewis Smith. John Wright & Co.

ST. BARTHOLOMEW'S HOSPITAL REPORTS, VOL. XL, 1904. Edited by A. E. GARROD, M.D. Oxon., F.R.C.P., and W. McADAM ECCLES, M.S. Lond., F.R.C.S. Price to subscribers 6s., to non-subscribers 8s. 6d. (London: Smith, Elder, and Co.)

Hospital reports are always useful, if only for the sake of occasional reference to the statistics and appendix of cases; and sometimes they contain papers of more than usual interest, and always afford an opportunity for the recording of uncommon cases. This year we find a very interesting paper by Sir Dyce Duckworth on "Misleading or Seemingly Unimportant Symptoms." Rare cases or complications are recorded by Dr. Norman Moore, Dr. Herringham, Dr. Langdon Brown, and Dr. Maxwell, while Dr. Ormerod gives a very instructive account of a case of subacute combined degeneration of the spinal cord. Dr. Garratt's paper on "The Early Sequelæ of Severe Faucial Diphtheria and their treatment" is very original, and is the outcome of a wide experience. With regard to Mr. S. L. O. Young's paper on "Abscess of the Brain," a thesis for the degree of M.B. Cantab., we confess we do not much care for comments—however instructive—upon a series of cases culled from the ward notes—a veritable "stagnant pool." We prefer "to quaff the living stream," or at least to read first-hand experiences.

The surgical papers are all instructive, and consist chiefly of records of cases by Mr. D'Arcy Power, Mr. C. E. West, cases from Mr. Bruce Clarke's wards by L. Noon, B.C., and two unusual cases of appendicitis. In addition there are two original contributions—"On Congenital and Traumatic Cysts of the Brain and Meninges," by L. B. Rawling, F.R.C.S., and "On Tuberculosis of the Female Breast," by S. R. Scott, M.S., F.R.C.S.

For the rest, the contents of this volume of reports are as usual.

St. Bartholomew's Hospital Musical Society.

The following Orchestral Practices will be held in the Great Hall:

Monday, June 19th, 6 p.m.

Monday, " 26th, 5 " "

*Wednesday, " 28th, 5 " "

*Thursday, " 29th, 5 " "

Friday, " 30th, 8 p.m. Concert.

Choral Practices will be held every Monday night at 8.30 p.m. in the Great Hall.

Regular attendance is urgently requested, as it is only by this that efficiency can possibly be attained, and it must be borne in mind that the success of the Concert depends not upon the number of members present at the concert, but upon the regularity of individual members at the Society's practices.

G. H.-H. ALMOND, Hon. Sec.

* Full rehearsal.

Correspondence.

To the Editor of the *St. Bartholomew's Hospital Journal*.
FIFTH ANNUAL SOUTH AFRICAN CIVIL SURGEONS DINNER.

SIR,—May I through your columns call attention to the above dinner, which will take place on Tuesday, July 4th, at the Imperial Restaurant, Regent Street, at 8 o'clock. Mr. W. Watson Cheyne, C.B., in the chair. I shall be glad to hear as soon as possible from those wishing to attend.

C. GORDON WATSON.

44, WELBECK STREET, W.
May 24th, 1905.

The Bahere Lodge, No. 2546.

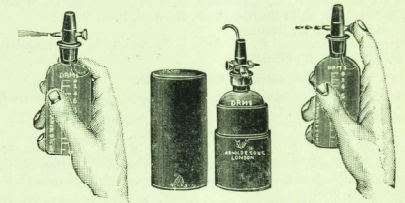
A MEETING of the Bahere Lodge, No. 2546, was held at Oddeno's Restaurant, Regent Street, W., on Tuesday, May 10th, W. Bro. J. H. Gilbertson, P.P.G.D. Herts, W.M., being in the chair. Mr. Harold W. Wilson, M.B., and Mr. Alfred J. Weakley, L.R.C.P., M.R.C.S., were unanimously elected and subsequently initiated into Freemasonry, while Bros. Young, Graham-Forbes, Etherington-Smith,

and Coughtrey were advanced a step. A donation of ten guineas to the girls' school was voted, and a grant of ten guineas was made to the widow of the late Tyler, Bro. Humphreys. W. Bro. Samuel West, M.D., was unanimously elected W.M. for the ensuing year, and W. Bro. Clement Gudson, M.D., was re-elected Treasurer. The brethren subsequently dined together.

New Preparations, etc.

CHLOROFORM DROP BOTTLE WITH REVERSIBLE STOPPER.

This Drop Bottle with reversible stopper, introduced by Messrs. ARNOLD & SONS, of West Smithfield, has some good points. The coloured glass bottle is certainly good, and is perhaps preferable to the ordinary uncoloured one.



The chief advantage is that when the stopper is reversed it fits the bottle well, and thus keeps the chloroform good. It is made of galalite, a new patent composition which is light in weight and clean. The other end of the stopper, however, does not seem to possess any advantages over the ordinary lead stopper, and there is this disadvantage, that there is no means of estimating how much chloroform is being poured on when the *free flow* occurs, and we do not see the advantage of being able to drop on a minim at a time as happens when the finger is placed on the air-tube.

B.A.M.C. Notes.

Brig. Surg. Lt.-Col. C. E. HARRISON, F.R.C.S., Grenadier Guards, is in charge of the new military hospital for London, which adjoins the Tate Gallery, and Major F. W. BEGGIE is Registrar and Secretary.

Lieut. A. A. MEADEN is reported to be on the sick list at Mhow with typhoid fever. He is stated to be doing well.

Lt.-Col. W. J. BAKER on return from India is posted to the Eastern Command, and Capt. E. E. ELLERY to the Southern Command.

Lt.-Col. F. P. NICHOLS is home on leave from Barbados.

Indian Medical Service.

PROMOTIONS.—Captains to Majors: C. E. Williams, T. A. O. Langston. Lieutenants to Captains: A. E. J. Lister, J. W. McCoy.

Arrivals in England. Lt.-Col. G. S. A. Ranking and Capt. H. B. Meakin on medical certificate.

Lt.-Col. A. J. STURMER has retired from the service.

Capt. S. HUNT has returned to duty.

Lt.-Col. E. CRETIN is granted ten months sick leave.

Lt.-Col. C. P. LUKIS, M.D., F.R.C.S., is appointed Principal and Professor of Medicine, Medical College, Calcutta; and first Physician to the College Hospital.

Lt.-Col. H. HENDLEY is appointed Civil Surgeon at Amritsar.

Examinations.

CONJOINT BOARD.

FIRST EXAMINATION.

Biology.—L. H. Khan, E. M. Browne, S. A. Burn, H. V. Capon, G. O. Chambers, P. D. Vorkovitz, G. E. D. Ellis, H. G. Miller, H. W. M. May, E. L. Sturdee, L. F. K. Way, F. C. Wright.

Chemistry.—L. H. Khan.

Practical pharmacy.—B. N. Ash, J. E. Smith, A. R. Snowden, C. F. Willis, K. Wolferstan.

SECOND EXAMINATION.

Anatomy and physiology.—F. T. Hancock, J. M. Hammond, P. Lang, A. Miles, F. C. Searle.

FINAL EXAMINATION.

Midwifery.—A. K. Armstrong, G. F. S. Bailey, A. Barber, H. Beckton, P. Black, A. R. Bowling, E. T. Glenny, P. Gosse, N. G. Horner, W. H. Jones, G. W. Lloyd, G. Simpson, J. M. Smith, C. F. Stidston, L. Wadia.

Medicine.—B. N. Ash,* E. B. Aylward, J. R. Briscoe, T. W. N. Dunn,* H. E. Graham,* G. Holroyd,* R. Holby, J. R. Kemp, J. C. Mead,* G. S. Morse, D. A. H. Moses, B. E. Moss, A. M. James,* R. C. P. McDonagh, A. H. Pinder,* H. H. Rolfe,* C. A. Smallhorn, J. R. Trist,* J. G. Watkins, F. E. Whitehead,* A. S. Williams,* A. C. Wroughton.

Surgery.—F. B. Ambler,* C. B. D. Butcher,* S. E. Crawford,* C. H. Cross,* P. A. Dingle,* S. M. Dowling,* R. A. Fuller, C. W. Hutt,* R. Jamison, F. W. Kemp,* J. C. Mead,* H. Mills,* E. G. D. Milson, S. W. Milner, P. R. Parkinson,* A. H. Pinder,* F. M. P. Rice,* H. E. Scoones,* C. A. Smallhorn,* G. C. E. Simpson.

Those men with an asterisk (*) after their names have completed the examination, and have received the diplomas of L.R.C.P. and M.R.C.S.

LONDON UNIVERSITY.

B.S. (Honours).—Thomas P. Legg (University Medal).
M.B., B.S. (Pass).—A. M. Amelor, F. P. Baldwin, Capt. W. H. Cazaly, I.M.S.; A. H. John, H. Love, B. E. Moss.

UNIVERSITY OF CAMBRIDGE.

Third M.B., Part II.

The following have now satisfied the examiners in all three sections:—H. S. Dickson, T. W. N. Dunn, T. J. Faulder, G. Holroyd, P. R. Parkinson.

ROYAL COLLEGE OF SURGEONS.

Primary Fellowship.—R. L. Downer, R. S. Townsend, J. E. H. Roberts, A. Levy, C. Clarke.

Final Fellowship.—As in Editorial Notes.

Appointments.

BRIDGES E. CHITTENDEN, M.D., B.S.(Durham), M.R.C.S., L.R.C.P., appointed Honorary Anæsthetist to the Victoria Hospital for Children, Chelsea.

BROWN, C. R. V., M.B.(London), M.R.C.S., L.R.C.P., appointed Senior House Surgeon at the Great Northern Hospital.

FINIGAN, D. O'CONNELL, M.D., M.R.C.S., L.R.C.P., appointed Honorary Assistant Physician to the German Hospital.

HARRISON, EVERARD, M.B.(Cantab.), appointed Resident Medical Officer at the Soho Hospital for Women.

HUTCHENS, H. J. D.S.O., D.P.H.(Oxon.), appointed Demonstrator of Bacteriology at the College of Medicine, Newcastle-on-Tyne.

TRIST, J. R. R., M.R.C.S., L.R.C.P., appointed Assistant House Physician to the Westminster Hospital.

WHITEHEAD, F. E., M.R.C.S., L.R.C.P., appointed House Surgeon to the Huntingdon County Hospital.

New Addresses.

DOBSON, L., 71, Holland Park Avenue, W.
ELLIS, E. S., East London Hospital for Children, Shadwell, E.
HENDLEY, Lt.-Col. Harold, M.D., I.M.S., Amritsar, Punjab, India.

HOWELL, F. M., 45, Wheeler Street, Birmingham.

KLUMPF, E. G., High Street, Wootton Bassett, Wilts.

MACFADYEN, N., Letchworth, near Hitchin.

O'HEA, J., H.M.S. "Vulcan," Mediterranean Station.

PAIN, B. H., Lynvale Villas, Lyncombe, Bath.

PELLIER, C. DE C., The Manor House, Abbotskerswell, near Newton Abbot.

Births.

LLOYD.—On April 30th, 1905, at Hatting Spruit, Natal, the wife of J. Allden Lloyd, M.B.Lond., M.R.C.S., L.R.C.P.Lond., of a daughter (stillborn).

PEARSON.—At Durban, on the 13th April, the wife of Maurice G. Pearson, M.B., B.Sc.(Lond.), F.R.C.S.(Eng.) of a son (stillborn).

WOODBIDGE.—On April 2nd, the wife of E. W. Woodbridge, M.B., of Barnstable, of a son.

Marriage.

GARDNER-MEDWIN—COODE.—On May 11th, at St. Saviour's Church, Ealing, by the Rev. C. Sharp, M.A., Vicar of Addlestone, assisted by the Rev. R. D. Eves, M.A., Rector of Lyminge, and the Rev. W. Ranger, M.A., Curate in Charge of St. Saviour's, Frank Medwin Gardner-Medwin, B.A., M.R.C.S., L.R.C.P., elder son of the late Joseph Gardner, of Folkestone, to Hilda Louisa Mary, second daughter of Worster Benson Coode, and granddaughter of the late Rev. Canon Jenkins, M.A., of Lyminge, Kent.

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. 10.]

JULY, 1905.

[PRICE SIXPENCE.]

St. Bartholomew's Hospital Journal,

JULY 1st, 1905.

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

Editorial Notes.

We apologise for the late appearance of this number of the JOURNAL, but our small staff excuses itself on the grounds that it has been difficult to cope with the great increase of work in connection with the Students' Union Year-Book, which is at the present time in the press and well on its way to completion.

It has been finally decided to send out a copy of the Year-Book to every Bartholomew's man gratis, but in order that the cost of postage may be covered every one who receives a copy will be invited to become a subscriber to future editions (of which three are guaranteed in the publisher's contract) by paying the nominal sum of one shilling. But if the book receives a reasonable amount of support so as to ensure a large circulation, there is little doubt that the Students' Union will be in a position to distribute the book annually to those who wish for it without any further charge.

The Athletic Club gave its Annual Sports on Wednesday, June 14th. The venture of holding them at Winchmore Hill, which was instituted last year, again proved a success, and great credit is due to the Committee for the precision with which all the arrangements were carried out, and although the attendance might well have been larger, yet everyone who was present seemed to enjoy the day thoroughly.

The postponement of the Past and Present function from June 7th to June 22nd was fortunate in many ways, but chiefly on account of the weather. Winchmore Hill was looking its best, and bade welcome to a goodly crowd of visitors. The Present Cricket XI had the better of the day's play, which, however, ended in a draw. The Tennis matches were unfortunately spoiled by the fact that our VI was drawn to meet the London in the first round of the Inter-Hospital competition, and so both the Past and Present teams were quite unrepresentative.

The dinners of the 6th and 8th Decennial Clubs were held on Wednesday, June 28th, a detailed account of which will appear in the August number of the JOURNAL. The 7th Club is holding its Annual Dinner at the Trocadero, on Wednesday, July 5th.

The present is the year in which the 9th Decennial Club should have come into being, but no one has taken the initiative. The one thing needful is to discover two energetic secretaries—for preference men who are likely to remain at the Hospital—who will send a circular letter to all the men who have entered at St. Bartholomew's since 1895, and have qualified between that year and the present time. Then it only remains to make the necessary arrangements for a dinner. We offer a suggestion that in future years the dinner of the 9th Club be held on the same day as the Past and Present function. The double event would be likely to attract a large number of men up from the country.

The Annual Distribution of Prizes will take place in the Great Hall, on Wednesday, July 12th. Invitations have been sent to all the Bartholomew's men in the London district, and to those in the country who have applied for tickets. Lord Ludlow has kindly consented to give away the prizes, and his presence should ensure a large audience, for although we have on several occasions called attention in these columns to the energy and enthusiasm of our new

Treasurer, yet we should feel much better pleased if all the friends and supporters of the Hospital (instead of taking our word for it) were to come and hear for themselves what he has to say about the immediate prospects of the Hospital and the present policy of the Governors. At all events every student should make it a duty to be present.

WE congratulate Mr. R. B. Etherington Smith upon his election as Resident Anaesthetist to the Hospital.

MR. D'ARCY POWER has been appointed Examiner in Surgery for the second examination for the degree of Bachelor of Medicine in the University of Oxford.

AN examination of candidates for not less than forty commissions in the Royal Army Medical Corps will be held on the 27th July next and following days. Applications to compete should be made to the Secretary, War Office, 68, Victoria Street, London, S.W., not later than the 17th July, on which date the list will be closed.

WE would call the attention of those men who have recently qualified, and who have no definite plans for the future, to an article upon the Royal Army Medical Corps in another column. It is the third article of a series, which we have been very glad to publish; for our correspondent has set forth very clearly the advantages and disadvantages of joining the corps.

THE following is the list of prize winners for the present session:

Lawrence Scholarship and Medal.—E. H. SHAW.
Brackenbury Surgical Scholarship.—H. W. WILSON.
Brackenbury Medical Scholarship. C. W. HUTT.
Matthews Duncan { Medal.—G. C. E. SIMPSON.
Prize { E. H. SHAW, } Eq.
 { P. L. GUISEPIPI, }
Walsham Prize.—E. H. SHAW.
Willett Medal.—H. W. WILSON.
Sir George Burrows Prize.—J. G. GIBB.
Skyner Prize.—J. G. GIBB.

THE Annual Summer Concert, given by the Junior Staff and the Musical Society, took place on June 30th, and was voted a great success by all present. An account will appear in the August number of the JOURNAL.

DR. C. H. ROBERTS and Dr. H. Williamson have been appointed Examiners to the Central Midwives' Board, and Dr. J. A. Willett Registrar to the Samaritan Free Hospital.

WE congratulate Dr. W. P. S. Branson upon his election as Assistant Curator of the Museum.

DR. E. M. NIALL and Messrs. R. C. Elmslie and A. H. Hogarth have been selected Assistant Medical Officers to the Board of Education of the London County Council.

THE subscriptions to the Appeal Fund continue to come in very satisfactorily, and we gratefully acknowledge munificent donations from the following: The Trustees of the Smith's Kensington Estate Charity £1000, "Anonymous" £1000, T. F. K. £262 10s., Mrs. Durlacher (in memory of the late Sir Reginald Hanson, Bart.) £200, John Barrow, Esq., £105, M. Meredith-Brown, Esq., £105, "Anonymous" £100, H. T. R. £100, John Swire and Sons £100.

THE amount subscribed by Bartholomew's men to the General Fund has increased from £7498 5s. 7d. to £8047 5s. 5d., but we are unfortunately compelled to hold over the names of the additional subscribers for the present.

THE Vicar and Churchwardens of St. Bartholomew-the-Less have handed over, on behalf of the new Nurses' Home, £106 16s. 4d. to the Hon. Secretary of the Appeal Fund as the result of a special appeal by Rev. Wm. Ostle, and a collection in the church on Hospital Sunday.

Pathological Block.

IT is gratifying to note that the special fund for the Pathological Block has been considerably augmented since the last issue of the JOURNAL, thanks chiefly to the substantial donations of Lady Burrows, Mr. Alfred Willett, and other members of his family. However, £8500 are still required before the Governors can begin to build the block, as we pointed out last month when we published a full-page illustration of the proposed building in elevation from Smithfield; and this month we are glad to have the opportunity of reproducing plans of three of the floors, together with a short account, by Dr. Andrews, of the accommodation thus provided. Therefore we appeal again to everyone either to subscribe or to collect for the JOURNAL Pathological Fund. Now is the right time to begin. *This block must be completed before the commencement of the winter session, October, 1906.* Collecting cards may be obtained on application to the Editor.

	£	s.	d.
Amount already acknowledged	1064	8	0
A. L. Vaughan, Esq.		1	0
Mrs. Margaret Steen (per Dr. Griffith)		10	0
Capt. C. G. Rawling		1	0
*Sheffield Neave, Esq.		5	0
H. G. Brown, Esq. (per Dr. Branson)		5	0
Henry Winter, Esq. (per W. McAdam Eccles, Esq.)		5	0
Tufnell Burchill, Esq. (per H. J. Waring, Esq.)		50	0
A. W. Rickards, Esq. (per L. T. Burra, Esq.)		5	0
Lady Burrows (in memory of Sir Frederic Abernethy Burrows, Bart.)	100	0	0
*Alfred Willett, Esq.		50	0
Mrs. Alfred Willett		50	0
Mrs. Herbert Bull		50	0
Herbert Burrows Willett, Esq.		50	0
John Abernethy Willett, Esq., M.B.		50	0
A. Stuart Willett, Esq.		50	0
Total	£1547	14	0

* Has also subscribed to the General Fund.

The Preliminary Medical Sciences in London.

FALSE impression seems to have gone abroad to the effect that the Medical School Committee of our Hospital has decided to adopt a scheme for the concentration of the teaching of preliminary sciences at central schools, and that these subjects will no longer be taught at St. Bartholomew's. It is for the purpose of discrediting this impression that we have taken up the pen.

The history of the "concentration scheme," as it may be called, dates back to the year 1900, when the University of London was reconstituted under certain Parliamentary Statutes, amongst which we find the following clause:

"And in particular the Senate shall use its best endeavours whenever practicable to secure such common courses of instruction for Internal Medical Students in the preliminary and intermediate portion of their studies under appointed or recognised teachers at one or more centres" (Statute 8b).

The report of the Statutory Commission, with the official statutes and regulations, was duly criticised at the time in an article which appeared in the JOURNAL of March, 1900.

Various attempts have been made to carry out a scheme of concentration. Thus in March, 1901, the Faculty of Medicine of London University appointed a committee to report upon the matter, and we read a recommendation to the effect—

"That the Senate should take steps to secure funds to enable it to establish in the near neighbourhood of the University a School of Preliminary and Intermediate Medical Studies."

As a result plans were drawn up forthwith for the concentration at South Kensington, and an appeal for funds was made, which met with little response at the time, so that the scheme has, so to speak, been put upon the shelf until some man of wealth can be persuaded to immortalise himself by equipping and endowing such a school, which shall be known as the *Institute of Medical Sciences* of the University of London.

More recently other schemes have been brought forward with the idea of establishing, for the benefit of all the London Hospitals, several central schools, e.g. at University and King's Colleges, where conveniences already exist for the teaching of large numbers of students; and for some time our School Committee was thought to look with favour upon such a scheme of concentration at University College. There can be no reasonable doubt that some such scheme, if properly planned and considered, would be ideal from an economic and a national point of view, and therefore our Committee was more than justified in giving the scheme such careful thought and consideration; but the time is not yet ripe for its adoption, in spite of the fact that the Westminster Hospital Medical School has decided to send its students in future to King's College for their elementary studies. We make no attempt to prophesy, but we are convinced that it would be the first step towards the desolation and ruin of St. Bartholomew's if we were to

follow the lead. Therefore we are heartily glad to report that *our authorities have definitely and finally decided to take no part in such a scheme at the present.*

The Committee, doubtless, had its own reasons for rejecting the scheme, but we will consider the matter in brief solely from the student's point of view. A student entering upon his medical curriculum has *ipso facto* set apart five years of his life before he can become a qualified practitioner of medicine, and therefore he is entitled to spend it in the most profitable and enjoyable way provided that it accords with a reasonable amount of hard work. Consequently, when he has entered one of the London Schools of Medicine, it is certain that he has no wish to change his surroundings from time to time. The present system, therefore, has the following advantages: (1) The necessary continuity of work is ensured, and at the same time the student is brought into closer and more personal contact with his tutors, the mutual advantages of which are sufficiently obvious. (2) The athletic side of the student's life can be developed to its full extent under the present system, but from the time that any concentration scheme takes effect, all Inter-Hospital competitions will gradually lose their interest and the friendly rivalry between the London Hospitals, which has done so much to keep alive the amateur spirit in the athletic world of the metropolis, will cease to exist. (3) Again, the social life at a London Hospital is often very attractive, and during this time a man makes most of his lasting friendships, and there is no doubt that the abolition of the present system would tend to diminish greatly these social attractions which are not the least important factors in the education of the young medical student.

In conclusion, everybody knows the Duke of Wellington's hackneyed saying with reference to the battle of Waterloo, but not everybody knows that he was referring to the public-school spirit—call it patriotism or *esprit de corps*, or what you will; still, it is one of the greatest characteristics of the English-speaking people. It is not found elsewhere; it is a spirit which is born and bred at the schools, which is fostered at the Universities and at the great London Hospitals, and, among these, not least at St. Bartholomew's.

At the present time St. Bartholomew's is a complete unit, a little world in herself. She is an *alma mater*, with her traditions and customs, with her great name and reputation. She has cherished and fostered thousands of students who have gone forth into the great wide world, and have proved themselves worthy *alumni*. But all this would be sacrificed if the present unity were to be disestablished by sending away our first and second year students to central schools, where they might, indeed, become members of an institute of medical science, but they would not be Bartholomew's men. Is not this alone a sufficient reason that the old order should remain, and that St. Bartholomew's should still be a complete school of medicine,—

"self-schooled, self-scanned, self-honoured, self-secure"?

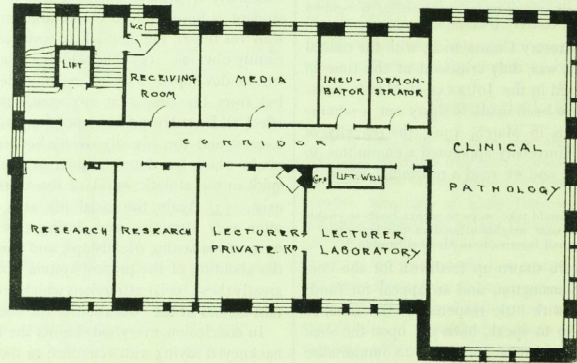
A Short Account of the Proposed New Pathological Block.

By F. W. ANDREWES, M.D., F.R.C.P.

MORE than a year ago I was responsible for an article* in this JOURNAL on "The Work and Needs of the Pathological Department." I gave a short account of the work carried on by the department, and I ventured to sketch my own private opinions as to the laboratory accommodation needed for its efficient performance. The Medical and Surgical Staff had not, at that time, had the matter under detailed discussion, but during the past year the whole subject has been very thoroughly

or makeshift about the plans. They more than realise all that I suggested in my former article, and form a really worthy attempt to place our Hospital in its proper position as regards pathology.

As will have been seen from the article in the June number of the JOURNAL, the block is to be placed facing Smithfield, between the present School buildings and King Henry the Eighth's Gate, a gap of fifteen feet separating it from the former. The ground floor is devoted to various administrative offices connected with the School, and need not detain us here. With this exception the entire building is to be consecrated to the study of disease, and ample accommodation is provided for the various branches of that study. In the first place comes the Hospital work proper—



FIRST FLOOR.

considered by the Medical Council, complete plans for a new Pathological Block have been drawn up, and these plans have been approved by the House Committee and Governors. Nothing is now wanting but the money to carry out the actual building.

I do not propose here to recapitulate the facts and arguments as to the urgency of our requirements. All that I said in my former article more than holds good to-day, and in the interests of the Hospital and School alike it is earnestly to be hoped that the matter may be taken in hand at the earliest possible moment. But it will certainly be of interest to all readers of this JOURNAL to be furnished with a short account of the pathological accommodation which it is proposed to provide, and with the plans of those floors on which the principal laboratories are situated. Moreover it may be hoped that the generosity of old Bart.'s men will be stimulated by the evidence that there is nothing tinkering

* *St. Bart's Hosp. Journ.*, April, 1904.

the investigation of material from the wards, theatres, and deadhouse,—which forms the essential *raison d'être* of the building. Inseparable from this is teaching accommodation for the students who do much of the work, while last, but not least, comes the original research by which new facts are brought to light, and new lines of treatment suggested. The provision for these three ends will best be appreciated by shortly considering each floor of the block in order.

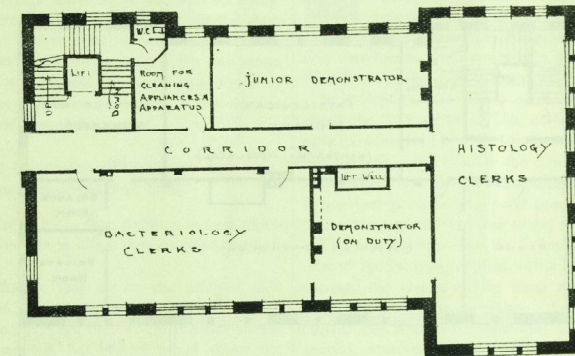
In the basement is the mortuary, with a refrigerating plant which will effectually obviate the objectionable features which now characterise our post-mortem room in hot weather. Here, too, is a mortuary chapel and ante-room, access to which can be attained by the friends of patients, without passing through the Hospital, by a gate in the interval between the present school buildings and the pathological block. In the basement is also situated the heating apparatus for the whole building. Two lifts are provided, one for general use, and another smaller one for

conveying the bodies from the refrigerated mortuary up to the post-mortem room on the top floor.

In the plan of the first floor it will be seen that one end of the building is occupied by a very large laboratory (fifty feet by twenty), to be devoted to clinical pathology. Here will be done the bulk of the ward work not actually carried out in the wards themselves; it will be the room to which clinical clerks will bring material for investigation, and where they may do blood-counts undisturbed. It will further be available for the instruction of students in the methods of clinical pathology, and will be large enough for extensive classes. Opening out on either side from the corridor are seen a number of smaller rooms. Next to the staircase is a receiving room, to which will be brought all

bacteriology. This room is only five feet shorter than the histological laboratory, and this is a wise provision, for, apart from the necessity of teaching space for this subject, it is certain that the routine bacteriological examination of post-mortem cases will become more and more practised, while blood-cultures, lumbar punctures, and other cultivations from living patients are yearly increasing in number. Two good-sized rooms for demonstrators are also situated on this floor, as well as a room for washing-up apparatus. It is designed to connect this floor with the present school buildings by an iron bridge, which will communicate with the present Physiological Department.

The third floor is mainly devoted to chemical pathology, and will be under the direct control of the lecturer on this



SECOND FLOOR.

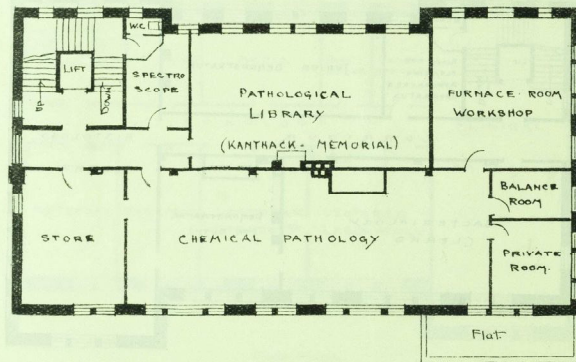
material from the operating theatres, post-mortem room, and wards, to be taken over by the particular department responsible for its investigation. A room of fair size is provided for the making and sterilising of media for bacteriological cultures, and for washing-up apparatus. A special incubator-room, which can be kept at a constant temperature, is also designed. The lecturer's private room and laboratory are on this floor, together with a demonstrator's room and two research laboratories.

On the second floor is a large laboratory, of equal size to that for clinical pathology, where all the section cutting will be done. It is intended that each physician, as well as each surgeon, and also the gynecological and ophthalmic departments, shall have a separate histological clerk. In this way it will be possible to have a complete examination of all cases, medical and surgical alike, from the post-mortem room, as well as of all material from the operating theatres. Another large laboratory on this floor will be devoted to

subject. The principal laboratory is the largest in the building measuring some fifty-seven feet in length by twenty in width. Various accessory rooms are seen in the plan, together with a private room for the lecturer, rendering the total accommodation very complete. The only other room that requires mention on the third floor is the pathological library. It is an absolute necessity for pathological work, and especially for original research, that one should have a good reference library on the spot, containing complete series of the principal pathological journals of this and other countries. The nucleus of such a library already exists in the books presented to the department, after Prof. Kantlack's death, by his widow. The periodicals have been kept up to date, and already form a useful reference library, to which various other presentations have since been made. Since the remarriage of Prof. Kantlack's widow the funds which were subscribed by old Bart.'s men have become available for use as a permanent memorial,

and it is felt that this could take no more fitting form than a pathological library to be called the "Kanthack Memorial Library." The sum in hand will furnish some £30 a year, which will be quite adequate for the purpose. The scheme has the cordial consent of Prof. Kanthack's widow.

Mention must finally be made of the top floor of the block, not shown in the plans here published. The principal space is occupied by the post-mortem room—measuring sixty-five by twenty-two feet—a convenient and well-lighted room, which contrasts very favourably with the eccentric apartment in which autopsies are at present conducted. The bodies, as has been already mentioned, are to be conveyed to this room by a special lift, quite apart from the passenger lift. Adjoining the post-mortem room are two rooms about twenty-two feet square. One is for the storage



THIRD FLOOR.

of pathological specimens for demonstration, and the other is a demonstrator's room, or rather laboratory, where immediate microscopic examinations can be made, frozen sections cut, and cultivations taken. The lack of such a laboratory has long been keenly felt in connection with the present post-mortem room. Another room on this floor is to be specially fitted up for the accommodation of animals used in the necessary inoculation experiments, and will be well lighted, warmed, and ventilated.

A consideration of the foregoing details and plans will show that they are of a kind which, in the present state of pathological knowledge, may be pronounced reasonably complete, not only for the present, but also for the prospective needs of the Hospital. Moreover, the plans possess a certain element of elasticity, which is much to be commended. The building is so designed that the details of the rooms on the various floors can be modified, in accordance with current requirements, at very small expense. I

may add, in conclusion, that we owe a considerable debt to Mr. Bruce Clarke for the original draft of the plans, though their final shape has been elaborated only after prolonged consideration by many members of the Staff in collaboration with the architects.

Clinical Odds and Ends.

By Dr. SAMUEL WEST.

ALBUMINURIC RETINITIS.

HERE are two forms of albuminuric retinitis, the *exsudative* and *degenerative*.

The *exsudative* form is similar to that seen in inflammatory conditions, and might easily be attributed to

cerebral tumour, as I have experienced. This form is met with in tubular nephritis as well as in granular kidney. In tubular nephritis it may resolve completely without leaving behind any defect of vision. In granular kidney the prognosis is very grave, not as regards sight only but also life, for the patient has not long to live.

The *degenerative* form shows itself in bright glistening white patches, irregularly scattered about the central portions of the retina, but especially grouped round the yellow spot. It is these white spots which give the albuminuric retinitis of granular kidney its characteristic appearance.

Both forms may be of toxic origin, and like other toxic affections are usually bilateral and more or less symmetrical.

The degenerative form met with in granular kidney may also be the result of the disease of the vessels, which may lead to patches of defective nutrition just as it may lead to hæmorrhage. The lesions might then be uni-

lateral and unsymmetrical. But even this degenerative form is rarely met with in one eye only. It is almost invariably bilateral though not necessarily symmetrical. I have only seen one or two cases in which these changes occurred on one side only. In one instance though they were *extreme* in the right eye, none at all could be discovered in the left; and in another instance they were so minute that they would have been overlooked without the most careful examination.

The diagnostic value of the degenerative form is very great, for it does not occur except in granular kidney, and its discovery has more than once determined what would otherwise have remained a doubtful diagnosis.

I do not know that the prognostic value of this form is quite so great as has been assumed. Two years is often stated to be the average duration of life after its recognition. It is, however, often not looked for till the sight has begun to suffer. I have certainly seen cases of much longer duration than this, even so long as five and seven years; yet I think the general statement approximately true, especially if the eye lesions be taken in connection with the general condition of the patient.

CONCERNING THE DECUBITUS OF PLEURISY AND THE USE OF STRAPPING THE SIDE.

Patients with pleurisy lie in that position in bed which gives them least distress or in which they are most comfortable.

With a large effusion they lie on the affected side because that position gives the opposite lung free play. If they lay on the sound side not only would the movements of that lung be restricted, but gravity would throw the whole weight of the fluid on to the sound side and compress the lung. The result would be increased dyspnoea.

In early pleurisy pain is the determining factor. Sometimes pressure on the affected side increases pain, then patients will not lie on that side, but probably turn over on to the opposite side; more often they take the intermediate position and lie upon the back, thus allowing the sound lung to move as freely as it can. On the other hand, by lying on the affected side the respiratory movements of that side will be checked, and the pain may thereby be diminished more than it is increased by the pressure. This is the rationale of strapping the side in acute pleurisy just as it is in fractured ribs, the object being to keep the affected side as much as possible at rest while not interfering with the movements of the sound side. The strapping should be applied to the affected side only, and carefully fixed as firmly as possible. A bandage put tightly round the body would check the movements on both sides, and therefore does not fulfil the conditions required.

To strap a pleuritic effusion is a mistake. Firm pressure with strapping does good in a case of effusion into the

knee-joint or tunica vaginalis, but not in a pleuritic effusion, for the condition and results are quite different. In a pleuritic effusion the pressure, if it had any effect at all, would lead to further compression of the lung and displacement of organs; but it would not affect the effusion of fluid; consequently it would do harm and not good.

The Uses of X Rays in Medical Work.

Notes from a Lecture delivered on May 22nd, 1905.

By H. LEWIS JONES, M.D. Cantab., F.R.C.P.,
Physician to the Electrical Department.

SINCE the X Rays were discovered in 1898 the amount of work which has been done in connection with them is enormous. A recently-issued French work on the subject contains 1100 pages. It is not easy therefore to give more than a general introduction to the subject in the short space of one lecture.

It is important for every medical man to know enough about the X Rays to be able at least to understand the principles involved in their production; to interpret X Ray photographs,—and to know the conditions for which they may be used as a therapeutic agent. Students who aspire to resident posts in provincial hospitals would find it to their advantage to learn how to use an X Ray apparatus.

The essential apparatus for X Rays consists of a vacuum tube of special type supplied with a high-pressure electrical current, the electro-motive force required being in the neighbourhood of 60,000 volts. As to the service of the current the steadier the flow that it gives the better. In general, however, the instruments in use supply an intermittent and alternating current, which, to a certain extent, is a disadvantage. A Wimshurst machine gives an unidirectional current, but, like all static machines it is cumbersome, and induction coils are therefore chiefly used; but in country places or for occasional use Wimshurst's machine is useful, as the turning of a handle is all that is needed for providing the proper current for an X Ray tube. Where electric light mains exist, the induction coil is the better instrument.

The X Ray tube is a form of Crookes tube exhausted to about one millionth of the atmospheric pressure.

When the current is applied a green phosphorescence occupies one hemisphere of the X Ray tube, and a stream of electrified particles (electrons) is set in movement from the cathode to the anode or antikatode with a velocity about one-tenth of the speed of light. This stream of electrons, the cathode stream, is arrested suddenly, by striking against the anti-cathode, and the ether waves known as X Rays are generated by the impact and radiate outwards, giving rise to the hemispherical phosphorescence where they strike the wall of the bulb.

The X Rays produced by different tubes have different penetrating powers. A low penetration tube is best for the examination of such objects as the bones of the hand or arm; a higher tube is better for photographs of the trunk.

A valve-tube is often put in the circuit to sharpen and improve the photograph, and it acts by intercepting those current waves of the induction coil which tend to pass through the tube in the wrong direction.

There are two ways of using the X Ray for diagnosis. The first is by means of visible images projected by the rays upon a Barium Platinocyanide screen, the second is by means of photographs. As regards the photographic method, the sensitized plate is protected from light by being placed within a yellow envelope, which in turn is enclosed in a black envelope, and the part to be photographed is placed between the rays and the photo. After exposure to the rays the latter is developed in the usual way.

Two photographs may be taken from slightly different points of view, and looked at through a stereoscope. In this way beautiful results are often obtained.

For the purpose of locating foreign bodies with great precision, two photographs of the same object from different positions may be taken on the same plate; and by measuring the distances between the two positions of the bulb, and the two images of the foreign body, and the distances of the tube from the plate, the exact depth of that object from the surface can be calculated by plotting out these measurements in the form of triangles. Mr. Mackenzie Davidson has designed a localising apparatus which simplifies this procedure.

The X Rays may be used not only for showing bones and foreign bodies, but also to detect changes in the lungs and heart, and the presence of renal calculi. As disease of the lung is usually associated with consolidation, this is shown on the photographs as a difference in depth of shadow. As a result of the examination of the chest by X Rays it has been found that aneurysm is a commoner disease than was formerly believed.

By the comparison of X Ray photographs of diseased organs taken at different dates a far more valuable and exact record is obtained of the changes that are taking place therein than can be obtained by written descriptions or the unaided memory; and this method will probably be much used in the future, particularly in diseases of the chest where the sounds heard by auscultation have hitherto been mainly relied on.

Treatment.—The use of the X Rays therapeutically arose from observations upon the so-called "X Ray burns" or "X Ray dermatitis," which occur after prolonged exposures. It was found that exposures of from half an hour to an hour generally resulted in severe dermatitis.

Rodent ulcers and other forms of superficial cancer, lupus, and many forms of skin disease have been treated by X Rays.

Rodent ulcer is often completely curable, and the existence of extensive ulceration does not make the cases any less favourable, provided the affected area is on the surface and can be exposed to the influence of the rays—so, too, the local ulcerations of cancer may be cleared up and made to heal, though unfortunately, the progress of secondary infection of the deeper parts does not seem to be favourably affected. Lupus and other tuberculous ulcerations are frequently cured by X Rays. Generally speaking, lupus is most suited for treatment by X Rays when there is much ulceration, while the Finsen or light rays are more effectual for the destruction of deep-seated nodules.

Acne, eczema, and psoriasis form excellent subjects for treatment by X Rays.

It is not yet settled whether the X Rays themselves destroy the morbid growth, or whether they stimulate the healthy tissues around, and so lead to its absorption. It seems probable that the latter is the more correct explanation. The X Rays have no bactericidal power to speak of.

"X Ray burns."—These are unhealthy, sloughy, painful ulcers, very intractable to treatment, and frequently only aggravated by lotions and ointments. They are best treated by being protected and left alone.

A year or two after these ulcers have healed up, the scars may become naevoid in character; this is probably due to special damage to the vaso-motor nerve-fibres.

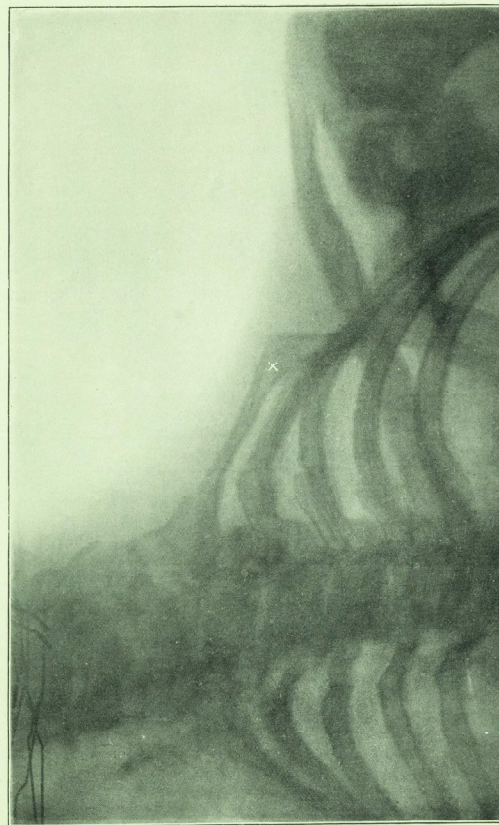
Those who are much engaged in X Ray work are extremely liable to a form of chronic dermatitis of the hands. The nails become brittle, lined, and hard, and the skin of the knuckles and backs of the hands becomes thickened, sore, and cracked.

It has been reported that the testicular secretion is also injuriously affected in persons regularly exposed to the action of X Rays, and there is disappearance of active spermatozoa from the seminal fluid. Lead aprons have been recommended to be worn as a prophylactic, and this is done in some of the larger X Ray clinics on the Continent.

Infantile Scurvy.

By CHARLES FISHER, M.D., B.S. Durham, D.P.H. Camb.

MY plea for writing this short paper on scurvy is that of late years, owing to our increased knowledge of diseases and improved methods of dealing with them, much has been done to reduce the prevalence of this disease; with a result that possibly many, like myself, have passed through the five years' curriculum without having seen such a case. Consequently when in private practice if one be called in to see an infant suffering from scurvy the chances are that a correct diagnosis may not be made, and in spite of vigorous treatment with drugs



RADIOGRAPH FROM A CASE OF BILATERAL CERVICAL RIB (see p. 135).

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causing a puffy swelling and thereby maintaining the exciting the suspicion of an abscess. In a case like this at the Victoria Hospital for Children at Chelsea I was

the act of suckling causing much pain, the doctor who was in attendance advised the mother to discontinue nursing her infant, and suggested some form of proprietary food, with a result that the child

the small patient will fail to improve, and one's reputation as a medical man may be greatly endangered. This fact has been brought home to me quite recently, when I was asked to see a child who was suffering from scurvy by a lady who had just come to reside in my district, and upon asking her for the history I found that three doctors had seen the child, and from their treatment it was quite evident that they had entirely failed to recognise what was wrong with the little sufferer; and then the knowledge that I had acquired by being house surgeon in a children's hospital was of great service to me.

Scurvy is essentially a disease produced by injudicious feeding, and insanitary surroundings only play a minor part in producing it. So naturally enough scurvy is more common amongst the poor, where infants in arms are so frequently fed upon "a little of whatever the parents are having." Again, the incidence of scurvy is greatest in those towns where there is a great demand for female labour, and where the mother a few weeks after her confinement returns to work, and is away from her home the whole day, leaving her child to the care of some neighbour.

The age at which children are usually affected is between four and twelve months. There is usually present in addition to the signs of scurvy some evidence of rickets, as slight enlargement of the epiphyses of the long bones, beading of the ribs, late dentition, sweating on the head, etc. The onset of the disease is sudden, in that the characteristic symptoms becomes manifest somewhat rapidly, whereas pallor, anæmia, and debility slowly develop prior to the sudden onset.

When the illness is fully developed the child is always profoundly anæmic, is continually crying as though in pain, resents being touched, and if the attack be very acute will cry out even on the approach of anyone from fear of being handled. The facial expression is wizened and old looking, the skin is apt to be wrinkled, and there is some emaciation. The lower extremities are kept quite still as though paralysed, the lower half of the thighs and either the lower or upper half of the legs present a uniform swelling, which is due to a subperiosteal hæmorrhage, the upper extremities are usually free from swellings, the joints always. There is discoloration of the skin over the upper part of the orbit, with proptosis, puffiness of the upper lid, and sometimes strabismus may be observed. The proptosis is caused by a blood extravasation into the easily distended space between the roof of the orbit and its periosteum. The eyeball is thus pushed downwards and forwards, and the upper lid becomes tense and bulged. Besides subperiosteal changes in severe cases deep-seated hæmorrhages into the muscles themselves may take place, causing a puffy swelling and brawny induration, thus exciting the suspicion of an abscess. In a case like this at the Victoria Hospital for Children at Chelsea I was

tempted to use an exploring syringe with a result that only a small quantity of blood was drawn off; but there is no heat or redness of the surface, and no sense of fluctuation. The gums are of a bluish tint, and, if the teeth have appeared, spongy. Occasionally the body is covered with petechiæ, the motions and urine may contain blood, and should there be any nasal discharge this also may be blood stained. The temperature during the acute stage is generally raised to 101° or 102°, but when this has subsided it becomes subnormal, and in one case at the Victoria Hospital it was so low that it could not be registered by the ordinary clinical thermometer.

Differential diagnosis.—When the gums are not spongy and the periosteal affection not pronounced the case may be taken for—

- (1) Rickets.
- (2) Rheumatism.
- (3) Simple anæmia.
- (4) Debility.

If the case be severe the tenderness and swelling of the limbs may lead to a mistaken diagnosis of—

- (5) Rheumatism.

But as already mentioned the joints are always free from swellings.

When the legs are motionless a diagnosis of—

- (6) Infantile paralysis may be made.

And lastly, the tenderness and dread of movement of the lower limbs may suggest—

- (7) A tuberculous hip or knee-joint.

Treatment.—This is wholly dietetic. The first thing to do is to discontinue at once all proprietary foods. Give new milk. Peptonisation and pancreaticisation greatly impairs its antiscorbutic property, and also boiling, but to a less degree. The milk should at first be mixed with an equal quantity of barley water, for the digestive powers of the infant are deranged, and it is, as a rule, unable to assimilate properly undiluted milk. Within a fortnight milk without the addition of barley water may be tried if the child has not been sick and the motions have been free from undigested milk. At the onset of treatment from 5j to ʒij of raw meat juice should be given three times daily, and also the juice of an orange sweetened with a little sugar. The bowels if constipated should be regulated with small doses of calomel and scammony.

The *prognosis* is excellent, for under such treatment the child will be restored to good health within a few weeks.

The following case first suggested to me the idea of writing this paper:

Towards the end of March of this year I was requested to visit the child of some well-to-do people who had just come to reside in the neighbourhood. Upon making inquiries I found the infant was nine and a half months old, and a boy. He had been breast fed for the first three months, but as the mother's breasts were very troublesome, the act of suckling causing much pain, the doctor who was in attendance advised the mother to discontinue nursing her infant, and suggested some form of *proprietary food*, with a result that the child

lupus, and many forms of skin disease have been treated by X Rays.

from scurvy the chances are that a correct diagnosis may not be made, and in spite of vigorous treatment with drugs

soon began to show evidence of anæmia. When the boy had been taking the patent food for three months he began to cry incessantly, became profoundly anæmic, and gradually lost the power of movement of his lower limbs, and his urine contained blood; for this latter symptom urotopia was freely given. As the child, instead of improving, steadily became worse another doctor was seen in consultation, who apparently quite agreed with the feeding and treatment, the parents being told that the child was suffering from anæmia and debility. The mother, however, not being satisfied consulted the family doctor, who seems to have had no further suggestions to make. When the infant was eight months old he developed chicken-pox.

I found the child extremely anæmic, with an earthy complexion, the face was wrinkled and old looking, the skin was dry. The anterior fontanelle was wide open. There was a brownish discoloration over the upper part of both orbits, the right upper eyelid was slightly puffy, but there was no proptosis of this eye. The left eye was protruding to such an extent as to give the child a most hideous appearance, the upper lid was very puffy, and there was an internal strabismus. Two teeth had been cut, the gums were of a bluish tint and tender, but not spongy. The body was covered with petechiæ. There was slight beading of the ribs. There was some enlargement of the epiphyses of the radii, ulnæ, tibiæ, and fibulæ. The lower half of both thighs and the upper third of both legs presented a uniform enlargement. The child's legs hung limply down, and he made not the slightest attempt to move them; he yelled vigorously during the whole process of examination. Equal parts of barley water and unboiled milk were ordered, and in addition the juice of one orange sweetened with sugar and 5ij of raw meat juice were given three times daily. On my next visit a few days later I was informed that the child was frequently vomiting, and that he was very constipated, so I suggested that one third of milk and two thirds of barley water should be given, and also some calomel and scammony powders. A week later the vomiting had completely ceased, and the child was infinitely better; the proptosis and orbital discoloration were both much diminished, the urine was free from blood, the petechiæ were no longer visible, and he had begun to move his legs; he slept well at nights, and cried but little. Equal parts of milk and barley water were again tried. A fortnight later the swellings of the thighs and legs had completely subsided, there was a very slight fulness of the left upper eyelid, the proptosis no longer existed, but the strabismus was still just discernible. The child seemed happy and well, and kicked vigorously whilst being examined. I then ordered undiluted milk to be given, and discontinued to see the patient.

The Royal Army Medical Corps.

III.

MOST of us have seen the "Advantages of the Army" displayed in brilliant colours at the post office or police station for the benefit of the would-be recruit. I hope these letters will not be regarded in this light; so, lest I should be supposed to be giving only one side of the question, I repeat that the main drawbacks to the life of a medical officer in the army are those attendant on prolonged foreign service, which affect especially the married man, and frequent changes of station, which may be very uncomfortable even for the bachelor. These points were dealt with in more detail in my first letter.* My aim has been to try and make clear some points to men interested in the matter, who have not the same chances of finding out for themselves as have their contemporaries in a large garrison town, such as Dublin.

To return to opportunities for scientific work in the

* *St. Bart.'s Hosp. Journ.*, March, 1904.

army. I have already* touched on hygiene and pathology. I might have added that it is hardly possible in civil life, without considerable loss, for a man, after spending some years at such subjects, to revert to general work should he prefer it, as can be done in the army. On the other hand, should the army doctor wish to take up research work, it seems to me that he starts under more favourable conditions, as to pay at all events, than the civilian. As far as I know, with the exceptions of a few scholarships for the purpose, most of this kind of work in civil life has to be done entirely at a man's own expense in time and money. That it will be otherwise in the army may be assumed from appointments already made. Young officers with exceptional qualifications for the purpose are likely to be struck off ordinary duty, at a reasonably early period in their career, to work in the various laboratories at home and abroad. Even as juniors they will be drawing, with their specialist pay, £375—£450 a year, at the same time qualifying for a pension. Should they find they have made a mistake in coming into the army they can go on the reserve, with a small annual honorarium, after three years' service. After nine they are entitled to a gratuity of £1000; and to a pension after twenty. Since I last wrote the scheme for specialist appointments in India has been published. It will be seen that a large number of these have been appropriated to preventive medicine. These appointments, to the number of 105, will be filled up as suitable candidates are available. Practically they will be divided between the R.A.M.C. and the I.M.S. The strength of the former corps in India is about 330. Here is the list:

Public Health, Parasitology, and Bacteriology	... 44, <i>i.e.</i> , 2 to each district laboratory.
Operative Surgery	... 10, " 1 per division.
Fevers	... 10, " 1 "
Dermatology and Syphilis	... 10, " 1 "
Electricity and Sklagraphy	... 10, " 1 "
Dental Surgery	... 10, " 1 "
Ophthalmology	... 3, " 1 per command.
Otology, Laryngology, and Rhinology	... 3, " 1 "
Midwifery and Diseases of Women and Children	... 3, " 1 "
Psychological Medicine	... 2 for all India.

The extra pay attaching to these posts is rather less than £50 a year. But of more importance than this is the increase of comfort, and lessening of expense, in being kept at one station, and that perhaps a more healthy one than might otherwise fall to your lot. Sanitary officers, and others, on tours of inspection would also see a great deal of the country at Government expense.

It is not unreasonable to assume that, when the various appointments in these branches are filled up, for the commands at home, it will be much in the above proportion. For sanitary officers were appointed some time ago, and at

* *St. Bart.'s Hosp. Journ.*, January, 1905.

some stations there are specialists in surgery, ophthalmology, and other subjects. To take an example. At Dublin and the Curragh there are two officers with special qualifications in surgery. One takes all the important work in his department in the northern half of Ireland, the other in the southern. They act much as consultants do in civil life, being sent for when their advice or operative skill is needed in emergencies, other cases being sent up to them. And so with specialists in other subjects in this and other commands. They are not moved from headquarters, and, I believe, at some stations are excused certain routine duties; but they do not necessarily hold their appointments for three years, as do the sanitary officers, and those in charge of hospitals for women and children.

At all large stations there is one of these latter. In addition to midwifery, gynæcological and other cases are taken in from the station and outlying district. The medical officer in charge has also the care of all the officers in the station and their families; in some cases of all the women and children in barracks as well. The holder of this appointment well earns his three years at home. He is kept on the run at all hours, and gets an idea of what his brother in civil life has to put up with. He, at all events, does not talk of chucking the Service for private practice, whatever his brother officers, otherwise employed, may say.

The first question a man naturally asks is—Can I live on my pay? The rates of pay will be found in the *Lancet* of May 23rd, 1903, or will be sent on official application. I have said that there are eventually to be about fifty specialist appointments, with extra pay, in India, and we may suppose that those at home and in the colonies will amount to at least another fifty. Then there is "charge pay" for the various hospitals varying from £45 to £180 per annum according to the number of beds. Perhaps there would be 100 of these at home and abroad. However, for the present I will omit these extra sources of income, and deal with the man who draws merely his ordinary pay and allowances. He starts with £325 a year; after three years service he gets £375, after seven £400, and £475 after ten. When promoted major at twelve years, or earlier if accelerated, he draws £585; about £700 (or so) when lieutenant-colonel, and so on. In India in the lower ranks the pay is much the same, though it goes further; in the higher ones it is more. Of course the personal equation comes in as much in military life as in civil. One man will spend fifty or sixty rupees a month in keeping a couple of polo ponies or getting a little shooting; whilst another has not this sum to spare, owing to his unnecessary additions to his mess or club bill. Speaking generally, a bachelor should be able to live quite comfortably on his pay and take his share in whatever is going on. I speak from experience, as I have done so when my pay was very much less than is that of a junior now.

I have asked married men from various parts of India as

to their expenses. They all agree that Rs. 500—600 a month (say £400—500 a year) is the absolute minimum that a couple, with no children, can start on with any comfort, and that this means rigid economy. It is true that for this you get much better value in the way of houses, servants, and horses than at home. But it must be remembered that India is the land of emergencies as well as of regrets. To meet these you must have a reserve fund, as the life of wife or child may depend on change to the hills or home.

I will bid good-bye to money matters by saying that perhaps I have not laid sufficient stress on the fact that after twenty years' service you have earned a pension of £1 a day.

To turn to less material details. If the honours and decorations to be won in the Service are regarded as in some degree a set-off to the greater pecuniary possibilities of civil life, I may be excused for mentioning some of them. Honorary physicians and surgeons to the King are appointed from past and present officers of the Royal Army Medical Corps. At present eight surgeon-generals are Knights Commanders of the Bath, and three of St. Michael and St. George. Of these Orders, as well as of the Distinguished Service Order and others, there are many Companions on the active and retired lists of the Corps. Lastly, of the sixty-six Victoria Crosses now held by officers of all branches of the British Army (irrespective of the Indian Army and the Colonial Forces, the medical officers of which have won their share also) thirteen belong to those of the Medical Service.

In conclusion, I think the best advice to offer a man wishing to enter the army is that he should pass the entrance examination at the earliest possible opportunity, and that he should make every effort to obtain a house appointment. It is true that promotion nowadays is by selection in the higher ranks, and that in the lower ones acceleration of it is given for professional merit. But it is rash to assume that there are not as many good men in the batch above you as in your own, in which case they are as likely as you to get special promotion, and so to keep ahead of you. A batch usually means thirty places on the list, a serious matter later on. So, if you mean to go in, do so at the first chance. Remember that a year spent in a house appointment after passing the entrance examination counts as service towards promotion and pension, and that, needless to say, the experience so gained cannot be acquired in any other way.

X. Y. Z.

The Special Departments.

WE propose to publish from time to time in the JOURNAL a short account of each of the special departments of the Hospital in turn, with a summary of a few of the cases in attendance. Our object in doing so is not so much to instruct, because that is impossible in the small space at our disposal, but rather to call attention to the great amount

of important practical work that is carried out in these departments, and also to diminish, if possible, the great waste of clinical material which occurs almost daily at the Hospital, by attracting more general interest in these departments. There is a tendency on the part of students to neglect the special departments altogether, or to rush through the work as quickly as possible, as if it was a necessary evil to be brushed aside. This mistake is only discovered afterwards, and it may be at the cost of many patients. This month we take the Aural Department.

THE AURAL DEPARTMENT.

At a Special General Court of Governors, held in November, 1869, at which the Prince of Wales was present, it was resolved to establish certain Special Departments in connection with the Hospital, and shortly after this date Mr. Thomas Smith (now Sir Thomas) was placed in charge of an Aural Department. He was succeeded in 1873 by Mr. Langton, who resigned the appointment when he was elected full surgeon to the Hospital. In 1882 it was decided, upon recommendation of the Medical Council, to appoint an "aural surgeon" to take sole charge of the department, and in that year Mr. Cumberbatch was appointed, and has remained at the head of the Department ever since.

As at present circumstanced the Aural Department is a good example of work done under difficulties. How great the difficulties are only those who suffer under them can have any adequate idea. The floor space is totally inadequate: it could be made to accommodate three men and their patients if properly provided with lights, sinks, and tables. It has to find room for seven workers and often as many as ten patients, and the resultant loss of time and wear of temper can be imagined. Visitors are welcomed with a chastened joy, for the pressure is so great that it is almost impossible to show them anything. Hearing tests are handicapped by the re-echoing din of the surgery; babies are screaming in the hollow distance; through the open doors comes the crash and rattle of traffic over the Smithfield sets; in the male "cross-box" a house surgeon is making urgent efforts to pass a silver catheter through a stricture to a running accompaniment of groans and interjections from the patient.

Nearly twelve hundred aural cards are issued each year, and, as the majority of the patients attend at least a couple of months, the volume of work to be got through is large. Yet, with all the disadvantages of circumstance, there is hardly any special department which will more repay the man who dresses in it and makes the most of his chances. In every general practice a considerable number of aural cases occur. To have some clear idea of the proper way to treat them makes all the difference between a miserable and a gratifying result. To know when an ear is causing grave danger may often save not merely the doctor's reputation, but the patient's life. The dresser in the department learns to see and to know what he sees, and when he has got to that he has already gone far. After this the

diagnosis is relatively easy, and he has plentiful chances of making it for himself and finding out how far fuller experience confirms his ideas. In the surgery he may see such minor operative procedures as incision of the membrane, curettings, removal of polypi, ossiculectomy. If his patience will allow him, he may wait and gain valuable insight into the technique of the major operations. If he becomes a dresser for in-patients he has the further advantage of helping in these operations and witnessing and carrying out the subsequent dressings. The variety and interest of major aural surgery has been well exemplified in the Hospital recently. Within ten days there were operated on by the Department three cases of acute mastoiditis in children; of these two were complicated by other illness but are doing well, the third died unrelieved, with a diagnosis open between septicæmia and diffuse purulent meningitis, as no autopsy could be obtained; one case of chronic otorrhœa with large cholesteatoma and erosion of bone; another where a smaller cholesteatoma of the attic kept up the suppuration; another with perisinous abscess and a sloughing lateral sinus. This last has been an eventful case.

The patient, a boy of twelve, had been ill for three weeks. Details of the nature of the illness were vague, but there was obviously suppuration in the right mastoid, with doubtful symptoms of a brain abscess. At the primary operation the sinus was found to be sloughing and full of pus. The cerebellum was explored with a negative result. Later, pyæmic symptoms appearing, the right jugular was tied, and an effort made to get beyond the clot in the sinus. This had, however, extended beyond the torcular, and the left jugular was tied. After more than a week of steady improvement the boy developed double optic neuritis, with intense headache and vomiting. There were no localising symptoms of any sort, and both cerebellum and temporosphenoidal lobe were fruitlessly explored on both sides. Some days later he died. Post-mortem the thrombosis had spread along the superior longitudinal sinus, and it was probably the œdema due to this that simulated abscess in the later stages. In addition infection had tracked from the sinuses along the entering veins, and there was universal purulent meningitis, yielding streptococci in pure culture.

Already those who work in the Medical School are familiar with the sounds that attend the commencement of the building of the new heaven and new earth for the Out-patient and Special Departments. Somewhere in the more upward and heavenly regions of the block the new Aural Department will come into being. There, amid light and quiet and clean surroundings, with room to move in, the department will come into its own in the way of teaching opportunities. Visitors will not be looked askance at; beds, it is to be hoped, will be more in proportion to the urgent needs of the department; theatres will not have to be waited for wearily. Not one, but all the special

departments, suffer now from similar causes, and in the expansion and improvement of our special departments, we believe that the Hospital as a whole will gain much both in efficiency and reputation.

Round the Fountain.

If any of our readers are looking for work or are ambitious to make a fortune we commend the following advertisements to their notice:

I ask nothing for \$3000 unopposed country practice, in an ideal climate and community, established eighteen years. Buy my office or house of four rooms, drug stock, instruments, fine driving team, furniture of office at a low price, \$700 cash or will wait for \$500. Doctor! come to the land of sunshine and big red apples, where you will be glad you are alive. Reason for selling given, am not leaving. R. A. C., M.D., Mesa, Colo.

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Doctor, I give instruction in my speciality. It will take a month to learn, and will cost you \$500. It will bring you in a certain income of \$15,000 a year. Write at once. J. B. S., Mass., U.S.A.

The Past and Present Match.

NO finer afternoon could possibly have been chosen for the annual Past and Present matches than Thursday, June 22nd, and the Students' Union Council are to be congratulated on having arranged this fixture for a later week of June than in former years. The sun shone brightly throughout the day, and the ground at Winchmore Hill looked its very best. Even the pavilion flag tried to look gay.

Our visitors turned up in very fair numbers, and we were glad to see amongst them so many sisters and nurses. Several members of the Senior Staff were there—one of them indeed was playing in the cricket match—while the consulting staff was represented by Sir William Church.

The refreshments were excellent, especially the strawberries and cream and the ices; and the band was an improvement upon last year's bevy of stalwart constables, who, if we remember rightly, made up in volume what they lacked in *timbre*. The absence of the 1st Tennis VI, on account of a Cup-tie Match elsewhere, rather lessened the interest in the lawn tennis matches; but the cricket match was well worth watching; and even if there had been merely a coker-nut shy in the middle of the ground, we venture to think that the majority of our visitors would have

been well content to remain in their hammock chairs and read in the delights of a summer day in the country.

At one period of the afternoon there were so many motor cars drawn up within the precincts of the pavilion that a stranger on entering our gates might almost have imagined that a Hospital Gordon-Bennett Race was about to be run.

The feature of the Cricket Match was the excellent "century" by Parkinson for the Present XI. He was well supported by Gaskell, who was not content with scoring 68, but also took 4 wickets; and the Present finished off with considerably the better of the draw. For the Past XI Messrs. Heasman and Burroughes made a good stand for the first wicket, and treated the bowling with comparative indifference, while Anderson also played well for his 41; but those who followed lost their wickets in attempting to force the game. For scores see p. 154.

The Clubs.

CRICKET CLUB.

CUP TIE—FIRST ROUND.

ST. BART'S v. CHARING CROSS HOSPITAL.

We met Charing Cross at Winchmore Hill, on Thursday, June 8th, and amply revenged last year's defeat by 1 run. De Verteuil (32) played a very fine innings at a critical stage of the game, in which he was backed up well by Noon (30) and Smith (25). Page proved irresistible with the ball, taking 7 for 0.

SCORES.

ST. BART'S.		CHARING CROSS.	
P. R. Parkinson, b Williams	14	D. P. Williams, c Bowen, b Page	29
J. W. Bean, c Blythman, b Beaman	7	W. D. Keyworth, c With, b Page	9
G. Viner, b Beaman	1	E. H. Hugo, c Parkinson, b Page	4
J. F. Gaskell, b Williams	11	H. P. Hugo, b Page	0
J. Postlethwaite, b Beaman	6	E. D. Davies, b Page	0
P. A. Smith, b Williams	6	W. A. Beaman, b Parkinson	10
J. M. Smith, b Blythman	25	A. E. Blythman, c Parkinson, b Page	3
R. de Verteuil, c Davis, b Beaman	52	L. E. M. Smith, b Parkinson	1
C. Noon, not out	30	G. B. Lucas, l-b-w, b Page	3
G. F. Page, c Williams, b Blythman	12	E. S. Calthrop, c and b Parkinson	5
G. Bowen, c Hugo, b Beaman	2	W. W. D. Chilcot, not out	0
Extras	5	Extras	5
Total	165	Total	69

BOWLING ANALYSIS.

	Overs.	Maidens.	Runs.	Wickets.
Page	17	5	28	7
Parkinson	16	4	36	3

CUP TIE—SEMI-FINAL.

ST. BART'S v. ST. THOMAS'S.

Played at Honor Oak on June 20th, and won easily by St. Bart's, for whom Parkinson played well for 41. Thanks to fine bowling by Page and Parkinson St. Thomas's collapsed badly.

SCORES.

ST. THOMAS'S		ST. BART'S.	
G. R. Footner, b Page.....	6	P. R. Parkinson, c Neild, b S.-Smith.....	41
F. N. Neild, c Page, b Parkinson.....	2	J. W. Bean, run out.....	27
W. Weir, b Page.....	1	J. M. Smith, b Hoare.....	20
F. H. Holl, b Parkinson.....	5	F. Gaskell, c Neild, b S.-Smith.....	0
E. A. Seymour, b Page.....	5	G. Viner, c Hoare, b S.-Smith.....	1
N. S. Hoare, b Page.....	3	J. Postlethwaite, c Weir, b Hoare.....	2
T. G. Starkey-Smith, b Page.....	3	E. de Verteuil, c Hoare, b S.-Smith.....	13
F. S. Hewitt, not out.....	11	P. A. With, c Hewitt, b Hoare.....	6
R. L. Barwick, b Parkinson.....	1	C. Noon, c Hewitt, b S.-Smith.....	0
B. I. Parsons Smith, b Page.....	0	G. Bowen, not out.....	8
H. A. Unwin, b Page.....	0	G. F. Page, c Neild, b S.-Smith.....	7
Extras.....	10	Extras.....	8
Total.....	44	Total.....	142

BOWLING ANALYSIS.	
Overs.	Maidens. Runs. Wickets.
Page.....	134... 4... 21... 7
Parkinson.....	13... 6... 13... 3

PRESENT.		PAST.	
P. R. Parkinson, c Heasman, b Adam.....	103	W. G. Heasman, c With, b Postlethwaite.....	38
J. W. Bean, b Fegan.....	4	H. N. Barrroughs, c Gaskell, b Parkinson.....	42
G. F. Page, b Fegan.....	0	R. A. Fegan, run out.....	0
J. F. Gaskell, c Turner, b Heasman.....	68	C. A. Anderson, b Gaskell... 41	
E. de Verteuil, not out.....	18	H. F. Scroones, c Noon, b Gaskell.....	15
J. M. Smith, not out.....	15	C. H. Turner, c Parkinson, b Gaskell.....	17
P. A. With, c Heasman, b Postlethwaite.....	3	J. W. Nunn, not out.....	3
G. Viner, c Heasman, b Postlethwaite.....	3	H. E. G. Boyle, b Gaskell... 3	
G. Bowen, c Heasman, b Postlethwaite.....	3	C. G. Watson, L. B. Rawling, c Heasman, b Postlethwaite.....	3
L. L. Phillips, c Heasman, b Postlethwaite.....	3	C. H. Fernie, G. H. Adam, c Heasman, b Postlethwaite.....	3
C. Noon, c Heasman, b Postlethwaite.....	3	Extras.....	7
Extras.....	32	Extras.....	7
Total (4 wkts)*.....	240	Total (7 wkts).....	166

* Innings declared closed.

The scores of the following matches are held over:
 June 3rd.—v. M.C.C., lost by 151 runs.
 „ 17th.—v. R.I.E.C., lost by 19 runs.
 „ 25th.—v. Mayfield, won by 156 runs.

2ND XI.

We beat St. Thomas's 2nd XI on Thursday, June 15th, and thus qualified for the final of the Junior Cup Tie.

ATHLETIC CLUB.

The sports were held on Wednesday, June 14th, at Winchmore Hill. The attendance was much larger than last year, and we must congratulate the Committee and all those concerned on the appearance of the ground and the excellent way in which everything was arranged. The marquee in which refreshments were served made the field especially festive, while the weather was all that could be desired.

No records were broken, and the performances were for the most part only moderate, but some of the finishes were very exciting. This speaks well for the handicapping as a whole, though in some instances—notably the 120 Yards—it was very wild.

The heats for the 100 Yards Level opened the proceedings, and were succeeded by Putting the Weight, which P. Gosse (rec. 14 ft.)

won with 39 ft. 10 in.; L. F. K. Way was second, and H. C. Waldo third. F. P. Young (scratch man) put 36 ft. 8½ in.

The Long Jump was won by H. Spitz (rec. 1 ft. 6 in.) at 19 ft. 4½ in. J. R. Lloyd (rec. 1 ft.) was second. L. F. K. Way (scratch man) jumped 18 ft. 11½ in.

F. C. Trapnell ran the 440 Yards Level in 55½ sec., which, considering the grass track, was distinctly good.

The energetic Hon. Sec., L. F. K. Way, was again in evidence in the 120 Yards Hurdles, which he won in 17½ sec. A. H. Hogarth was a close second.

The next event after the heats for the 120 Yards Handicap was Throwing the Hammer (Handicap), which P. Gosse, the old veteran, won, thanks to his handicap; Way being second, and R. Jamieson third.

The Half Mile Handicap was won from scratch by W. H. May in 2 min. 10½ sec. He is a new and valuable addition to the Hospital Athletic Club since last year, and has already distinguished himself during the cross country season. E. V. Oulton was a close second; the latter also won the 220 Yards (Fresher's Race) in 26½ sec., thus securing Dr. Griffiths' Challenge Cup offered for that event.

M. W. B. Oliver was second.

E. R. Evans won the Challenge Cup for the 100 Yards Level in 10½ sec. F. C. Trapnell was second.

B. Hudson ran well in the Junior Staff Race—time 11 sec.—beating Burfield by a yard and a half.

The High Jump Handicap was won by F. J. Gordon (rec. 4 in.) with 5 ft. 1½ in. Rendall was second, and L. F. K. Way third; the last-named did the best jump of the afternoon, clearing 4 ft. 11½ in.

R. Jamieson won the 120 Yards Handicap, and P. Gosse was second.

About a dozen men started for the mile. Dr. Morley Fletcher offered a very fine silver cup for this race, for which there was keen competition. G. H. Almond (who received the limit of 150 yards handicap) ran with grim determination, and, leading throughout, just managed to hold his own against W. H. May, who started 60 yards from scratch. The finish was an exciting one, May coming along at a great pace for the last 250 yards. Time 4 min. 47½ sec. A. L. Candler, scratch man, did not show his usual form.

The Relay Race—one mile—was again a great success, being won by the Association Team, represented by C. B. D. Butcher, E. R. Evans, F. J. Gordon, and A. H. Hogarth in 9 min. 57½ sec.

The Tug-of-War was won by the second year men, thanks to the enthusiasm of A. J. von Braun.

After this an adjournment was made to the pavilion, where the prizes were distributed by Mrs. Morley Fletcher, to whom we owe our best thanks, knowing, as we do, the kindly interest which she has shown for many years in the Hospital Athletic Club.

The proceedings terminated with a hearty vote of thanks to Dr. and Mrs. Morley Fletcher, and, in conclusion, we must thank all the members of the Staff and other old Bartholomew's men who were kind enough to officiate during the afternoon.

The United Hospital Sports were held on Wednesday, June 21st, at Stamford Bridge, when, unfortunately, the London Hospital team proved too strong for us for the second year in succession. We were unlucky in not having the services of W. H. Orton for the sprint races, and we take this opportunity of wishing him a speedy recovery from his indisposition. We won three events, namely Putting the Shot by F. P. Young, 37 ft. 11½ in.; the Hurdles by L. F. K. Way, who was in grand form, and the 220 Yards Level by E. R. Evans after an excellent race. We also secured three second places in the Long Jump, the Mile, and Three Miles; but, for the rest, our sanguine expectations were not fulfilled. No one will deny that the London Hospital won on their merits, but we had very little luck on our side, and none of the other Hospitals helped us to reduce the lead of the London. The track was in wretched condition, and most of the events were contested under very trying circumstances, for instance, there were two curves in the 220 Yards Level Race, and the competitors in the Quarter Mile had to begin by running up a bank.

The following were our representatives:
 100 Yards.—E. R. Evans and F. C. Trapnell.
 Putting the Weight.—F. P. Young.
 Long Jump.—F. C. Searle and L. F. K. Way.
 440 Yards.—F. C. Trapnell and F. J. Gordon.
 Hurdles.—L. F. K. Way.
 Throwing the Hammer.—F. P. Young.
 Half Mile.—W. H. May and B. A. Keats.

220 Yards.—E. R. Evans and F. J. Gordon.
 High Jump.—S. Rendall.
 One Mile.—A. L. Candler, W. H. May, and B. A. Keats.
 Three Miles.—A. L. Candler, W. B. Grandage, and A. R. Snowden.

We consoled ourselves somewhat with the fact that our team for the Tug-of-War, ably captained by R. Von Braun, proved victorious, defeating Guy's and Charing Cross with great ease.

SWIMMING CLUB.

ST. BART'S v. EALING.

Arranged for the 9th June this match had to be scratched, and this notwithstanding the fact that the team had been put up on the notice board for four days. On the actual day of the match three men scratched, and despite the energy of the Secretary, since it was Whitsuntide no substitutes could be obtained on such short notice. All the members of the Club now have fixture cards, and such a proceeding is inexcusable, to say nothing of giving the Club a bad reputation. In future the selected members might give two days' notice of inability to play to either captain or secretary, or scratch before the day of the match.

On June 28th we met Guy's in the 1st round of the Inter-Hospital Water Polo competition, but we were defeated by 3 goals to 1. Our team was quite unrepresentative, chiefly owing to the slackness of certain members, who ought to have made a point of playing.

ST. BART'S v. I.I.A.C.

This match, played at the Holborn Baths on June 19th, resulted in a win for the Hospital by 7-4. Each team turned up a man short, and the resulting game was somewhat of a scramble. The first goal was scored by S. Y. Stones shortly after the game began; and a good shot in the left-hand corner of our goal made matters even. Shortly after Trapnell shot a goal, and our opponents again equalised (2-2). Bart's then woke up, and Stones, Ryland, and Watkins all shot goals in rapid succession (5-2). After half-time Whites scored a goal for the Hospital, and shortly after Stones scored another (7-2). I.I.A.C. pulled themselves more together, and in the last two minutes added two goals, leaving us victorious by 7-4. As in all six-a-side games there was rather a lack of passing on both sides. Team: H. V. Capon (goal); C. F. O. White, F. C. Trapnell (backs); J. G. Watkins (half-back); A. Ryland, S. Y. Stones (forwards).

LAWN TENNIS CLUB.

The Tennis Club has not been a great success this season, partly owing to the loss of the old members of the team, only two colours remaining, and no doubt also to the inferiority of the play. The loss of the captain, P. Black, for the greater part of the season, owing to indisposition, was keenly felt. There are three Freshmen to the team, but their play is not markedly conspicuous. Six matches have been played so far, registering three wins, namely, against St. Mary's twice and the R.I.E.C.; and three losses, namely, Christ's College, Cambridge, St. Andrews, and R.I.E.C. Three matches have been scratched owing to the rain, and two more have yet to be played. In the Inter-Hospital Cup Tie we were defeated one, which P. Black succeeded in winning. The doubles were more even, but the fact that they won three games gave them the match. It is satisfactory to note that the courts at Winchmore Hill, which are in excellent condition, seem to have been much used this year.

In Appreciation from Davos.

EUSTACE TALBOT, OBIT MAY 26TH, 1905.



TALBOT is gone, and we cannot yet realise the extent of our loss; so trusty a comrade, such a tower of strength he was to us—the strength that comes from difficulties faced and conquered. He had only been a few days resident after the six months'

grind as junior H.P. when he had to give up his post and spend weary months in quest of health, an ignoble and too often demoralising pursuit. But he took it all bravely, set himself to getting well as he would carry through anything, work or play; never for a moment letting it spoil his career. He got the better of the dread bacillus—as he was sure to do, made up lost time, was on the high road to name and fame, when he was suddenly cut off.

The ways of Providence are indeed inscrutable. The strong and efficient are taken; the weaklings left. As to the whither? We all have our own working theories—happiest those of us who can think of our best friends in some sphere with more scope for their powers, freer, less restricted by physical weakness. But this at any rate is plain certainty, that Talbot's memory will remain with us as a constant inspiration to live down our own difficulties, to let no physical weakness of any sort small or great, stand in the way of our making the best of our own lives.

Peace be with thee, friend! We too will be steadfast.

E. C. M.

Reviews.

EXERCISES IN PRACTICAL PHYSIOLOGY: PART II. By AUGUSTUS D. WALLER and W. LEGGE SYMES. Pp. 79. (Longmans, Green, and Co. 2s. 6d. net.)

This is an excellent little book which should be found useful for revision purposes by candidates for the university examinations. Several chapters are extremely good, but the whole book is rather spoiled for any but advanced students by the frequent use of unexplained scientific terms such, for example, as midriasis, proptosis, and many others.

ELEMENTARY MICROSCOPY. A Handbook for Beginners. By F. SHILLINGTON SCALES, F.R.M.S. Price 3s. net. (Baillière, Tindall & Cox.)

This little book will be found of much assistance to the medical student during his time of trouble when purchasing a microscope. Should he be possessed of wealth he will find how to invest some of it to the best advantage without being "had"; and if, on the other hand, his means are limited, he will learn how to get what will be most useful to him with the least outlay. Besides this there are excellent short chapters on the practical optics of the microscope and on its manipulation which will aid the student to get the best value out of the instrument whilst it is still his own.

Unfortunately we are compelled to hold over the reviews of several books.—Ed.

We present our readers with a radiograph of the not very common condition of supernumerary or cervical rib. In this instance the rib is plainly to be seen on both sides. On the right the small cross marks the junction of the bone with its costal cartilage, which appears to be attached to that of the first true rib.

Cervical ribs often give rise to paralytic symptoms in the upper extremity from their action in pressing upon the brachial plexus. The nerve roots most usually affected are the eighth cervical and first dorsal, and on this account an operation for the removal of the rib may be necessary.

R.A.M.C. Notes.

Gazette notifications.

Lt.-Col. W. J. Baker has been selected for increase of pay.
Capt. E. M. Williams has been promoted to Major. Lieut. L. V. Thurston is confirmed in that rank.

Capt. C. H. Hopkins (Bombay) has been appointed specialist in specific fevers for the Western Command.

Capt. R. F. Ellery has been transferred from Allahabad to Landour.

Lt.-Col. W. J. Bedford, C.M.G., is home on leave from Gibraltar; and Lieut. A. A. Meaden has six months' sick leave from India.

Lieut. C. H. Turner has been transferred from Aldershot to Woolwich; Lieuts. C. D. M. Holbrooke and C. W. O'Brien from there to Netley, whilst Lieut. W. S. Nealar remains at that station.

Indian Medical Service.

Lieut. L. B. Scott is reported as having arrived in London on leave.

Captain H. J. Twice is appointed to be Superintendent, Central Prison, Hyderabad, and on relief to act as Superintendent, Central Prison, Yeravda.

Examinations.

UNIVERSITY OF CAMBRIDGE.

1st M.B.: Part I.—H. J. Baldwin.
2nd M.B.—A. J. S. Fuller, T. S. Gibson, B. Haigh, G. W. Twigg.
3rd M.B.: Part I.—H. Beckett, H. J. D. Birkett, T. W. N. Dunn, J. F. Gaskell, H. J. Gauvain, H. E. Graham, H. Hardwick Smith, N. G. Horner, P. R. Parkinson.

Appointments.

E. C. Hayes, M.R.C.S., L.R.C.P., appointed Assistant Resident Medical Officer to the North-West London Hospital.

C. Nedwill, M.B., B.C., appointed Government Inspector in the Sudan Medical Department.

A. S. Petrie, M.R.C.S., L.R.C.P., appointed House Surgeon at the Victoria Hospital for Children.

J. E. Pratt, M.R.C.S., L.R.C.P., appointed Junior House Surgeon to the Coventry and Warwickshire Hospital.

C. H. Roberts, M.D., M.R.C.P., appointed an Examiner to the Central Midwives' Board.

J. A. Willett, M.B., M.R.C.P., appointed Registrar to the Samaritan Free Hospital.

H. Williamson, M.B., M.R.C.P., appointed an Examiner to the Central Midwives' Board.

R. A. Vely, M.D., appointed Hon. Secretary to the Hampstead Division of the Metropolitan Counties Branch of the British Medical Association.

New Addresses.

BEADLES, H. S., 61, London Road, Forest Hill, S.E.
BECK, E. A. A., Trinity Hall, Cambridge.
BROWN, DURWARD, Spring Grove, Springfield Avenue, Harrogate.
BROWNLOW, H. L., Shirley, St. Andrew's Road, Hénley-on-Thames.

CROSS, W. FOSTER, 80, New Cavendish Street, W.
DAVENPORT-KNIGHT, A., 78, Ebury Street, S.W.
HAWKINS, F. J., 8, Market Terrace, Lee Bridge Road, E.
HEPBURN, M. L., 66, Wimpole Street, W.
HIGGINS, A. G., Newport, Gloucestershire.
MORGAN, C. C., 30, Campbell Road, Bow, E.
NICOLL, C. V., 30, Iyerna Court, Kensington, W.
NUNN, J. H. F., "Brackendene," 286, Balham High Road, S.W.
PINKER, H. G., 6, Dalby Road, Cliftonville.
WILLIAMSON, J., The Limes, East Street, Epsom.
WINDER, M. G., R.A.M.C., Military Hospital, Potchefstroom, Transvaal.

Births.

HARTLEY.—On May 27th, at 39, The Terrace, Gravesend, the wife of J. Dawson Hartley, F.R.C.S.Eng., of a son.
HENDLEY.—On June 4th, at 6, Cleveland Road, West Ealing, W., the wife of Major A. G. Hendley, I.M.S., of a son.
MAXWELL.—May 27th, at Tainan, Formosa, the wife of Dr. J. L. Maxwell, of a daughter.
SCHOLBERG.—On June 12th, at Cardiff, the wife of H. A. Scholberg, Esq., M.B., of a son.

Marriages.

BEADLES—DEARLOVE.—On May 4th, at Elm Church, Combs., by the Rev. M. R. Ruston, assisted by the Rev. A. Beadles and the Rev. Canon Stokes, Hugh Stanley Beadles, M.R.C.S.Eng., L.R.C.P.Lond., third son of Dr. Beadles, of Forest Hill, to Violet Mary, eldest daughter of the late Thomas D. Dearlove, Esq., of Oxburgh Hall, and of Mrs. Dearlove, of Coldham House, near Wisbech.
GARDNER—CHADMAN.—On June 10th, at St. Saviour's, Chelsea, by the Rev. Lancelot Chas. Walford, M.A., Vicar, William Thomas Gardner, M.B.Lond., of Bournemouth, to Adrea Gabrielle, youngest daughter of the late David Ward Chapman, of Spa, Belgium.
HARVEY—HARVEY.—On June 6th, at Stoke Damerel, Devonport, Frank Harvey, M.B., of Rotherham, son of Francis Harvey, of Penzance, to Charlotte Burdwood Harvey, daughter of Fleet Surgeon Christopher Harvey, R.N.
MACLAREN—DAVIDSON.—At St. Cuthbert's Church, Carlisle, on Wednesday, June 21st, 1905, by the Vicar, the Rev. H. P. M. Lapere, assisted by the Rev. W. B. Davis, Norman MacLaren, F.R.C.S., the eldest son of Roderick MacLaren, M.D., to Elizabeth Stead Davidson, the elder daughter of Mrs. Davidson, 12, Victoria Place, Carlisle.

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.

THE SURGEON AND THE PATHOLOGIST.

The Summer Address delivered before the Abernethian Society, on June 8th, 1905.

By W. BRUCE CLARKE, M.B.Oxon., F.R.C.S.,
Surgeon to St. Bartholomew's Hospital.



MONGST the many developments of surgery which have taken place during the last few years none, perhaps, is more striking than the demand which the surgeon makes for assistance from the pathologist. It is even more striking how keen an interest the public are beginning to take in this aspect of the question, and how different their attitude now is to what it was some few years back.

When I began work at St. Bartholomew's Hospital one might often hear pathology decried, and many good stories were told at the expense of the pathologist. I will relate one which I dare say has been fathered on to a great many people, and which, at any rate, has this merit that it will enable you to understand the light in which the generality of students of that day regarded pathology and the pathologist.

A physician was sent for to see a patient in the country, and on his return journey seated himself snugly in the corner of a first-class railway carriage to enjoy an evening paper. Two strangers, evidently from the neighbourhood, entered the carriage, and one of them, who was a local doctor, remarked to his neighbour, "Have you heard how seriously ill Mr. — is?" "Yes," replied his friend, "I hear Dr. So-and-So is coming down to-day from London to see him." "Quite impossible," said the doctor, "he's only a pathologist." "What's a pathologist?" said his friend. "Oh," replied the doctor, "one of those fellows who comes and cuts you up when you're dead." "What's the good of that," said his friend; "it would be much more to the point if he could open you when you're alive, and then perhaps he might find out what was wrong, and possibly do you some good." "Quite impossible," said the local doctor; "you wouldn't suggest such a thing if you understood anything about medicine." The physician who had been listening to this friendly criticism on himself with his face buried in his newspaper retreated to another carriage, and returned home a sadder and a wiser man. He had never before realised that pathology and medicine were incompable.

It is difficult to picture to ourselves what surgery would be without pathology, and perhaps equally difficult to grasp the enormous help which we may derive to-day from active co-operation with the pathologist. Still more difficult is it to realise how much greater will be the assistance we shall obtain from him in the near future. I can make no pretence of giving you a resumé of recent pathological progress. You could obtain it far better from others who are devoting their lives to the subject, but what I will try to do is to illustrate by certain examples how surgery has been and is being changed by recent pathological work, and how necessary it is to call in the co-operation of the pathologist.

Let me first carry you back for the moment to what I may term the surgery of empiricism. A few weeks back I was

looking over the works of Percival Pott, whose portrait, by Sir Joshua Reynolds, adorns our Hall, and I came upon the following statements made by him just 130 years ago on the subject of diseases of the testicle. He writes as follows:

"Many people I have known who have lived several years or their whole lives perfectly free from disease after the removal of scirrhus testicles, and several I have known who, having deferred the operation until they were urged by pain, increase of size, and inequality of the tumour, have, from the sore becoming cancerous, not been able to obtain a cure." But Pott further emphasises his uncertainty in these cases by relating that one of those whom he had cured was a sailor who had been admitted into St. Bartholomew's Hospital, and whose testicle he had removed "at the earnest solicitation of one of the Governors," though at the same time he implies that it was somewhat against his own judgment.

One thing, however, is clear, and that is, that Pott was very anxious to obtain a better insight into the construction of these growths, for he says, "Were we capable of knowing which those schirrh were that would remain quiet and inoffensive throughout life, or for a great length of time, and which would not, we should then be enabled to advise or dissuade the operation, upon much better (that is, surer) grounds than at present we are able to do. We have no such degree of knowledge."

How startled Pott would be could he reappear in his powdered wig and knee-breeches and see the pathologist in our new theatres with a freezing microtome reporting on the nature of a growth, whilst the surgeon waits, knife in hand, ready to pin his faith on the verdict of the microscope.

Still further would he realise that the whole conception of surgical disease was metamorphosed by the revelations of the ravages of the bacillus. If the pathologist has taught us to reverence the bacillus and his products, the culture tube still reveals to us how difficult it is to be quit of him.

One great problem which awaits solution is how to render our own skin and those of our patients absolutely sterile. The attempts that have been made in this direction are legion, but it is questionable if any one of them can be styled perfect. It is to the pathologist that we look for progress in this direction, and if he is to help us he must know our needs and we must understand his methods. Only within the last few months Professor Wright, now at

St. Mary's Hospital, has made a fresh suggestion which, it seems possible, may carry us a stage further on our road. He has shown that a 15 per cent. solution of gelatin dissolved in hot water, to which 2 per cent. of formalin is added, can be painted on the skin much in the same way that collodion is employed. The effect of this flexible protective on the organisms that inhabit the skin, and so tenaciously stick to its pores is very striking. In a few hours (I am not quite sure of the exact number) the organisms become inert and no longer able to propagate their species, and if you put them under the microscope they remind one of the male stag beetle, which is seen in such abundance at this time of the year in certain parts of the country, who is so exhausted by the process of reproduction that after a few short days of life he lies on his back and perishes.

Be this the solution of the absolute prevention of infection or not, rely upon it we shall in time find a method that is as easy and certain of application as the common sterilizer which is now in such universal request for our instruments.

But the surgeon realises quite as clearly as does the pathologist that he cannot always obtain sterile tissues on which to perform his operations. Once infected, how is an individual to be freed from infection? Both surgeon and pathologist must co-operate if we are to attain this end.

Let us try and picture to ourselves exactly what takes place when a patient's finger is infected say by a small poisoned wound. We will assume that our patient has no constitutional disturbance. An examination of his blood taken from a part of the body far removed from the seat of infection will, in all probability, display nothing abnormal. There will be no increased leucocytosis.

Suppose, however, his finger is pricked at the seat of the poisoned wound and a few drops of pus are evacuated. In twenty-four hours all trouble will be at an end. If we make an examination of the pus it is full possibly of staphylococci; and there is a local leucocytosis in the immediate vicinity. The surgeon will tell you that he has let out the pus and removed the cause of the trouble. He orders a fomentation, and possibly an arm bath as well, and he asserts that he has cured his patient. In one sense he is correct. But what has the pathologist to say in the matter. He states that the cure is due to the hanging down of the arm in the bath, and the consequent douching of the wound by the protective material, which is brought there by the flow of blood to the part.

If we illustrate the process by a homely simile, a raid has been made upon the organism by a hostile staphylococcus, and the invasion has been repelled by the ample reserves which have been poured into the breach that has been made. But the pathologist can throw further light on the process. Observe he is quite ready to admit that the surgeon has done the right thing at the right moment, that he has destroyed some of the enemy's forces, and further

that he has enlarged the breach by which the enemy can be repelled. But, says he, if I examine the pus from the abscess it displays no opsonic power, whilst the blood and serum that are poured out from the immediate neighbourhood display that power in a remarkable degree.

What does he mean by that remark? Some of you are, I daresay, cognisant of his meaning, but I doubt if you fully appreciate the significance of his remarks. We have all heard of phagocytosis; but it is only quite recently that we have been enabled to measure its varying powers, and to learn how it may be varied by the action of the pathologist. To return to our simile of an invasion. There are two principal methods by which the invasion by staphylococci can be repelled, one is by calling in the aid of our allies, *i.e.* by injecting a serum which is derived from another animal, and the other which I think I may claim is under ordinary circumstances the better method, *viz.* by relying on ourselves, marshalling our own forces into action, and repelling the enemy before he can make any serious inroad. If we rely on the help of our allies, it must always be difficult to gauge the exact amount of assistance we may require.

The employment of these outsiders may prove too exhausting a process. In such a case we can only determine our needs by the somewhat rough and ready plan of ascertaining the weight of the human body into which the serum has to be injected. We then make the assumption that the whole of the human body in question is invaded equally, and secondly that the serum we are introducing will act on the diseased individual exactly as it has done on some other animal on which it has previously been tried. And we employ what we believe to be a suitable dose. Observe there is a good deal of uncertainty in the process.

In other words we are trusting solely to a quantitative estimate, and ignoring entirely the quality of the forces that reside in the human body that has been attacked. Quite recently, however, Professor Wright has shown us that if we place under the field of the microscope a drop of the blood of the attacked individual, and compare it with that of a certain number of healthy individuals, so as to obtain a standard, we shall find that the eosinophile leucocytes, which have transformed themselves into phagocytes or scavengers for the time being in the attacked individual, vary considerably in the number of bacteria, which they can swallow, digest, and make away with. They are unable it may be to swallow as many bacteria as the healthy individual can, or possibly they can swallow more. By this comparison that has been instituted a standard has been obtained. To this power of digestion the term opsonic power has been given. It is derived from the Greek word *ὄψων* a dainty. There is no accounting for tastes. The phagocyte likes his savoury in the form of a bacillus, but it must be prepared by a skilful chef if he is to take it in any considerable quantity. The blood serum is the chef, and the material which he uses to

convert the bacillus into a savoury morsel is called an opsonin. We are all of us possessed of a small standing army of opsonins, capable say of enabling each leucocyte to take up and digest two or three bacilli. This represents the opsonic power of ordinary health. When an invasion is threatened we promptly increase our standing army automatically as occasion may require. In pathological language we raise our opsonic index, and so we can devour and eradicate the invader. But the most interesting part of Wright's researches consists in the fact that he has shown us how it is possible to increase enormously our standing army of opsonins at very short notice, and so repel a combined attack of large masses of the enemy instead of being overpowered by their furious onslaughts.

We are all aware that practice makes perfect, and that long and careful preparation are necessary before we attain to perfection. It is by practice and careful preparation only that we can raise the opsonic power of our blood serum to five or six times or more beyond its normal amount. The process is an exceedingly simple one. Pathogenic bacteria, as you know, are destructive to the organism, not in consequence of their multiplication, but by reason of the fact that as they multiply, they form large quantities of toxins or poisons by means of which deleterious effects are produced largely on the muscles, and notably on the heart muscle, in consequence of which the circulation of the blood is brought to a standstill.

We are all familiar with the phenomena of toleration in the human body. Opium, alcohol, and tobacco, if they are taken in gradually increasing amounts, are readily tolerated. Larger and larger quantities are required to induce a toxic effect. And the same phenomena are observed in connection with the bacterial toxins. An increased amount of opsonins are produced as the need for them increases. The blood serum in which they are carried can be rapidly raised in opsonic power by introducing gradually increasing doses of bacterial toxins. All that is necessary to bring about this object is to kill the bacteria, and then inject an emulsion of them into the infected body. By this means we can introduce a definite dose of toxin, and, at the same time, we are sure that no more will be produced by the increase of the bacilli themselves, as they have been killed beforehand.

The effect of this method of treatment is very striking in certain cases. Directly after inoculation the curve of opsonic power shows at first a dip, the negative phase during which the resistance of the patient is lowered to the poison. This phase may last for some hours, but it is soon succeeded by a marked rise, which will last perhaps some days, when a slight fall again takes place. But this fall does not reach the level from which the patient started. A definite step has been gained. Another dose larger in amount is given; a slight drop ensues for a few hours, then another rise occurs. A second step is gained. By increases

of dosage further steps are gained, until eventually the limit of opsonic power is reached.

You will observe that at each of these steps two temporary falls in opsonic power take place, the first one a few hours after the injection, and the second three or four days later as the effect of the antitoxin is passing off. It is very important to realise exactly when these decreases in opsonic power are taking place, for it is just at these periods that rigors are liable to occur.

The pathological details to which I have just been referring are highly complicated, and, if full advantage is to be taken of this method of treatment, it is absolutely essential that the pathologist should be present and consult with those who are in attendance on the patient. So far I have dealt mainly with abstract questions of pathological principles; you will, I think, more readily grasp the need of the pathologist when these principles are being put into practice if I relate to you the case of a lady whom I have recently attended, in which I had the advantage of consultations both with Sir William Broadbent and Professor Wright, as well as the help of her general practitioner.

The case was that of a lady who was seriously ill with pus in the urine. When I first saw her it was with a view to determining whether the pus was flowing from both kidneys or only from one. For our present purpose it is unnecessary to consider the earlier history of the case further than to state that she had suffered from a somewhat similar attack some year or more previously. A separator was introduced into the bladder, and speedily revealed the fact that practically no urine was being secreted by the left kidney, and that the pus was coming from the right side. The urine was offensive, and contained abundant colon bacilli. Colon bacilli in the bladder may be comparatively innocuous, but when they ascend to the kidney they are difficult if not impossible to dislodge, except by removal of the diseased organ, which in this case was out of the question.

The patient's condition did not improve under ordinary medical measures, and about a week later I drained the kidney. For a time the patient improved. The improvement was not maintained; the bacilli in the urine did not disappear. The patient got worse; her aspect did not improve, and her appearance pointed to the fact that some hæmolytic action was taking place. The blood pigment was being broken up presumably by the toxic action of the coli-toxins, a rigor occurred which weakened the patient considerably. At this stage Professor Wright came on the scene, a drop of blood was drawn, and its opsonic index was 0.8. An injection of fifty million dead colon bacilli was introduced, and the following day the opsonic index or protective power of the patient had fallen to 0.6. In the afternoon another rigor occurred.

Now mark the general effect of the rigor. The patient was not so severely affected by it as by her previous rigors; she recovered from it more rapidly. The following day the opsonic index had risen to 1.5. The effect on her general condition was striking. She herself realised the benefit of the injection, and was anxious for another. But it is no light matter to introduce fifty million bacilli into a person even if they are dead, and we conferred with Prof. Wright before doing so. The blood was examined, the protective power had fallen to .95, and another injection was introduced. The protective power had risen next day to 1; another slight rigor took place. A few days later the protective power had risen to 2.5. It is unnecessary for me to trace in detail the further stages of this case. One point, however, I am anxious to emphasise, *viz.* the fact that the rigors almost invariably occurred when the opsonic index was low; and after a little time we found we could predict the opsonic index from the patient's general appearance with a fair degree of accuracy.

But whilst we were conscious of the value of Professor Wright's injection, he was equally conscious of the fact that

there might be some masked battery in the shape of a hidden pus focus that was letting loose its deadly missiles and slowly but surely overpowering the opsonins. And he was urging the physician to explore with his stethoscope and the surgeon to try his exploring syringe. Again and again did we respond to his challenge, we each plied our weapons; but the victory was not to be ours this time. At length, after a long and goodly fight, the stethoscope, the exploring syringe, and the opsonins were all worsted, and *Bacillus coli* was triumphant. But of one thing I am quite certain, if we had not been united, and worked together, and realised we were all working for a common end, we could not have stood our ground so long. The victory that has been wrested from us to-day will be ours to-morrow. And this method of treatment is applicable to various diseases, and can be employed for the eradication of various forms of bacilli and cocci. I am at present using this method for a case of tubercular disease of both kidneys, though it is as yet too early to speak of results.

But there is another point to be considered. So far we have merely discussed the raising of the opsonic index in order to tide us over a difficulty, but there is another side to the question. There are probably many instances of slight departure from what we term health in which a slight rise in the opsonic index is all that is needed. Already we seem to be within a measurable distance of explaining the tendency to boils which some people exhibit at certain periods, and which almost everyone displays for a while during the onset of puberty. I know of one case at least in which a tendency to boils has been overcome by raising the opsonic value of the blood serum, and so increasing the protective power of the individual. This method opens a wide field for preventive medicine.

Let me now turn from this side of pathology to another, in which we are on surer ground. I allude to the use of saline injections. Like the preceding method to which I have just referred, it should be used mainly to tide us over a difficulty.

It is only the other day that we were practising transfusion with human blood, and that we believed that a loss of blood must be replaced by blood. The pathologist stepped in and informed us that the blood of one animal cannot be made use of by another. It is not even necessary to inject blood at all; if we do employ it the blood-corpuscles are broken up and destroyed, devoured apparently by the host into whom they have been needlessly conveyed. So great is the economy which is practised by the human body that cannibalism is resorted to, perhaps performed as a regular duty by the blood corpuscles; at any rate, no hesitation is exhibited in the case of an invasion by the blood corpuscles of one's neighbours. Of the economy of this method of disposing of one's neighbours there can be no doubt. If any of you are in doubt on this point, let me

refer you to the thrilling, though horrible, description which is given of cannibalism by Sydney Hinde, an old Bart.'s man, in his work entitled "The fall of the Congo Arabs," p. 69, where he makes the following statement:

"On the night following a battle, or the storming of a town, these human wolves disposed of all the dead, leaving nothing even for the jackals, and thus saved us, no doubt, from many an epidemic."

But to revert to my more immediate point, the value of saline injections. To-day not only are we employing them in cases of loss of blood, but we are calling in their aid to help us when the circulation has been poisoned and the toxins are paralysing the muscles.

A few weeks back a boy was admitted under my care suffering from a severe attack of streptococcal appendicitis. He was almost pulseless. His appendix as it turned out had become gangrenous and had ruptured, and he was suffering from a severe attack of peritonitis. The appendix was removed, and the boy returned to bed almost moribund. His connective tissues were flooded with saline solution by means of aspirator syringe points that were inserted under his pectorals and in other parts of his body. Upwards of fourteen pints were introduced in twenty-four hours. He began at once to improve, and by the end of forty-eight hours from the operation he was in a fair way to recovery, and actually left the hospital before four weeks had elapsed practically well.

Large quantities of serum-like fluid welled up through his peritoneal wound. The fluid which we injected speedily found its way from the connective tissues to the great lymph sacs, and carried with it no doubt blood serum and reserve opsonins from distant parts of the body by means of which the toxins of his disease were rapidly neutralised or washed away.

Not the least interesting side of this picture was the insight which it gave us into the rapidly with which, under suitable conditions, the effects of such a deadly poison could be neutralised. A periodical examination of the blood showed us that the leucocytosis, which at the height of the disease had attained to four or five times the normal amount, had in less than five days sunk practically to normal, thus indicating to us how rapidly the human body can marshal its warriors for the fray, and how equally rapidly they retire to their peaceful homely duties when the need for their services has gone by.

I have, I am sure, said enough to convince you of the need for the demands that we are now making on the time and skill of the pathologist, and to show you that our new pathological department which we hope soon to see growing up in our midst will have ample material both for work and for reflection. I hope I have succeeded in convincing you on another point, viz. that if we are to get the best work and the best thought from the pathologist we must meet him face to face, and not be content with a mere stereotyped report. We must take him into our confidence, and he must take us into his. We must confer together on what is to be done if our patients are to get the best of his thoughts and ours.

When I reflect upon cases such as these which I have just related, I often recall the following lines of Pope, and with these lines I will close my remarks.

"All nature is but art unknown to thee,
All chance direction which thou can'st not see;
All discord harmony not understood,
All partial evil universal good."

St. Bartholomew's Hospital



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St. Bartholomew's Hospital Journal,

AUGUST 1st, 1905.

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

Editorial Notes.

WITH the end of the summer session, and the closing of the South Block for purification and repairs, has come the annual exodus. Already some of the staff have departed for their holidays, and the greater number of the students are scattered to the four corners of the earth. At lunch-time the Square seems almost empty, and the pigeons are more than ordinarily impertinent and audacious. Soon there will be nobody left save those who cannot possibly get away, for the stifling heat of London in August can hardly tempt anyone to remain a moment longer than necessary.

* * *

PRIZE Day went off most successfully. In another column will be found an account of the proceedings and of Lord Ludlow's speech; while the Warden's Report of a most eventful and prosperous year is printed below in full. The prize list is a long one, and longer by the addition of several new prizes. It is satisfactory to notice that all the prizes and scholarships have been awarded this year, and that in no case are we met with the melancholy information that "no candidate attained the required standard," or with the laconic remark "not awarded."

* * *

THE cricket season, so far as St. Bartholomew's Hospital is concerned, is over; and once again have the first eleven proved that they are a good team, but not quite good enough. After easily defeating Charing Cross and

St. Thomas's they were beaten in the final by Guy's, on July 21st, at Winchmore Hill, by nine wickets. It was a disappointing finish to the season; nobody seemed to "come off" when most it was required of them. The second eleven, on the other hand, secured the Junior Inter-Hospital Cup after a good game against Guy's second, on July 12th, when they won by 65 runs. The full report of the 1st XI Final Tie has only just reached us, and we are compelled to hold that over, together with the review of the season, until our next issue.

* * *

WE understand that the Students' Union have decided to give a dance and two smoking concerts during the coming session. The dates have not yet been settled, but the dance will probably be held at the Wharnclyffe Rooms, and the "smokers" at the Holborn Restaurant. After the success which attended these entertainments in November, December, and February last, we can confidently expect that the second attempts, with experience to guide them, will prove even more successful.

* * *

THE Hospital Calendar for 1905-6 is already published. We observe that it is up to date in every detail. Even the plan of the Hospital, which serves as a frontispiece, has been corrected in accordance with the latest additions to the buildings; and in place of the familiar words "Fives Court" we now read "I and II Operating Theatres." Glad as everyone must be to have two more much-needed theatres, we cannot help feeling that it was a trifle hard on the Resident Staff that their only little opportunity for exercise and recreation should have been taken from them for the general good.

* * *

THE Calendar also contains a new and enlarged timetable of operations. The two new theatres have necessitated an entire change in nomenclature. No longer shall we dare to speak of the new theatre, of the old theatre, or of Martha theatre, as of yore. They are in future to be merely abstractions. The old new theatre is "III (B),

while the old theatre is "IV (A)," and reserved at last, after a long life of patient utility, for emergency operations only. Surely an ignominious ending to an honourable career.

* * *

WE congratulate Mr. C. M. H. Howell, M.B.(Oxon.), M.R.C.P.(Lond.), on his appointment as Casualty Physician to the Hospital; and Mr. H. J. Paterson, F.R.C.S., on being elected Hunterian Professor at the Royal College of Surgeons.

* * *

THE Year-Book, long talked of but little seen, is already for the most part in the press, but will probably not be published until next month. The preparation of the Directory of old Bart's men has proved to be a task of great magnitude and of exceeding dullness. That must be the excuse of those responsible for the production of the Year-Book for its late appearance. The sight of the small staff of the JOURNAL, on a hot summer's day in a small hot room, struggling with the letter W and the hundreds of names which begin with it, might perhaps almost appease the most censorious of critics.

* * *

THE following donations of sums over £100 have been received by the Special Appeal Fund since our last issue:—John Elliot, Esq. (on behalf of the estate of the late Charles Hutton Lear), £1000; Cornelius Lea Wilson, Esq., £1000; and Messrs. Emile Erlanger and Co., £105.

* * *

TOWARDS the Pathological Block the following sums have been received:—Sir Walter Prideaux (per Mr. Lockwood), £25; F. Chubb Ford, Esq., M.D. (who has also subscribed to General Fund), £2 12s. 6d.

* * *

THE Junior Scholarship in Chemistry, Physics, and Histology has been awarded to (1) A. P. Fry, (2) T. S. Lukis.

* * *

THE following nominations for House Appointments have been made by the Surgeons and Obstetric Physician:

HOUSE SURGEONS.

Mr. Harrison Cripps	{ Oct.—F. B. Ambler.
	{ Apr.—R. Jamison.
Mr. Bruce Clarke	{ Oct.—E. H. Shaw.
	{ Apr.—C. A. Smallhorn.
Mr. Bowlby	{ Oct.—C. B. D. Butcher.
	{ Apr.—W. G. Ball.
Mr. Lockwood	{ Oct.—I. Bates.
	{ Apr.—H. D. Davis.
Mr. D'Arcy Power	{ Oct.—R. F. Moore.
	{ Apr.—W. G. Loughborough.

OPHTHALMIC HOUSE SURGEON.

Oct.—J. C. Mead.

INTERN MIDWIFERY ASSISTANT.

Oct.—H. W. Wilson.

EXTERN MIDWIFERY ASSISTANT.

Oct.—C. F. Hadfield. Jan.—G. H. Colt.

St. Bartholomew's Hospital and the Interdict of 1208.

By NORMAN MOORE, M.D.,
Physician to the Hospital.

ALAN became master of St. Bartholomew's Hospital in 1182, and held office till his death in 1211. Thus his mastership included nearly the whole period of office of the first Mayor of London, Henry Fitz-Ailwin, since that famous person died in the autumn of 1212, and had ruled the city from an early year of Richard I's reign, certainly from 1193, possibly from some year before that.

A charter of Alan's is preserved at St. Paul's Cathedral in which he is styled Prior, a term sometimes applied to the master of a hospital, but which was rarely used at St. Bartholomew's. Alan the Prior of the hospital and the brethren agree to pay an annual rent of five pence half-penny on the nativity of St. Mary (September 8th) to the canons of St. Paul's for land which once belonged to Swetman de Pola, and which the brethren had bought in the presence of the canons from Gilbert and Stephen, sons of Swetman, and their sisters Adelicia, Hyldiard, and Hersent. Alan promises not to alienate the property, and pledges his faith and that of his successors to the agreement.

The witnesses were the Dean and fourteen canons and four laymen, Osbert, Ingarit, Wilfric, and Ailwin.

The date of the charter is indicated by comparing the years in which the witnesses held their several offices.

Radulfus de Diceto (Dean) 1181—1199.
Nicholas, Archdeacon (of London) 1181—1185.
Henry Banastre (Treasurer) 1192.
Robert de Clifford (Prebend of Portpoole) 1192.
Gilbert Banastre (Prebend of Consumpta per mare) 1192.
Hugh de Reculver (Prebend of Reculverland) 1185—1192.
Radulfus de Chilton (Prebend of Rugmore) 1183—1193.

The words of the charter are—

Sciunt omnes quod ego Alanus prior et fratres hospitalis sancti Bartholomei tenemur in perpetuum reddere annuatim canonicis Sancti Pauli in Nativitate sancte Marie v. denarios et obolum pro terra que fuit Swetmanni de Pola quam emimus in eorum presencia: a Gileberto et Stephano filiis eius et eorumdem sororibus Adelicia Hyldiard et Hersent. In perpetuum etiam non poterimus donare necque vendere necque alio modo expendere nisi per ipsos et coram ipsis et de hac conventionem feci ego Alanus prior loco fratrum meorum ipsis fidelitatem quod et facient mei successores. His testibus Radulfo

decano. Nicholas archidiacono. Henrico thesaurario Magistro Nicholao.
Magistro David. Magistro Hugone. Magistro Radulfo. Magistro Henrico. Roberto de Clifford. Ricardo minore. Henrico filio episcopi. Gileberto Banastro. Radulfo de Chiltonia. Hugone de Raculfer Magistro Ricardo canonicis. His etiam laicis Osberto. Ingarit. Wilfrico. Ailwino.

Alan throughout his mastership was a zealous guardian of the rights of the Hospital and in 1183 obtained from Pope Lucius III a bull beginning—

"Lucius episcopus servus servorum Dei dilectis filiis Alano presbytero procuratori hospitalis domus de Smethfulde ejusque fratribus."

The Hospital and its property or any it may in future acquire, says the Bull, from the beneficence of Popes, of Kings, or Princes, or the offerings of the faithful are taken under the protection of St. Peter and of the Holy See. The following possessions are confirmed by name—the site of the Hospital, a house in London given by William de Choneham, the tenth of the bread and alms of the table of the Canons of St. Bartholomew's, and whatever possessions the Hospital has in alms or property in the City of London or without. No tithe is to be levied on its tillage or cattle. If there should be a general interdict the brethren may nevertheless celebrate the divine offices in a low voice but with closed doors, and without ringing of bells or admission of excommunicated or interdicted people. The holy oils and other "ecclesiastica sacramenta" from the bishop of the diocese may be given to them. They may have a burial ground for themselves and their household. The freedom of the election of the master is to be observed.

Peace and quiet are to be preserved within their walls and no theft or violence or taking or slaying of men are to be permitted there. No one is to molest the Hospital or diminish its substance.

The bull was granted at Anagnin by the hand of Abert, cardinal priest and chancellor, December 18th, the second indiction the year of Our Lord 1183, and the third year of the Pontificate of Pope Lucius III. The bull is attested by eleven cardinals and a bishop.

Ego Johannes presbyter Cardinalis titulo Sancti Marci.
Ego Petrus presbyter Cardinalis titulo Sancte Susanne.
Ego Vivianus titulo Sancti Stephani in celio monte presbyter Cardinalis.
Ego Laborans presbyter Cardinalis Sancte Marie transtiberin titulo Calisti.
Ego Pandulfus presbyter Cardinalis titulo basilice XII Apostolorum.
Ego Henricus Albanensis episcopus.
Ego Jacobus Diaconus Cardinalis Sancte Marie in cosmydyn.
Ego Gracianus Sanctorum Cosme et Damiani Diaconus Cardinalis.
Ego Bobo Diaconus Cardinalis Sancti Angeli.
Ego Gerardus Sancti Adriani Diaconus Cardinalis.
Ego Octavianus Sanctorum Sergii et Bachii Diaconus Cardinalis.
Ego Albinus Diaconus Cardinalis Sancte Marie nove.

Most of the names after so many centuries recall not the signatories, but their churches.

Everyone who has been to Rome knows St. Mark's, which stands in the shadow of the palace, for many

centuries belonging to the Republic of Venice, now, alas! being in part demolished to improve the view of a modern monument.

"Men are we, and must grieve when even the shade
Of that which once was great is passed away."

The mosaics of the apse of St. Mark's were already ancient in the time of this grant to St. Bartholomew's.

St. Stephen, the great round church on the Celian Hill; Sta. Maria in Trastevere, in which the huge, irregular, monolithic columns and the mosaic of the apse representing the faithful flock are much older than the days of Alan and of Cœur de Lion; Sta. Maria in Cosmedin, where the fine brick tower was, at the end of the twelfth century, comparatively new; St. Cosmo and Damiano, by the forum dedicated to the physicians who, except the evangelist St. Luke, have been more often mentioned throughout Christendom than any others of our profession, and in which the mosaic showing Bethlehem on one side and Jerusalem on the other, and between them the figures of the charitable physicians, was already in its place—these are what come into the mind of a modern reader of this list of the great ecclesiastics who attested the bull granted to our master Alan in the reign of King Richard I.

During Alan's mastership the interdict of the reign of King John occurred, and the Hospital no doubt had the advantage of the privilege of exemption from the terrible inconveniences of such a time.

It was on Monday, March 23rd, 1208, that an interdict was proclaimed throughout England. All the sacraments ceased to be administered, except only those of the dying and the baptism of infants. The bodies of the dead, says Matthew Paris, who was a child at the time, and knew in after life many people who could remember it, were brought out of the towns, and, after the manner of dogs, were buried in byways and ditches, without prayers and without the attendance of priests. William de Santa Maria Ecclesia, Bishop of London, with the Bishops of Ely and Worcester, communicated to the King the certainty of an interdict if he continued to refuse to receive Stephen Langton as Archbishop, and when they found no sign of penitence in the King the bishops placed his realm of England under an interdict. The three bishops were banished for five years, but William, having received a safe conduct from the King from July 14th to September 29th, returned with papal messages. He was also in England in 1209, but after October in that year went to Rome, and did not return to England till 1213. It was probably between March, 1208, and October, 1209, that he issued an ordinance, of which a copy is preserved in our cartulary, to the Prior and Canons of St. Bartholomew's Church, and to the Procurator and brethren of St. Bartholomew's Hospital, as to land which they had granted for the burial of the dead during the interdict to Henry, the Mayor, and the citizens of London.

Christian burial being forbidden, the Mayor and citizens had asked the Prior and Canons, and the Procurator and brethren for a certain area lying next the Hospital on the east side for the public burial of their dead. This was granted, and the place was enclosed. Care is to be taken, says the ordinance, that no bodies of those who chance to die in the Hospital are to be buried in this ground. Brethren alike and poor coming to the Hospital from other places during the interdict are to be buried as before in a suitable place provided by the canons till after the interdict. The place granted at request of the Mayor and citizens shall return to the possession of the brethren of the Hospital, and after that no one shall bury anyone in that area. The ordinance shall in future times keep unbroken peace between the canons and the brethren of the Hospital.

The bishop has confirmed the ordinance with his seal, the witnesses being Alard, Dean of the church of St. Paul, of London; Simon, Archdeacon of Colchester; Richard, Archdeacon of Essex; John, the Chancellor; Benedict, the Precentor; Robert de Camera; John de Sancto Laurentio; Henry, Mayor of London; Constantine, son of Alulf; Arnald, his brother; Alan, son of Peter; William, son of Reigner; Thomas de Haverhulle; Thomas, son of Nigel; Michael de Valenciis; and others.

The dean was Alard de Burnham, who died August 14th, 1216. Simon is probably the Archdeacon of Colchester, who was in office in 1214. Richard de Heghams was Archdeacon of Essex, 1206-14. John of Canterbury is said to have been the first to be called chancellor at St. Paul's, and is recorded to have been a contemporary of Alard. Benedict de Sansetun was precentor 1203-15. Robert de Cancra held the prebend of Chamberlainswood, and John of St. Lawrence that of St. Pancras.

The first lay witness is Henry, Mayor of London, and this deed is evidence of his being in office in 1208. The absence of documentary evidence of any other mayor till after his death in 1212, and the almost continuous documentary evidence from 1193 to 1208 prove that Henry FitzAilwin was mayor during twenty years.

Constantine, son of Anulf, more often written Alulf, was sheriff in 1197. After a disturbance in the City, arising from some dispute between the citizens and the tenants of the Abbot of Westminster, Constantine was hanged outside the bars of Smithfield by order of Hubert de Burgh and without trial—a deplorable event—which in our day has this advantage that it helps to determine the period of the many undated charters witnessed by Constantine and his brother Arnald. Alan, son of Peter, was nephew of Roger, son of Alan, who was the second mayor of London, and successor of Henry FitzAilwin.

William, son of Reigner, was brother of Richard, son of Reiner, who entertained John, then Earl of Moretain, when he came to London in October, 1191.

Thomas de Haverhulle took his name from Haverhill in

Suffolk, and both he and Michael de Valentin (more often written Valenciis) were benefactors of St. Bartholomew's Hospital. The names of both occur in many charters preserved in St. Paul's Cathedral.

The recent discovery of a great many male and female human bones in a part of the ground once covered by Christ's Hospital and not far from the city ditch suggests the question of whether these could have been the remains of the people buried during the interdict, but the ordinance of William de St. Maria, Bishop of London, shows that the burial place of that period was on the opposite side of the Hospital. It is here printed for the first time.

Willelmus Dei Gracia Londinensis episcopus omnibus sancte maris ecclesie filiis per episcopatum Londinensem constitutis salutem in auctore salutis eternam. Cum nuper apostolica jussione per totam Angliam fuisset generalis interdicti sententia promulgata adeo quidem ut nusquam liceret defunctorum corpora sicut moris erat Christiane tradere sepulture viri nobiles et dilecti in Christo filii Henricus maior et cives Londinensium a dilectis filiis priore et canonicis Sancti Bartholomei nec a procuratore ac fratribus hospitalis eorumdem postularet Ut eis aream quandam hospitalis Sancti Bartholomei ex orientali parte adjacentem ad publicam mortuorum suorum sepulturem indulgerent. Quorum pliam petitionem attendentes memorati tam canonici quam fratres simulque urgentem totius urbis necessaria considerantes postulacionibus eorumdem consensum adhibere felicium. Vcium ne sub pretextu pietatis istius oriti possit impietatis occasio sano quidem et salubri consilio provisum est in communi ut area memorata mortuis deferendis Secundum que cives disposerunt deputanda circumquaque claudatur urato aditu ad usum sepulture civibus reservando. Cautum est etiam diligenter ut nulli liceat corpora defunctorum quos in hospitali predicto mori contigerit in eadem area sepelire. Omnes enim ejusdem hospitalis tam fratres quam pauperes aliunde venientes durante interdicto sicut et ante fieri consuevit secundum arbitrium canonicorum in loco competentis ab eis canonicis providendo sepeliantur sane quam cito gracia divina largiente sacro sanctam ecclesiam pristina tranquillitate ac libera sacramentorum suorum observancia gaudere contigerit. Locus sepe dictus ad jus et possessionem fratrum hospitalis libere revertetur. Dum tamen nulli omnino homini liceat ulterius in eadem area defunctorum aliquem sepelire. Hec autem que scripta sunt ut futuris temporibus inter memoratos canonicos et fratres hospitalis pax inconcussa servetur sigilli nostro testimonio curavimus communitate. His testibus A. Decano ecclesie Sancti Pauli Londinensis. S. archidiacono Colcestrie. R. archidiacono Excessie. J. cancellario. B. presbitero. R. de Camera. J. de Sancto Laurentio. H. maiore Londinensium. Constantio filio Anulfi. Arnaldo fratre suo. Alano filio Petri. Willelmo filio Reigner. Thoma de Haverulle. T. filio Nigelli. Michaele de Valentin et Aliis.

Clinical Odds and Ends.

By DR. SAMUEL WEST.

AN IMPORTANT PART OF THE PRÆCORDIUM.

IN the third left intercostal space near the sternum is an interesting and important part of the præcordium, in relation to aortic, as well as to mitral disease.

It is here that an aortic regurgitant murmur is often most distinct, and it may be audible at this spot only.

The blood, as it passes through the first part of the arch of the aorta, takes a direction which may be indicated by a line drawn upon the surface of the chest from the right sterno clavicular joint to the position of the normal apex beat. This I have called the aortic axis, as it is along this

line that aortic murmurs are propagated, the systolic upwards, and the diastolic downwards. The pulmonary valves lie immediately in front of the aortic beneath the sternum, so that the part of this line which is nearest to the chest walls, and at the same time nearest to the aortic valves, is in the third left intercostal space, where the top of the left ventricle is uncovered by the pulmonary artery. It is here, as I have said, that an aortic regurgitant murmur may be heard loudest, and sometimes, only. When the murmurs are double, they may be almost indistinguishable for a time from pericardial friction.

A little farther out (towards the left) in the third intercostal space lies the tip of the left auricle, and when the auricle is much distended there is a corresponding increase in the cardiac dullness here. Over this area mitral murmurs may be heard distinctly, the systolic sometimes, the pre-systolic more frequently. The murmurs heard here are usually the same in character as those audible at the apex, but they may differ so much as to suggest a different cause. When double they may closely resemble pericardial friction. Indeed, the diagnosis from pericarditis may for a time be quite an open question, but the subsequent course usually suffices to clear up all doubt.

AN EFFECT OF DIGITALIS.

Digitalis is usually given to slow the heart, but its action is cumulative, and sometimes goes beyond what was intended. This is especially likely to occur where the heart muscle is degenerate. The heart-beats, which we may suppose to have been 140, may fall, after the action of digitalis, to 120 or 100, with great benefit to the patient, and then next day, without anything in the patient's condition to suggest any change, may be found to have suddenly dropped to 60, or even 40. The continued administration of the drug would be dangerous, and it would, of course, be stopped. The point is that this danger signal, as it produces no symptoms, might easily be missed unless thought of and specially looked for.

Resection of the Intestine for Cancer.

(Abstract of a Clinical Lecture delivered at St. Bartholomew's Hospital.)

By W. BRUCE CLARKE, F.R.C.S.

I have chosen the subject of resection of the intestine for the relief of cancer of the bowel for my clinical lecture to-day mainly because, it so happens, that there is at the present moment in the hospital a patient on whom I performed this operation nearly seven years ago. He has no return of his bowel trouble, and, had it not been for the presence of a hydrocele, he would not be here at the present moment.

I have had his old notes looked up, as well as the growth which was removed, so that you can satisfy yourselves as to the exact nature of his former ailment without the least difficulty. I will briefly relate to you the signs and symptoms that were presented by his disease.

He was admitted on the 13th of August, 1893, with intestinal obstruction. His belly was considerably swollen, as there had been no passage for over a week. Coils of distended intestine were distinctly visible through the abdominal wall, and the area of the colon was resonant, so that there was no doubt that the obstruction was situated low down. No growth could be felt by rectal examination.

He stated that he had no premonitory symptoms of his attack with the exception of a little increase of difficulty in obtaining a regular daily action of the bowels during the previous few months. We made particular inquiries, and could obtain no history whatever of any alteration in the character of his motions, or of the passage of slime or mucus. He is a carpenter by trade, and had been out on bank holiday some little distance into the country, where he had partaken of a larger meal than usual, which he thought had disagreed with him. I am dwelling on this history because I shall presently draw your attention to the slight symptoms by which these cases are so often ushered in.

A few hours after his admission to the Hospital he was taken into the theatre, and the usual incision for inguinal colotomy employed.

The growth was encountered almost as soon as the abdomen was opened, and was situated in the upper part of the sigmoid flexure. The distension, as I have already told you, was considerable, and without, therefore, more ado, I drew up a portion of the gut situated an inch or two above the growth, fixed it to the abdominal wall, and opened it at once.

A copious discharge of wind and fæces took place at once. I allowed a certain amount to come away, and then closed the wound by a temporary suture in order to give rest both to the patient and his wounds for a few hours. The following morning the temporary sutures were removed, and in another thirty-six hours most of the accumulated contents of the bowel had made their way out and allowed the belly to resume its ordinary appearance.

He is a healthy, temperate man, and was at that time just fifty-five. His health was speedily restored, and in less than three weeks from the first operation I re-opened his abdomen, carefully removing the edges of the abdominal wound at the same time. About six or eight inches of his bowel were drawn out of the wound, the artificial anus and the growth being, of course, included in the portion which was removed. The ends were brought together and united by a continuous silk suture, which included the peritoneal and muscular coats, and on October 2nd the patient left the hospital quite restored to health. From that day to

this, nearly seven years, he has enjoyed excellent health, and has performed his ordinary work as a carpenter. If you examine his abdomen you will see that there is a slight bulging in the region of the scar, but this has never been sufficient to necessitate the wearing of a belt or in any way to incommode him. The growth is a columnar-celled carcinoma.

After I had looked up the notes of the man whose case I have just related to you, I hunted up some other cases in which I have removed growths that involved various parts of the large intestine, and I propose briefly to refer to some of them before commenting on these growths, and on the general principles which should guide us when we are asked to advise on their treatment.

The second case which I propose to relate is that of a man on whom I operated in 1899. He was then fifty-nine years of age, and had had several attacks of pain in the region of the appendix, accompanied by constipation.

These attacks had apparently been regarded as ordinary attacks of recurrent appendicitis by the doctor under whose charge he had been before he came under my care. He was admitted whilst one of these attacks was in progress. His temperature was raised nearly to 100° F., his pulse was 96, and his abdomen somewhat tender and resistant to pressure. His bowels had not been open for several days. There seemed, however, to be no immediate urgency about his symptoms, and I decided to wait and treat him by enemata and rest in bed. The following day he had had an action of the bowels, and his condition had improved. After a few days the attack passed off, but a considerable lump remained, larger and more movable than one usually finds in connection with an ordinary attack of appendicitis.

I kept him under observation a few days longer. By the aid of purgatives his bowels acted readily, but constipation returned when the purgatives were not administered. The lump remained *in statu quo*. I felt a little doubtful as to the nature of the swelling, but thought it was quite likely it might be a new growth. On opening the abdomen it proved to be a mass of malignant disease which involved the caecum, which was adherent to the great omentum. The caecum was not fixed to the iliac fossa by an extension of the disease. I excised the caecum with the portion of great omentum that was adherent to it, and united small intestine to large by end to end suture. The immediate result was quite satisfactory. A year later the patient returned with a swelling in the right ischio-rectal fossa. The iliac fossa was quite free, and the bowels acted regularly. The swelling in the ischio-rectal fossa proved on further investigation to be a manifestation of actinomycosis, and was treated successfully by local scraping coupled with the internal administration of potassium iodide. Thinking it was possible that the disease in the caecum which had been removed the year before might have been of the same nature I had the growth again

examined and fresh sections made, but the second examination only served to confirm the results of the first, and proved without doubt that the growth was a columnar-celled carcinoma, which had caused a leak in the caecum that had been blocked by omentum, hence the adhesion of the great omentum which I have just alluded to. The subsequent history of the patient is uneventful. I saw him four years later in excellent health. Since that time I have no record of his condition.

The third case to which I propose to refer is one which some of you may remember as having been under my care during the last few months.

The patient in question, sixty-two years of age, had been doing his ordinary work until about a week before his admission, when he appears to have been seized with an attack of constipation, for which purgatives were administered, but without result. On the fourth day after the onset of his trouble he was admitted under my care. His belly was a good deal distended, but he was in no pain. The usual examination of the abdomen and rectum was made, but without any information of a positive character being afforded. I directed that he should be treated by enemata, which, however, yielded no result. Two days later the distension increased, and he vomited once or twice. The presence of mechanical obstruction now seemed the only possible explanation of his symptoms.

I made an incision in the middle line, and almost as soon as the peritoneum was opened I came upon a growth in the middle of the transverse colon. It was circumscribed as small growths usually are, and seemed to form a ring-like constriction of the bowel. I opened the bowel on the proximal growth, and its contents flowed away so easily, and the distension seemed so completely relieved in a few minutes, that I decided to resect the bowel at once. The operation was performed by a method quite similar to that which was employed in the last two cases, and for five days the patient did well, and had several copious evacuations per anum. On the fifth day peritonitis supervened, and death occurred the following day, which the post-mortem showed was due to giving way of the bowel at the seat of junction.

A good many points of interest are, I think, centred in these three cases. They were all good instances of the columnar-celled variety of carcinoma, which is the form of that disease which is usually found in the large bowel. It is well to remember this fact, because it may serve to impress on your minds the point that operations on such cases will probably yield good ultimate results if the patient survives the immediate effects of the operation.

I have ten patients, all of whom have survived the operation of removal of carcinomatous growths of the large bowel more than two years. One of them, whom you have seen to-day, has survived nearly seven years, and may, I think, fairly lay claim to a radical cure.

But there is one point which militates against successful treatment, and that is the difficulty of early diagnosis. You will notice that in two of the cases I have related to you, I might almost say that premonitory symptoms were non-existent. It is true that the second case had complained of attacks of pain which simulated appendicitis, but there was a ready explanation of this when the abdomen was opened. He had undoubtedly suffered from several slight attacks of localised peritonitis, due to a leak from the bowel, which leak had been stopped by adhesions that were found between it and the great omentum. And here let me emphasise the value of a microscopic examination of the specimen. When I removed this growth I was inclined to regard it as of an infiltrating nature, and to give a very guarded prognosis. It was not till the microscopic examination had been made that it was clearly proved that the malignant growth was local, and that the bulk of the swelling was due to localised inflammation principally of the peritoneum, which had no doubt been set up by leakages from the bowel.


The treatment of these cases is undoubtedly excision of the growth, and I think we may lay it down as a general principle that whenever obstruction is present the operation should be performed in two stages.

In the last case the result was not successful, mainly, I believe, because there had been some previous obstruction. This seemed to be so completely relieved and removed at the time of operation that I resected the bowel at once. You may perhaps say that the second case was completed at one sitting with perfect success. That is true; but bear in mind that a free passage through the bowels was obtained beforehand after the administration of purgatives.

Let me caution you once more as to the lack of symptoms which you so often find in these cases. I know of one case in which the patient, who had just come back from a holiday and believed himself to be in perfect health, passed some faeces with his urine, and thus witnessed the first symptom of the disease which was to sign his death warrant a few months later.

Remember the insidious nature of these cases, and do not hammer away with purges at an elderly man or woman without due reflection. Judicious early treatment is a great help both to the surgeon and the patient.

The Sudd.

HRISTMAS at home, no doubt, is passed very differently by different people, but abroad a man finds himself, from year to year, in still more variable circumstances. Perhaps the day least like Christmas, to one's English ideas, I have passed was in the Sudd.

The Sudd may possibly not be known to some of your readers as existing about half-way between Khartum and the Equator. It is an immense area of papyrus growth, described best perhaps as a shallow lake overgrown with this species of reed, a few open pieces of water, and a stream, often narrow and winding, running through it. Here I may pause on the subject of papyrus. As a child the books allotted to me for Sunday used to describe this as a broad-leaved plant, on the leaves of which the Egyptian priests wrote their manuscripts. As a fact it is a reed with a stem some sixteen to twenty feet long with feathery fronds, and the parchment was made by cutting thin strips of the stem, and gluing them together in layers at right angles.

We were in a steamer about 100 feet long, drawing two feet of water, with two sandooks (the Arabic for a barge) with two decks and a rough awning of thin boards—nearly as big as the steamer. These are tied on each side and make the whole thing as broad as it is long; consequently in the absence of keels steering is difficult, but the native Reiss or helmsman gets over the difficulty by cannoning against the side of the stream with his bows and so getting the boat to swing in the current. This is somewhat alarming at first to the uninitiated, and also sweeps overboard the cooking utensils and other small objects on the lower deck of the sandook occupied by the natives.

I had two gyanas sailing boats also attached behind the sandooks, and they suffered considerably in this way.

The Reiss, however, seems always contented with his work, looking at any small *contretemps* of this description as due to the will of Allah, who is responsible, it would appear, for evil as well as good actions.

The result of this arrangement of the boat and its surroundings, natural and artificial, is that it travels at some four miles an hour through a passage in the reeds, the tops of which reach to the roof over the upper deck. Consequently a man standing on the latter looks over a green sea of vegetation of uniform character, with a horizon at only some three miles distant. This lasts for some three or four days, and becomes terribly monotonous, the scene being weird and lonely in the extreme.

The temperature, if there is a slight breeze in the same direction as the steamer, will go up as high as 100° F., but never seems on board to be as high as on land.

There are only two white passengers on board, including myself, and the only other white is the Bashi Mahindi—chief engineer,—who is practically captain of the boat, though he leaves the whole responsibility of steering to the Reiss. There is consequently no general commissariat, and each provides his own food and cook. As I was on my way to camp out I had the necessary apparatus, and it is wonderful how little is necessary; an iron plate, on which is the fire of wood, with three bricks or stones to support the pot, being all that is used. The cook for the crowd of

native soldiers and artificers on the sandals is one black woman, who seems to grind ceaselessly the Dhrua grain on a stone and make thin pancakes, only interrupting her labour when the reeds sweep what is equivalent to her kitchen table.

Mosquitoes are not active in the daytime, though the dark-corner-loving *Pyrelophorus* will worry you if in your cabin or anywhere not on deck. As the sun falls, however, unless there is a breeze, the whole atmosphere is thick with them, and dining after dark becomes a difficulty.

Occasionally a space arranged like a meat-safe with wire gauze is provided with a window, through which the dishes are handed, but this is usually very hot, and many mosquitoes come in with the food. Long boots, of the same shape as those of a fisherman, reaching up to the fork and made of thinnest leather, are hot but a necessity. Then, if you sit on a cane chair, small elevations of your person are pressed downwards through the spaces of the cane, and form a resting place each for three or four of these diptera, who take their fill to your great discomfort. It is therefore necessary to provide some sort of cushion, and trust to a fly flap, say, of giraffe tail, to defend the rest of the body from friend *Mansonia*.

Directly the lamps are lighted on deck an immense swarm of insects often comes, and it is very interesting to notice that these vary from night to night, some being rich in coleoptera, some in neuroptera, etc., etc. The firefly must not be forgotten, which is quite a feature at night. These swarms make one begin to see the possibility of the truth of the statement that there is a greater weight of animal matter in the insect world than in all the mammals that exist, but they are highly disagreeable while dabbling themselves against your face and eyes, getting entangled in your hair, and crawling about your clothes.

(To be continued.)

Prize Day.



HE annual distribution of prizes took place in the Great Hall, on Wednesday, July 12th, at 3.30 p.m., in the presence of a large number of visitors.

Sir Dyce Duckworth in his opening speech welcomed Lord Ludlow on behalf of the Staff, and repudiated the attacks which had been made upon the Hospital. The roots of this institution, said Sir Dyce, are far too widely and deeply struck to be affected by any such difficulties as these. We feel that we stand four square to all such idle winds, and that we have not lost a single shred of our past dignity or our present usefulness.

Mr. W. D. Harmer then read the Warden's Report for the year, which is printed below in full.

Lord Ludlow, the Treasurer, next distributed the prizes, and in the course of his speech dwelt on the pride and interest which he took in the Hospital after his six months' connection with it, and the pleasure he had in distributing the prizes that day. He took no credit for the absorbing interest with which the Hospital inspired him; it was impossible to come to St. Bartholomew's and associate with its Staff without being animated by that spirit. He congratulated the Medical School on its present high state of efficiency, and the prizewinners on the result of their work. He next referred to the Out-patient Block, which is now already in the process of erection, and which he hoped would be finished in the course of two years. Promises amounting to £108,000 had already been received, of which £99,000 were now at the bankers. The contract price of the block with all its fittings and equipment would amount to £125,000, and Lord Ludlow was prepared to guarantee that they would have the money by the time the work was completed. It was his hope and desire that when that block was finished the Governors would permit him to begin the Pathological Block. This was a matter on which he felt very strongly. To his mind the Hospital and School were one, and if he were asked which was the more important part he should say the School. He entirely agreed with the decision of the School Committee not to have the preliminary sciences taught at a separate centre. That plan might be advisable for a small hospital; but Bart.'s was a very big hospital, and they could teach all the subjects there, and it was for the good of the Hospital that they should continue to do so.

A hospital was primarily for the relief of the sick poor; secondly, it was for the training of the medical men who would minister to the sick outside. What was more, it was a place for research and investigation, which could not be carried on without a medical school. It might be said that no great discovery in medicine had been made unconnected with medical schools. He next dwelt on the advantage to the Hospital which was gained by the presence of students. They examined the patients, watched the treatment, and asked questions of the Staff, only too anxious to catch them up and find them wrong. It was a good thing for the physicians and surgeons to have men looking on and criticising the work they did. Reverting to another point Lord Ludlow declared himself against the project of the hospitals being kept up out of the rates. He hoped that the L.C.C. would never be allowed to take over the care and control of hospitals, though he was himself a Councillor. In conclusion he paid a tribute to the work of a former Treasurer of the Hospital, Sir Sydney Waterlow, who was present.

Dr. Norman Moore, in proposing a vote of thanks to Lord Ludlow, cordially endorsed his appreciation of Sir Sydney Waterlow, and expressed his pleasure that Lord Ludlow understood so well the impossibility of separating

the relief of suffering within the walls of the Hospital from that knowledge of medicine which leads to the relief of suffering throughout the world.

Dr. Champneys seconded the vote of thanks, which was given with acclamation.

THE WARDEN'S REPORT.

MR. TREASURER, LADIES AND GENTLEMEN.—It is very gratifying to be able to report that the prosperity of the Medical School during the past year has been fully maintained.

St. Bartholomew's Hospital still retains its position as the largest school of medicine in the Metropolis.

The total number of students who worked at the Hospital during the past year was 556, and of these 111 were new students.

The Committee of Medical Officers and Lecturers has considered with great care the important question of concentration of the Preliminary Sciences at some centre away from the Hospital, and has decided that, for the present, it is advisable to continue to teach within our walls, all the subjects of the Medical curriculum.

The building of the new Out-patient Department has been already commenced.

This will not only provide accommodation for out-patients in the general and special departments, but also will contain new quarters for the Resident Staff and Midwifery Clerks, new dining rooms and smoking rooms for the students, and a new Chemical laboratory.

As it is being erected on the new property which was purchased from Christ's Hospital, the building will in no way interfere with the work of the Hospital and school; the latter, moreover, will derive considerable benefit by the addition of these buildings, which will be ready for use in the course of about two years.

Further, two additional operation theatres have now been provided, and it is hoped that the new Pathological Block which is so urgently needed, will shortly be started. In this connection we are pleased to report that the appeals which have been made for the rebuilding of the Hospital have been very warmly supported by many St. Bartholomew's men. Up to the present time the latter have subscribed £8047 5s. 5d. for the General Fund, and £1547 15s. for the Pathological Block.

The following important changes have occurred in the Medical Staff—Dr. Gee has resigned the appointment of Physician, and Mr. Langton that of Surgeon to the Hospital. Dr. Gee was elected Assistant Physician in the year 1868, and ten years later became full Physician to the Hospital. The value of his teaching in the wards was very greatly appreciated not only by his clerks, but by all students. For many years, in spite of the claim of a large practice, he devoted much of his valuable time to the service of the Hospital and School.

Mr. Langton became Assistant Surgeon in 1867, and served fourteen years as Assistant, and twenty-three years as full Surgeon to the Hospital. During the whole of this period there was no member of the Staff who was more regular in his attendance, more zealous for his patients, or more popular with the students. By the retirement of these members from the active Staff the School has lost two of its most valued teachers. It still looks to them in their new position as Consultants to and Governors of the Hospital to carry on the good work which they have done in the past.

It is with deep regret that we have to report the death of Mr. Luther Holden, who served on the active Surgical Staff for twenty-one years; five years as Assistant, and sixteen years as full Surgeon, and had been consulting Surgeon to the Hospital since 1881. He has bequeathed to the Hospital the sum of £3000 for the endowment of a Scholarship in Surgery, and it is very satisfactory to feel that his name will continue to be remembered not only as a teacher of Anatomy and Surgery, but also as the founder of the above prize.

The Hospital, the Medical Staff, and the Students have also lost one of their best friends by the premature death of Dr. Eustace Talbot, who held the post of Casualty Physician and Junior Curator of the Museum.

We welcome the following gentlemen in their new appointments:—Dr. Herringham as Physician, Mr. D'Arcy Power as Surgeon, Dr. Drysdale as Assistant Physician, Mr. Rawling as Assistant Surgeon, Dr. Branson as Casualty Physician, Mr. Foster Cross and Mr. Boyle as Assistant Administrators of Anæsthetics. The new Chief Assistants who have been appointed in the Special Departments are:

Mr. Howell in the Department for Diseases of the Skin.
Mr. Sheffield Neave in the Department for Diseases of Children.

In the Medical School, Dr. Drysdale has become Demonstrator of Practical Medicine, Mr. Rawling, Demonstrator of Practical Surgery, Dr. Branson, Assistant Curator of the Museum, Mr. West, Demonstrator of Anatomy, Mr. J. J. Paterson, Junior Demonstrator of Physiology, Mr. Griffin and Mr. Bomford, Assistant Demonstrators of Biology.

Many distinctions have been gained by St. Bartholomew's men. Sir Dyce Duckworth has again been re-elected Treasurer, and Dr. Norman Moore has become Censor to the Royal College of Physicians. Mr. Butlin has been appointed Vice-President of the Royal College of Surgeons. Mr. Cripps has been elected a member of the Council. Mr. Bowlby is now Surgeon to His Majesty's Household, and Lt.-Col. Lukis, I.M.S., Honorary Surgeon to His Excellency the Viceroy of India. The decoration of C.I.E. has been conferred upon Major Bird, I.M.S. Dr. Klein delivered the Dobell Lecture, and Dr. Legge the Milroy Lectures at the Royal College of Physicians.

Mr. Butlin has been appointed Bradshaw Lecturer at the Royal College of Surgeons; Dr. Christopher Addison, Dean of the Medical School of Charing Cross Hospital, and Secretary of the Anatomical Society of Great Britain and Ireland; Dr. Bainbridge, Gordon Lecturer in Pathology at Guy's Hospital; and Mr. H. J. Paterson has won the Jacksonian Prize.

In the examinations the School has maintained its reputation:—

AT THE UNIVERSITY OF LONDON—

- 10 men have taken the degree of Doctor of Medicine (and the gold medal in Pathology was awarded to Lt.-Col. Lukis, I.M.S.).
- 10 men have taken the degrees of Bachelor of Medicine and Bachelor of Surgery (and Mr. Pritchard took Honours in Medicine).
- 3 men have taken the degree of Master of Surgery.
- 6 men have taken the degree of Bachelor of Surgery (and Mr. Legge and Mr. Waterfield secured gold medals).

AT THE UNIVERSITY OF OXFORD—

- 2 men have taken the degree of Doctor of Medicine.
- 9 men have taken the degrees of Bachelor of Medicine and Bachelor of Surgery.

AT THE UNIVERSITY OF CAMBRIDGE—

9 men have taken the degree of Doctor of Medicine.
15 men have taken the degrees of Bachelor of Medicine and Bachelor of Surgery.

AT THE ROYAL COLLEGE OF PHYSICIANS—

Dr. Bedford Pierce has been admitted Fellow of the Royal College of Physicians, and Messrs. Douty and Gardner members.

AT THE ROYAL COLLEGE OF SURGEONS.

13 men have been admitted Fellows.

AT THE CONJOINT BOARD.

71 men have completed their Final Examinations.

IN THE SERVICES.

8 men have passed into the Royal Army Medical Corps.
4 men have passed into the Indian Medical Service, and
3 men have passed into the Royal Navy.

We beg to congratulate the President and Council of the Students' Union upon the flourishing condition of their Clubs and of their JOURNAL. At the Annual Cricket Match between the Past and Present Members of the School, the Present team again demonstrated their superiority with the bat, and we wish them success in the Final of the Inter-Hospital Cup.

Bart's has won for the second year in succession the Cross-country Cup and three of the Challenge Cups which are given in the Inter-Hospital Athletic Sports.

The Rifle Corps has won the Armitage Cup, and the second Eleven the Inter-Hospital Association Cup.

In conclusion, the Medical Officers and Lecturers desire to thank the Treasurer and Governors of the Hospital for the interest they take in the welfare of the School, an interest which is necessary to the School, and necessary also to the great Hospital to which it is attached.

SCHOLARSHIP RESULTS.

The Jeaffreson Entrance Exhibition in Arts.—K. C. Bomford.
The Junior Entrance Scholarships in Science.—T. S. Lukis (1).
The Preliminary Scientific Exhibition.—G. R. Lynn (2).
The Senior Entrance Scholarships in Science.—E. P. Cumberbatch (1), G. Graham (2).
The Shuter Entrance Scholarship in the Subjects of the Cambridge 2nd M.B. Examination.—R. B. Seymour Sewell.

After Entrance.

The Junior Scholarships in Chemistry, Physics, and Histology.—T. L. Bomford (1), H. H. King (2).
The Junior Scholarships in Anatomy and Biology.—A. P. Fry (1), R. R. Smith (2).
The Treasurer's Prize in Practical Anatomy.—T. S. Lukis.
Certificates of proficiency to G. R. Lynn, R. R. Smith, A. P. Fry, A. L. Weakley.
The Foster Prize in Senior Practical Anatomy.—T. L. Bomford.
Certificates of proficiency to F. C. Serle, R. B. Price, A. L. Candler.
The Harvey Prize in Practical Physiology (in memory of Dr. William Harvey, Physician to the Hospital, the discoverer of the circulation of the blood).—A. E. Gow. Certificate of proficiency to A. J. S. Fuller.
The Senior Scholarships in Anatomy, Physiology, and Chemistry.—E. M. Woodman.
The Wix Prize.—W. B. Grandage.
The Hitchens Prize.—F. W. W. Griffin.
The Bentley Prize for reports of Cases in the Medical Wards.—P. L. Guiseppi. Prox. accessit, C. A. Stidston.
The Sir George Burrows Prize in Pathology.—J. G. Gibb.
The Skynner Prize in Regional and Morbid Anatomy, including

their reference to Scarlet Fever and Rheumatic Fever.—J. G. Gibb.
The Matthews Duncan Prizes.—G. C. E. Simpson (medal and 1st Prize), P. L. Guiseppi, E. H. Shaw (æq. 2nd Prize).
The Kirkes Scholarship and Gold Medal in Clinical Medicine.—J. G. Watkiss, J. K. Willis (æq.).
The Willett Medal for Operative Surgery.—H. W. Wilson.
The Walsham Prize for Surgical Pathology.—E. H. Shaw.
The Braconbury Scholarship in Surgery.—H. W. Wilson.
The Braconbury Scholarship in Medicine.—C. W. Hunt.
The Lawrence Scholarships and Gold Medal in Medicine, founded by the Children of the late Sir William Lawrence, Surgeon to the Hospital, and father of our late Treasurer.—E. H. Shaw.

The Decennial Contemporary Clubs.

THE thirtieth Annual Meeting and Dinner of the Sixth Decennial Contemporary Club of St. Bartholomew's Hospital was held at the Albion Tavern, Aldersgate Street, on Wednesday, June 28th, 1905, at 6.30 p.m. Dr. S. West was in the chair, and nineteen other members were present.

The minutes of the preceding meeting having been read and confirmed, a letter was read from Mr. Cumberbatch, one of the Honorary Secretaries, expressing his regret that he was prevented from joining the meeting by temporary illness.

Lieut.-Col. A. J. Sturmer, late Indian Army Medical Service, proposed by Mr. Taylor, seconded by Mr. Doran, was unanimously elected a member of the Club.

After auditing the accounts, and re-electing the two Honorary Secretaries, Messrs. Cumberbatch and H. Taylor, the meeting adjourned to dinner.

After dinner the toasts were:

The King, Queen, and Royal Family.

Success to the Sixth Decennial Contemporary Club.

The new member: Lieut.-Col. A. J. Sturmer.

The Chairman.

The Honorary Secretaries.

In the intervals between the speeches and afterwards the conviviality of the meeting was greatly enhanced by songs and recitations by the Chairman, Mr. E. C. Cripps, Dr. Carter, Mr. Adams, Mr. Doran, and Mr. Taylor.

The Hon. Secs. would draw the attention of members of the Club to the fact that the Annual Meeting and Dinner is held every year on the last Wednesday in June.

A. E. CUMBERBATCH, } Hon.
H. TAYLOR, } Secs.

The Seventh Decennial Contemporary Club held its twenty-second Annual Dinner on July 5th at the Trocadero Restaurant. Sixty-five members dined, and Dr. Chittenden was in the chair.

After the usual loyal toast the Chairman proposed the

health of the Club, and then the real business of the evening began,—that is, the renewal of friendships, which had originated in some cases nearly twenty-five years ago. The Seventh Contemporary Club is in a flourishing condition as regards numbers, its members amounting to upwards of 400. If any readers of the JOURNAL who qualified between 1880 and 1890 do not belong to the Club and wish to join, either of the two Hon. Secs.—Dr. Tooth and Mr. Bowlby—will be glad to hear from them and send notices of the dinner for 1906.

The eleventh Annual Dinner of the Eighth Decennial Contemporary Club was held at the Imperial Restaurant on Wednesday, June 28th. About sixty members were present, and Mr. R. C. Bailey presided. The dinner was good and the toast-list short, but, in spite of the importunity of the Secretaries, no one could be persuaded to sing or to recite. However, there was plenty to talk about, and it was a late hour before the meeting dispersed. In proposing the toast of the evening, the Chairman drew attention to the fact that the Club was passing out of its infancy, which had been more than creditable, and said that he was looking forward to a decennium of vigorous adolescence for the Club during the infancy of the Ninth Decennial Club, which should have come into being this year.

Any old Bartholomew's man who joined the Hospital between 1885 and 1895 or qualified between 1890 and 1900 is eligible as a member of this Club, and should communicate either with Mr. Waring or Dr. Drysdale, the Honorary Secretaries. The advantages of these contemporary club dinners are sufficiently obvious, as it is always possible for a member to arrange to meet friends whom he may not have had the opportunity of seeing during the year. There is a nominal entrance subscription of 2s. 6d., and the dinner only costs 7s. 6d.

Notes on an Unusual Case of Retention of Urine after Labour.

By GODFREY LOWE, M.R.C.S., L.R.C.P., L.S.A.

MRS. S., æt. 30, was confined with her fourth child on April 13th. The labour was easy and natural. No instruments were used, and there was no perineal laceration. She was seen next day. The urine and lochia were normal. Was seen occasionally till April 20th, when last visit was paid. Everything then appeared normal, and satisfactory answers were given to the usual questions. On the evening of the 22nd I was called; the message said "the body was not right." On

arrival I found the patient looking distressed and anxious, and complaining of a "bearing-down" pain in the lower part of the body. She then stated that there had been no lochia since the second day after labour; she stated further that she had passed plenty of water, but with some difficulty lately. Temperature normal; no shivering. On examination a large tumour the size of a full-term uterus was found; it was tense, hard, and tender. I passed a catheter and drew off two large "chambers" full of urine of normal appearance. The tumour disappeared. The case is noteworthy as illustrating the wilful way some patients mislead the medical attendant. The nurse too, who was an unskilled woman, such as is employed by patients of the poorer class, but who had "nursed" a large number of labour cases, had made no mention of the increasing swelling in the abdomen. It is clear that for ten days the bladder had never been properly emptied, and that the amount which was passed was simply overflow. The wonder is that more serious symptoms did not supervene. As it is the bladder-wall so lost its power of contraction that the patient has only just partially recovered the function of micturition and also of the sense of fullness, and it has been necessary to have a catheter passed twice daily by a visiting nurse. I may say that the patient had a sister who died some time ago after labour. The cause of death was given to me as some bladder trouble, which had necessitated the frequent passing of a catheter, and I am inclined to think that a neurotic tendency in the same direction was present in the case of my patient. She believed that her sister had died because she could not pass her water, and she was afraid that the same thing might happen to herself. I may say further that I had been giving a mixture containing potass. iodide and tinct. belladonna to check the secretion of milk, and that the action of these drugs had possibly lessened the sensibility of the bladder-walls to the changes of pressure within it.

The Summer Concert.

THE Annual Summer Concert, given by the Junior Staff and Musical Society, was held on June 30th. The weather had been too uncertain during the day for refreshments to be arranged in the Square. This is to be regretted, for the interval in the Square is always a pleasant feature of the entertainment; but it was the only drawback to the evening. This year the musical critic has an easy and pleasant task, for the orchestra has seldom been heard to better advantage; the improvement on last year was commented on by many, and reflects great credit on the conductor, Mr. Edward Carwardine, and on the energetic honorary secretary, Mr.

G. H. Almond. The programme opened with a spirited performance of the March from Tannhauser. Mr. Verry's voice is well suited to a nautical ditty, and he gave a pleasing rendering of "Three for Jack." The Choral Society turned to Sullivan again for one of their part songs, a wise choice, for his dainty madrigals are always much appreciated. This was followed by Truhn's quaint "Three Chafers" for male voices. Mr. Carwardine gave a beautiful interpretation of D'Ambrosio's "Feuille d'Album," and if the matter of the "Souvenir d'Amerique" was somewhat trivial the rendering was excellent. Nurse Haswell sang Maud Valérie White's charming song "The Sca bath its Pearls" in such a manner that an *encore* was demanded, and then the first part closed with Luigini's delightful "Ballet Egyptien," the dreamy Oriental spirit of which was caught to perfection by the orchestra.

The second part opened with Berlioz's "Carnival Romain." Mr. Burroughes is an old favourite and his "Marching Along" went with a fine swing. The Choral Society's second performance was as pleasing as their first, and Mr. Grandage, the conductor, is to be congratulated on the result of his work. Nurse Butcher gave a most sympathetic rendering of Goring Thomas's "A Summer Night." Though obviously nervous at first she soon gained confidence, and gave full expression to the beauties of the song, gaining a well-deserved *encore*. The Junior Staff eschewed "Twankydllo" of ancient fame for "The Mermaid." Their chorus was given with great heartiness, and the last few lines *fortissimo* produced quite a sensation. The sensation was evidently pleasurable as the audience asked for more of it before joining in the National Anthem.

Queen Elizabeth's Physician.



RODERIGO LOPEZ, a Portuguese doctor, settled in London in 1559, and rapidly reached the highest places in the medical profession. He was the first to hold the office of house physician at St. Bartholomew's, and while living at the Hospital his "parlour was boarded on condition that he should be more painful of his care of the poor." Before 1569 Lopez had become a member of the College of Physicians, and, notwithstanding charges of unprofessional practice, his patients increased. After attending Sir Francis Walsingham and the Earl of Leicester, Lopez was appointed chief physician to Queen Elizabeth. She treated him with consideration, and granted him a monopoly for the importation of aniseed and sumach in England. Gilbert Harvey wrote of Lopez: "He is none of the learnedest or expertest physicians in the Court, but one that maketh a great account of himself as the best, and by a kind of Jewish practice hath

grown to much wealth and some reputation as well with the Queen herself as with some of y^e greatest Lords and Ladies." Meanwhile Spanish spies in London were endeavouring to murder Queen Elizabeth. Lopez was approached, and was offered fifty thousand crowns to take a part in the plot. He is reported to have listened to the emissaries of King Philip, and accepted a valuable jewel. When charged with the offence, however, no incriminating matter was found among his papers. In 1594 Lopez was carried to the Tower and tried at Guildhall before a special commission, over which the Earl of Essex presided. He was found "Guilty," and beheaded on June 7th.

Half-holiday Cricket.

WALDO WANDERERS WIN AT WINCHMORE.

CAPTAIN BURROUGHES ENJOYS HIMSELF.

GASKELL'S GORGEOUS GOOGLES.

HOMESTERS' TRUNDLING TROUNCED.



EDNESDAY, June 28th, signalled a new epoch in the annals of cricket journalism. At enormous expense to the editorial exchequer an army of reporters journeyed to Winchmore Hill by the

1.40 PULLMAN EXPRESS

and despatched Marconigrams at half-minute intervals to the offices of the JOURNAL. We are thus enabled to present to our readers within five weeks of the occurrence a full and life-like account of the great match between the Hospital 2nd XI and the Employés, past and present, of

THE FIRM OF DOWLBY'S, LIMITED.

No pains have been spared to ensure vividness and verve in the description, while the headlines have been specially selected by the Senior Printer's Devil to the *D. M.* Furthermore, we provided

EACH CRICKETER WITH A STYLO AND A MEM-BOOK, and his impressions of the salient features of the play, jotted down at the actual time, have been collected by the office boy, and are now submitted to the public in an expurgated, predigested, and easily assimilable form.

POINTS ABOUT THE PLAY.

(By our own Special Correspondent.)

Punctually as the pavilion clock struck twenty past two, Skipper Symes led his stalwart young giants into the arena.

At the tea interval the visitors had amassed the respectable total of 215 for 5 wickets; but had it not been for the splendid scores by Messrs. Coalbank, Hardy, Marshall, and Burroughes, and Gaskell (J.), it is doubtful whether the employés would have reached double figures. As it was,

SEVERE STRICTURES WERE PASSED

on the visiting commander for thus prematurely adopting the closure, but eventualities more than justified his apparent temerity. The homesters' venture was initiated at 4.29 by Keats and Kendrew, who successfully resisted the attack by

KILL-CRICKET METHODS,

and narrowly escaped barracking by the bystanders. Then followed a lamentable collapse before the alluring artifices of Gaskell (J.) and the tremendous trundling of Postlethwaite (J.) The last wicket accumulated 15 runs; had it not been for this the total of 102 would have been less than it was. The Representative of the Press, in his invaluable innings of 14, characterised by his wonted crispness, had the good fortune

TO BE BADLY MISSED

at 0, 4, 8, and 10, and would undoubtedly have been missed again had he not been run out by a mistake on the part of a fielder. The fielding throughout the day was admirable, and augurs well for the future. The match being over thus untimely, some

EXHIBITION BOWLING BY MR. GOSSE

was indulged in for the amusement of the spectators, in which he was ably supported by Phillips (L.) and Mr. Stone. The teams were repeatedly photographed during the afternoon, and copies may be obtained from Balcon. The bat with which Mr. Waldo made his score will be sold (with autograph) for the benefit of the Rebuilding Fund.

SCORES.

THE WALDO WEDNESDAY WANDERERS.		BARTHOLOMEW'S CLUB AND GROUND (2ND XI).	
Mr. M. R. Coalbank, b Rimington	45	Keats, c Postlethwaite (J.), b Gaskell (J.)	37
Mr. E. Hardy, c Symes, b Keats	16	Kendrew (J.), b Gaskell (J.)	10
Mr. E. S. Marshall, c Kendrew, b Rimington	15	Mr. A. J. Symes, b Postlethwaite (J.)	3
Mr. H. C. Waldo, b Rimington	3	Fernie, c Burroughes, b Gaskell (J.)	17
Mr. H. N. Burroughes, c Symes, b Renshaw	74	Mr. H. Rimington, b Postlethwaite (J.)	0
Gaskell (J.), not out	52	Renshaw (J.), b Gaskell (J.)	1
Postlethwaite (J.), not out	8	Longstaff, b Postlethwaite (J.)	3
Mr. P. Gosse, Phillips (L.) did not bat.		Gaskell (J.), c Marshall, b Gaskell (J.)	2
Mr. D. M. Stone		Horner (J.), run out	14
Mr. T. O'Neill did not turn up.		Mr. A. N. Other, absent, hurt	0
Extras	2	Extras	9
Total * (5 wks.)	215	Total	102

* Innings declared closed.

The Clubs.

CRICKET CLUB.

ST. BART.'S v. M.C.C.

Played at Winchmore Hill on June 3rd. The M.C.C. bowling was too good for most of us, so that we were all out for the poor total of 78. We were greatly weakened in bowling owing to the absence of Page.

SCORES.

ST. BART.'S.	M.C.C.		
J. Bean, c Stanning, b Coleman	2	R. H. Mallett, st de Verteuil, b Gaskell	48
P. R. Parkinson, b Coleman	18	B. O. Bircham, c Postlethwaite, b Bean	5
G. Viner, b Coleman	1	Capt. C. MacRae, c Parkinson, b Gaskell	49
J. F. Gaskell, c Mallett, b Goeson	1	Major R. H. Isacke, b Smith	2
J. M. Postlethwaite, b Coleman	24	J. Howard, b Smith	6
J. M. Smith, b Goeson	1	Major Pochin, b Gaskell	4
P. With, b Coleman	1	J. E. Stanning, c Gaskell, b Parkinson	17
L. Noon, run out	10	Murrell, c de Verteuil, b Viner	73
E. de Verteuil, b Goeson	3	C. H. Fernie, b Goeson	2
C. H. Fernie, b Goeson	2	L. L. Phillips, not out	3
L. L. Phillips, not out	3	Extras	12
Total	78	Total	229

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

Played at Cooper's Hill on June 17th, and lost by 10 runs. We won the toss, and batted first on a bowler's wicket. A very moderate total of 98 was reached, of which Smith hit 26 in a very short time. Of our opponents Rev. J. Burrough alone gave us any trouble. We were most hospitably entertained by our victors.

SCORES.

ST. BART.'S.	R.I.E.C.		
J. M. Postlethwaite, c Way, b Bisset	17	Rev. J. Burrough, c With, b Page	74
C. Noon, c Way, b Burrough	13	G. E. O. De Smidt, b Page	0
P. A. With, b Bisset	3	E. P. Burke, c Page, b Renshaw	12
J. M. Smith, c De Smidt, b Manning	26	A. P. Manning, 1-b-w, b Renshaw	1
G. Viner, b Bisset	2	A. A. Bisset, b Renshaw	8
E. de Verteuil, c Humfress, b Wimbush	21	H. T. Humfress, b Viner	1
G. F. Page, c Homfrey, b Wimbush	2	J. D. Way, b Viner	1
L. L. Phillips, c Humfress, b Manning	0	S. G. Stubbs, b Page	4
A. Kernahan, c Way, b Wimbush	0	A. Wimbush, not out	10
J. A. Renshaw, b Bisset	2	I. Homfrey, b Page	4
K. Ledward, not out	0	F. J. Waller, b Page	0
Extras	11	Extras	2
Total	98	Total	117

BOWLING ANALYSIS.

	Runs.	Wickets.
Page	28	5
Renshaw	34	3
Postlethwaite	16	0
Smith	7	0
Viner	28	2

ST. BART'S v. MAYFIELD.

The above match was played at Mayfield on June 25th, and, after a very enjoyable game, was won fairly easily. Page (71), Smith (58), Parkinson (53), and Noon (41) all hit finely for Bart's.

SCORES.

ST. BART'S.		MAYFIELD.	
P. R. Parkinson, b Coppard	53	E. Coppard, c de Verteuil, b Parkinson	10
J. W. Bean, b Coppard	0	Dr. C. E. Hedges, c de Verteuil, b Page	0
G. Viner, b Coppard	23	W. Brown, c Gaskell, b Page	2
J. F. Gaskell, c Newitt, b Coppard	9	F. Curtis, b Page	18
E. de Verteuil, b Coppard	10	G. Gaults, run out	59
P. A. With, l-b-w, b Brown	19	B. de la Bere, c Phillips, b Bean	22
J. M. Smith, b Coppard	58	S. L. Sassoon, c Page, b Gaskell	11
C. Elliott, c and b Coppard	6	J. Hallett, b Gaskell	23
C. Noon, c Coppard, b Curtis	41	F. Lester, c Viner, b Gaskell	26
A. Hicks, c Brown, b Sassoon	10	A. Humfrey, b Page	1
G. F. Page, c and b Curtis	71	A. Carpenter, retired hurt	0
L. L. Phillips, not out	5	E. Newitt, not out	4
Extras	45	Extras	19
Total	350	Total	194

2ND XI.

The past season has been particularly enjoyable and fairly successful. Of the 14 matches played we have won 7, lost 5, and drawn 2, including a decisive victory over London Hospital and by 5 wickets. We finished up most successfully by winning the Cup from Guy's after an exciting game. A gratifying sign of the times is the large increase in the number of men wishing to play. In fact, it has been difficult to give everybody a game, and the result is that only one match had to be scratched by us owing to inability to raise a team. This was at Whitsuntide, when the Secretary was away. We hope next year to have more matches against dressers' teams, Mr. Bowly's being at present the only enterprising firm. These matches are most enjoyable, and go far to increase the keenness and sociability of the Hospital cricket. Every praise is due to the untiring energy and enthusiasm of the captain, A. J. Symes, whose wicket-keeping has been the mainstay of the 2nd XI, and whose 50 against Guy's in the Final Cup Tie went a long way towards winning us the Cup.

INTER-HOSPITAL JUNIOR CRICKET CUP.—FINAL TIE.

ST. BART'S v. GUY'S.

Played at Winchmore Hill, Wednesday, July 12th, resulting in a win for Bart's by 65 runs. Guy's won the toss and put us in. A disastrous start was made, Kendrew's wicket falling to the first ball of the match. Phillips and Keats effectually stopped the rot after 2 wickets had fallen for 2. On Guy's going in Horner bowled successfully, getting 7 wickets for 38 runs.

SCORES.

ST. BART'S.		GUY'S.	
A. J. Kendrew, b Davies	0	H. Archer, b Horner	19
C. N. le Brocq, b Ticehurst	1	P. Litchfield, b Cunningham	3
L. L. Phillips, b Davies	23	W. Ingram, b Keats	22
B. A. Keats, b Ticehurst	67	T. R. Harvey, b Horner	61
A. J. W. Cunningham, b Davies	0	W. M. Munden, l-b-w, b Horner	8
A. J. Symes, c Ingram, b Ticehurst	50	C. B. Ticehurst, b Horner	23
H. Rimington, b Ticehurst	1	H. G. Gibson, run out	0
L. F. K. Way, b Davies	28	D. Reynolds, b Horner	0
G. R. Lynn, b Ticehurst	3	L. G. Davies, not out	31
J. A. Renshaw, b Davies	12	H. Munden, b Horner	0
N. G. Horner, not out	11	A. T. Clark, b Horner	3
Extras	46	Extras	7
Total	249	Total	177

ANALYSIS OF THE BOWLING.

	Runs.	Wickets.
A. J. W. Cunningham	18	1
N. G. Horner	38	7
B. A. Keats	58	1
Cunningham bowled 3 no-balls.		

2ND XI BATTING AVERAGES.

	No. of innings.	Not out.	Highest score.	Total runs.	Average.
D. A. Keats	5	1	103*	262	65.5
N. G. Horner	3	2	14	27	27
A. J. W. Cunningham	3	0	61	72	24
L. L. Phillips	4	0	55	88	22
A. J. Symes	12	1	86*	226	20.5
H. Rimington	9	2	37*	90	12.8
A. J. Kendrew	7	0	29	90	12.8
L. F. K. Way	6	0	38	76	12.6
G. R. Lynn	13	1	19	130	11.7
C. N. le Brocq	5	0	19	46	9.2
J. A. Renshaw	9	1	16	66	8.2
A. W. D. Coventon	4	0	17	32	8
F. J. Craddock	6	0	9	20	3.3

* Signifies not out.

SWIMMING CLUB.

INTER-HOSPITAL CUP-TIES.

ST. BART'S v. THOMAS'S HOSPITAL.

Team Race (first round)—This was a very close race, but our opponents won by two feet. S. Dixon, our fastest man, was unable to swim for us, and so it was bad luck that we should have been drawn against the team which finally won the Cup, as, by the next round, Dixon would have been able to turn out. Team: C. F. O. White, L. F. Lewis, F. C. Trapnell, A. Ryland.

ST. BART'S v. GUY'S.

Water Polo (first round)—Guy's Hospital turned out a smart team, and, since two of our men were unable to play, the result was a defeat by 1-4.

Shortly after commencing Guy's shot two goals in rapid succession, and before half-time scored again. Our team showed a want of practice throughout. After half-time, though many shots were taken at our goal, Capon rose splendidly to the occasion, and only allowed one to pass the post. Dixon scored a goal shortly before time. Unfortunately he was handicapped by a bad shoulder. Our thanks are due to Hoskyn and Sturdee, who saved us having to play two men short, Ryland being ill and Lewis unable to play on the day. Team: H. V. Capon (goal); C. R. Hoskyn, F. C. Trapnell (backs); C. T. O. White (half-back); E. L. Sturdee, S. Dixon, H. B. Pollitt.

ST. BART'S SWIMMING RACES.

Two Lengths (60 yards) Sealed Handicap—1, H. V. Capon; 2, D. M. Stone; 3, L. F. Lewis; 4, C. F. O. White.
Polo-ball Race (30 yards)—1, F. C. Trapnell; 2, C. F. O. White; 3, J. G. Watkins.

Both Watkins and White lost the ball at the start, leaving Trapnell winner. Time, 21 3/4 secs.
Four Lengths Handicap—After a close race Trapnell and White touched the bar at the same instant, thus making a dead heat of it.
Team Race—D. M. Stone, F. C. Trapnell, H. N. Wright, S. A. Burn.

There were twelve entries, and three teams of four each were picked. The finish was close, Stone winning from White by about a yard, the same distance separating White from Watkins.

Results of the Season's Matches—Lost 3, won 2, drawn 1. We have scored fifteen goals against our various opponents' thirteen.

RIFLE CLUB.

The final round of the Armitage Cup competition was shot for at Runnymede on July 5th, when Bart's made the best score, 510. St. Mary's was next with 482. Scores:

F. Nash Wortham	91
R. Fuller	90
F. Bilderbeck	89
C. Whitaker	85
A. H. Owen	83
S. H. Andrews	72

The Cup is shot for four times, the winning team being that which has the best aggregate score for three shoots. Bart's winning scores were 499, 505, 510.

BART'S ANNUAL PRIZE MEETING.

This took place at Runnymede on July 11th. The scores of the prize winners were:

F. Nash Wortham	92
A. J. Kendrew	85
H. B. Owen	85
A. R. Fuller	84
A. H. Owen	77
F. Bilderbeck	77

Mr. L. B. Rawling came down to shoot for the Staff Prize, but it is much to be regretted that he had no one to shoot against. He has very kindly promised to present a Cup to be shot for next year. The number of attendances at the Range are to be considered in the awarding of the prize, which it is hoped will encourage men to go down and practice more.

The prizes were very kindly given by Mr. L. B. Rawling, Messrs. Curry and Paxton, Messrs. Arnold and Sons, Messrs. Maw, Son and Sons, and Messrs. Down Brothers, to whom the Club wishes to tender its sincere thanks.

Review.

METHODS OF MORBID HISTOLOGY AND CLINICAL PATHOLOGY. By J. WALKER HALL, M.D., and G. HERXHEIMER, M.D. (William Green & Sons.)

This book will be found very useful to workers in morbid histology. The information to be gained with reference to the large and varied number of stains in general use is considerable, and the authors have arranged details in a very workmanlike manner.

A SHORT PRACTICE OF MIDWIFERY FOR NURSES. By HENRY JELLET, B.A., M.D., B.Ch., F.R.C.P.I., etc. Second edition, revised, with 138 Illustrations. (J. and A. Churchill.)

This book of 400 pages contains considerably more than is required by most midwifery nurses for the management of cases under their care; but the author explains in the preface his reason for including much that is beyond the scope of the nurse's every-day practice. The second edition has been revised throughout, and contains many new illustrations, which considerably increase the value of the book. A short glossary of medical terms has also been added.

The book as a whole is well arranged, and the language is simple and direct. It begins appropriately with a chapter on aseptics, which is rightly considered by the author as the most essential part of midwifery for nurses. Then follow chapters on pelvic anatomy, pregnancy, labour, the puerperium, diseases of the mother and the child, and the care of the child; while in the appendix are some useful hints and receipts. The diagrams are uniformly good.

Correspondence.

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

SIR,—Will you kindly allow me to make known through your columns that photographs of the Past v. Present Cricket Match, 1905, can be obtained by applying to me, or directly to J. Russell and Sons, 28, Hill Road, Wimbledon.

I am,
Yours, etc.,
G. VINER,
Hon. Sec. St. B.H.C.C.

ST. BARTHOLOMEW'S HOSPITAL;
July 26th, 1905.

Examinations.

UNIVERSITY OF OXFORD.

First M.B.—Anatomy and Physiology: M. Bates, S. Hartill.
Second M.B.—Entire Examination: R. Jamson, J. G. Priestley, C. A. Smallhorn. Forensic Medicine and Public Health: L. T. Barra.

The complete lists of those men who have passed the several examinations of the Conjoint Board have not yet come to hand, but will be published in the September number of the JOURNAL.

R. J. M. C. Notes.

The distribution of Bart's men now at home is as follows, though in some cases an officer may have been transferred from the headquarters mentioned to an outlying station.

Netley.—Lt.-Col. J. H. Sylvester; Major N. Marder; Lieuts. W. H. Hills, P. A. Jones, H. I. Wilson; Lieuts. C. D. M. Holbrooke, C. W. O'Brien.

Aldershot.—Capt. F. J. Richards; Lieuts. W. S. Nealer, H. C. Sidgwick.

London (Millbank).—Major F. W. Begbie; (Rochester Row) Major J. Girvin.

Woolwich.—Major B. A. Matutin; Lieuts. C. H. Turner, L. V. Thurston.

Chatham.—Lt.-Col. O. R. A. Julian, C.M.G.; Capt. A. H. Morris. *Shoeburyness*.—Lt.-Col. W. J. Baker.

Dover.—Major W. H. Starr. *Shorncliffe*.—Majors W. H. Pinches, W. E. Hardy.

Portsmouth.—Lt.-Col. J. S. Harwood. *Portland*.—Major J. E. Brogden.

Salisbury.—Lt.-Col. J. M. Reid. *Tidworth*.—Major C. W. Mainprize.

Chester.—Major A. Pearce; Capt. R. H. Lloyd. *York*.—Lt.-Col. S. Westcott, C.M.G.

Newcastle.—Capt. M. Swabey. *Delft*.—Lt.-Col. T. M. Corker.

Fermoy.—Capt. H. N. Palmer. *Jersey*.—Major T. H. F. Clarkson.

R. A. M. College.—Capt. F. Harvey. *Half-Pay*.—Capt. J. T. Clapham.

Gazette notifications:

Lt.-Col. A. H. BURLTON retires on retired pay.

* * *

Major F. W. C. JONES to be Lt.-Col.

* * *

Captain S. MASON resigns his commission.

* * *

Lieuts. W. S. NEALOR, C. D. M. HOLBROOKE, and C. W. O'BRIEN are confirmed in that rank.

* * *

Lt.-Col. F. P. NICHOLS, who has returned from Barbados, will be in charge of the Military Hospital at Norwich.

* * *

Captain M. H. J. FELL, who has been serving with the South African Constabulary, is posted to Aldershot.

* * *

Captain R. H. LLOYD will attend the forthcoming promotion course at the R.A.M. College.

* * *

Lt.-Col. E. J. RISK has embarked for South Africa.

Indian Medical Service.

Lieut.-Col. G. S. A. Ranking has retired from the service.

* * *

Major R. Bird, C.I.E., has arrived in England on leave.

* * *

Capt. W. H. Cazaly's leave has been extended for a further period of three months.

* * *

Major F. P. Maynard, Civil Surgeon, Darjeeling, is appointed Professor of Ophthalmic Surgery in the Medical College, Calcutta, and Ophthalmic Surgeon to the College Hospital.

* * *

Major F. O'Kinealy is appointed to act as Civil Surgeon, Darjeeling, and Capt. E. A. C. Mathews to the 10th (Duke of Connaught's Own) Lancers as Medical Officer.

Naval Medical Service.

The following changes of station have been notified since the issue of the May JOURNAL, in which there appeared a complete list of the Bartholomew's men, with their stations.

FLEET SURGEONS.—A. M. Page to H.M.S. "Implacable" (*Mediterranean*); H. W. A. Burke to H.M.S. "Commonwealth" (*Atlantic*).

STAFF SURGEONS.—F. J. A. Dalton to R.N. Hospital, Chatham; J. H. Pead to H.M.S. "Charybdis" (*Chatham*); S. Roach to H.M.S. "Cambridge" (*Devonport*).

SURGEONS.—K. D. Bell, H. B. Hill, F. H. Nimmo, and P. M. Rivaz to R.N. Hospital, Haslar; N. H. Harris to R.N. Barracks, Chatham; G. M. Levick, to H.M.S. "Queen" (*Mediterranean*); J. O'Hea to H.M.S. "Vulcan" (*Mediterranean*); W. H. Pope to H.M.S. "Donegal" (*Channel Squadron*).

* * *

The following officers are upon half-pay awaiting appointments:—Fleet Surgeon C. Strickland; Staff Surgeons W. R. Hopkins and H. Spicer; and Surgeon B. Ley.

* * *

No examination for admission to the service was held last spring, as there were no vacancies to be filled.

Appointments.

BREWER, ALEC H., M.R.C.S., L.R.C.P., has been appointed Anaesthetist to the Samaritan Free Hospital for Women.

WATERHOUSE, RUPERT, M.D.(Lond.), M.R.C.S.(Eng.), has been appointed Pathologist and Curator of the Museum at the Royal United Hospital, Bath.

NEAVE, SHEFFIELD, M.R.C.P.(Lond.), has been appointed Assistant Physician to the North-Eastern Hospital for Children.

New Addresses.

HARDING, H., Sydney Street, Petone, New Zealand.

LANGFORD, C. H., Bryntirion, Shepherd's Hill, Highgate, N.

PANE, H. W., Hamilton Place, Market Reason, Lincolnshire.

STONE, G. W., Cumnor, Dyke Road, Brighton.

SYKES, M. C., Maynard Tower, Hemel Hempstead.

WHITE, C. P., South Elms, Cole Park Road, Twickenham.

Births.

BARNES.—On July 8th, at Finbar House, Lower Tottenham, the wife of J. A. Percival Barnes, M.R.C.S., L.R.C.P.(Lond.), of a son.

GUNDLACH.—On May 23rd, the wife of J. Gundlach, M.R.C.S., L.R.C.P., 138, Upper Clapton Road, of a son.

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



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St. Bartholomew's Hospital Journal,

SEPTEMBER 1st, 1905.

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

Editorial Notes.

At this season of the Hospital year there is seldom much of interest to chronicle. One session is over, and another has not yet begun, and in the interval between them the smallest events often assume an air of importance quite out of proportion to their real merits. Thus the erection of outside staircases at each end of the South Block, which at other times might pass almost without notice, seems at the present moment like the first step in the rebuilding of the wards; something, indeed, to congratulate ourselves upon, and to point out with just pride to the intelligent foreign visitor.

* * *

At last the JOURNAL has a corner that it can call its own. For twelve long years the Editorial offices have consisted of a small locked box against the smoking-room wall. Now, thanks to an enlightened Students' Union and a considerate School Committee, we, who have hitherto been only a name, have now also a local habitation. Chaos at present reigns within "E 1, the College," but in a few weeks' time the JOURNAL office will be an accomplished fact, and the difficulties under which successive Editors have laboured will, at the lowest estimate, be reduced by half.

* * *

PERHAPS, in the not very remote future, when the whole of the necessary £500,000 has been subscribed, and the new St. Bartholomew's has arisen as the finest equipped Hospital and Medical School in the world, the JOURNAL will again be remembered, and a convenient suite of rooms will be set apart for its use, where the editorial work and the business of advertisements and publication may be carried

on in comfort. The Hospital JOURNAL, as the official organ of the students and the unofficial organ of the Hospital in general, has, during the past twelve years, played some part in the modern history of St. Bartholomew's; and it is hardly too much to expect that, when all else is remembered, the JOURNAL, too, will not be forgotten.

We shall see!

* * *

THE Students' Union Year-Book is now in the process of printing, and it is hoped that a copy will be in the hands of all Bart.'s men, past and present, towards the end of the second week in September. The outside cover is red, with the Hospital crest printed on it. The size of the book is roughly that of ordinary large note-paper, and it will contain about 140 pages, exclusive of advertisements. Scattered through the letterpress are a number of illustrations, reproduced from photographs. Each of the clubs, whether affiliated to the Students' Union or not, is dealt with in a short article, containing a brief outline of its history, an abstract of its rules, and a list of its present officers. The Directory of qualified Bart.'s men is divided into two parts—one arranged according to names, the other according to localities. There is also a list of students and a variety of other information.

* * *

WE have lately read with interest "A Short Holiday in Northern Climes," being an illustrated reprint from the *Medical Magazine* by Henry Rundle, F.R.C.S., an old Bart.'s man. The author has jotted down his impressions of an August holiday in Hamburg, Copenhagen, and Sweden, and we who are spending August in London must confess to a feeling of envy as we read his little book. One quotation, which struck Mr. Rundle during his visit to the New Hospital at Eppendorf—the largest in Germany, with 2209 beds—seems worthy to be repeated here. On the wall of one of the operating theatres is the following wise monition:

Præsentè ægroto, taceant colloquia,
Effugiat risus, dum omnia dominat morbus.

* * *

OUR own new operating theatres, which we hope will never need to be decorated with such a couplet, have now been deserted by the workmen. Their doors are closed, and no one is observed to enter or leave them. Electricity, hot water, cold water, fresh air, drains, and possibly even gas have all been installed; but as yet the theatres are not in use. Perhaps they feel the need of an opening ceremony, though we imagine that they are merely waiting until the South Block has reopened, and the work of the Hospital has once more entered into full swing after the summer vacation.

THE Annual Old Students' Dinner will be held in the Great Hall, St. Bartholomew's Hospital, on Monday, October 2nd, at 6.30 for 7 p.m., when Mr. Anthony Bowlby, C.M.G., will occupy the Chair. The new Treasurer of the Hospital, the Right Hon. Lord Ludlow, has accepted an invitation to be present, and it is hoped that a record number of old students will attend to meet him, and support the Chairman.

THE following donations of sums over £100 towards the General Rebuilding Appeal Fund have been received since our last issue:

	£	s.	d.
George Stimpson, Esq.	500	0	0
Miss Stimpson	500	0	0
(In memory of their father, George Stimpson)			
The Trustees of the late Miss Louisa McKellar (per William Edward Long, Esq.)	500	0	0
The Phoenix Assurance Company, Limited	210	0	0
Messrs. Watts, Watts, and Co.	105	0	0

TOWARDS the Pathological Block the following donations have been received:

	£	s.	d.
Thomas Wolferstan, Esq.	10	10	0
Edgar Willett, Esq.	5	5	0
A Surgery Patient (per G. C. E. Simpson, Esq.)	0	10	0

We hope that when the holidays are over, and the busy season has begun again, we shall have many more subscriptions to acknowledge in these columns. In each copy of the Year-Book is inserted a subscription form towards this Fund, which was started by the JOURNAL, and which it is the duty of readers of the JOURNAL and the Year-Book to support to the best of their ability.

WE offer our congratulations to Messrs. J. B. Christopherson and C. M. H. Howell on passing the examination for the membership of the Royal College of Physicians at London.

IN another column will be found "School Notes," to which we refer our readers for information concerning Dr. Samuel West's Clinical Demonstrations and the Final Fellowship Classes. There, too, will be found particulars of the Luther Holden Scholarship, the Walsham Prize, and the Willett Medal, which prospective candidates would do well to study.

The Inhabitants of St. Bartholomew's Hospital in the reign of Henry VI.

By NORMAN MOORE, M.D.,
Physician to the Hospital.



T. BARTHOLOMEW'S HOSPITAL in the reign of King Henry VI was a much smaller building than it is now, but most of the ground on which the present buildings stand already belonged to it. The hall, in which were many patients, the chapels of the Holy Cross, of St. Catharine, of St. Andrew, and of St. Nicholas, the residences of the master, the brethren, and the sisters, as well as the separate burial places of the patients and of the Society, were grouped round the enclosure known as the Paradisus, and the rest of the space was occupied by the houses and gardens of tenants.

From very early times the master and brethren had let part of their land within the hospital, as is shown by the following original lease:

CIROGRAPHUM.

Sciant presentes et futuri quod ego Stephanus Magister hospitalis sancti Bartholomei et eiusdem loci fratres dedimus et concessimus Magistro Radulfo de Alcr, totam placiam nostram cum Grangia quam in eadem fecit Robertus Archidiaconus Essexie tenendam et habendam omnibus diebus vite sue reddendo nobis singulis annis xii d. pro omni servicio. Ad festum scilicet sancti Michaelis vi denarios et ad pascham vi denarios. Concessimus etiam predicto Magistro Radulfo quam diu vixerit liberum introitum et exitum per portam nostram exteriorem usque ad placiam suam que extendit a portu exteriori usque ad portam interiorem versus aquilonem sicut antiquitate muro terro erat inclusam et licebit dicto Magistro Radulfo habere unam clavem in porta nostra exteriori ut quandiu voluerit sine difficultate nostri intret et exeat. Magister vero Radulfus prius decessum suum placiam nostram nobis reliquit liberam et quietam cum tota melioratione quam in ea fecerit, et ad maiorem securitatem tam nos quam Radulfus presenti scripto sigillum nostrum apposuimus. His Testibus Alano capellano, Vitale, Lamberto, Roberto de Camerwelle, Jordano le tanur, et toto capitulo nostro, Magistro Benedicto, Johanne de Garlande, Canonice sancti Pauli, Michaele de Valecius, Stephano de Crepelgate, Baldevino clerico, et multis aliis.

Richard, Archdeacon of Essex, held office shortly before 1168. Ralph de Alcr, who succeeded him in his tenancy, and was to be allowed free entrance and egress and a key, was a person of importance, a member of the Chapter of St. Paul's, as may be inferred by the presence of two canons of St. Paul's. He may have been Ralph de Alta Ripa, the magister scholarum or chancellor of St. Paul's during the episcopate of Gilbert Foliot (1163—1188).

Alan, the chaplain, succeeded Stephen as Master of the Hospital in 1182. Vitalis, Lambert, Robert of Camberwell, and Jordan le tanur were brethren of the Hospital, and this is a list of the staff in the reign of Henry II.

Three hundred years later, in the reign of Henry VI, it is possible to make out who all the tenants within the Hospital were from the Redituarium of John Cok, a brother of the Hospital who lived in it for more than forty years. He drew up his list in 1456.

No plan or any details of the buildings are given by him, but the bare list shows that the Close of the Hospital had a Smithfield gate (Porta de Smetefeld), which stood on the line of the present exit into Smithfield, and very near our present Henry VIII gate.

In the Close, but a little further out than the Smithfield gate, was a house in which dwelt Lady Johanna Astley, nurse of King Henry VI. It is interesting to know that the child of Catharine of France

"In infant bands crowned King
of France and England."

had an English nurse. She paid 40s. a year for her house.

The Close extended along Smithfield, and the precinct began at a house made out of two shops by John Wakeryng. The land on which it stood had been added to the original site in the fourth year of Stephen and during the mastership of Adam, the third Master of the Hospital, by a grant from John Beointe, William FitzSabeline, and Hersent, wife of Geoffrey of St. Loy (de Saeta lege). They gave two strips of land, one on the north side towards Smithfield 50½ ells long, and the other at the south part of the Hospital towards the city in Doke Lane 22½ ells long and 23½ ells broad. The measurement of this piece at the Smithfield end began five feet from the chapel of St. Katherine of the Hospital.

This is the site now occupied by part of the College, but in 1456 by Ehdeldreda Frenche.

Next to her house was that of Isabella Langeford, a widow, and next stood the house of Alice Wylton. Then came two shops in the occupation of Thomas Stokys, gentleman, and adjoining them was the entrance to the garden of Dominus John Clynton. His widow, Lady Johanna Clynton, had a large house with a garden and four shops in Smithfield. Then, in the corner of Smithfield, came the house of Robert Danvers, Recorder of London, new built by John Wakeryng, and with a garden. Next his house were two shops annexed for his clerks. These opened into Paradys or the quadrangle, and the house itself had been included by Wakeryng in the Close. This was joined by a shop in the Paradise let to John Nytyngdale.

Then came three shops opening into the Paradys in Bartilmewis Lanesyde. Then a single shop, also opening into Paradys, let to Thomas Gyrendale, and another to John Bokyngheham. Next was a house let to Elizabeth Mollislee, and then a shop, also opening into Paradys, let to Nigel Boteler.

Then came a shop in Paradys let to Maurice Cok, and then four in the south corner of Paradys let to John Shottefold. A large house, with a small garden, let to Alice Knyztle, came next, and then a large tenement, with garden, let to Wm. Baron, esquire, and Joan, his wife. Another large tenement, called from old times Bragwaynes Hall, and let to Wm. Cleve, Clerk of the Works of our Lord the King.

John Stafford, the chaplain, lived in quadra camera with a house which he had rebuilt. This did not look into the Paradys, and next it within the enclosure was a house inhabited by Thomas Grawst, standing next the chapel of St. Andrew. Then came another house, and then the chapel of St. Nicholas. Here Robert Fossard, a chaplain, had formerly lived.

John Wakeryng, the Master, had enlarged the Close on the Doke Lane syde by including in it the next tenement with two shops let to William Swyrinden, an adjoining house on Duck Lane side let to a widow, and a large tenement with four shops let to John Shyrley, Esquire, had also been included in the Close. Thomas Burgoyne, sub-Sheriff of London, lived in the next house, a large tenement once inhabited by John Barton, Recorder of London.

The south gate of the Hospital was on the side where we remember Christ's Hospital, and near it was the Chapel of St. Nicholas already mentioned. In a house next the gate, rebuilt by brother William Symond, lived Joanna Thyrusley, a widow. Close to the same gate the same brother had built another house let to Robert Bekett.

There was a gate in Doke Lane represented by the present Little Britain gate, and next it was a tenement let to John Cok, drover. There was a cimiterium or burial ground, and near this was one of the earliest additions to the Hospital, made in the twenty-third of Henry I by Michael de Valecius, a shop let to William Marchalle. Next was a shop let to Joanna Morpath, a widow, and next it another shop. Next was a house with a little garden let for one rose to Robert Vynce, and Joanna his wife. In the corner near this was a large tenement with garden let to John Lurchon. On the edge of the cemetery was another small garden let to John Shottefold, and next in another garden let to William Olyver, a mercer, and next was a garden let to Lady Johanna Asteley. The cemetery seems to have been on the Smithfield side, and from Smithfield near it led a small passage called Vytrye Lane.* At the Smithfield corner of this were a large tenement and a brewery called The Hartshorn facing Smithfield, and with several small cottages leading from it down Vitrie Lane. These were let with a garden bordering the cemetery to Robert Wylote, Archdeacon of Middlesex (appointed April 15th, 1443). Next this Robert Danvers, Recorder of London, rented a garden.

By the cemetery gate, which was towards the interior of the Hospital, was a tenement with garden let to William Menston.

Two shops joined this, which had been rebuilt by one of the sisters of the Hospital, Emma Clunbury. These, with another shop also built by her, were let to Henry Sewall, and to the widow, Joanna Thyruslee, the rent of 40s. to be paid to the sisters of the Hospital, and one rose for each tenement to the master of the house.

* William de Ripa (in this JOURNAL, January, 1905).

The next tenement was large and had a garden. It was once occupied by William Markeby, whose tomb with his effigy and that of his wife in brass remains in the church of St. Bartholomew the Less with the inscription:

Hic jacent Willelmus Markeby, de London, gentleman, qui obiit xi die Julii, Anno doni 1439, et Alicia uxor eius. Quorum aminabus propitiatur Deus. Amen.

In 1456 the house was let to Thomas and Alice Portecawyn, who had added a kitchen, chambers, and other things, and much new stonework.

Richard Sturgeon's large house came next.

Next the northern Hospital gate was a tenement inhabited by John Perkes, carpenter and janitor of the Hospital.

Opposite his house "by the Great North Gate" was a house occupied by Joanna Newmarche, a widow.

Thus, besides the patients, the master, the brethren, and the sisters the Hospital precincts contained forty householders, representing an annual rental of £59 8s.

Several of these tenants were people of consideration, and some ended their days here and are buried in the existing church, as Lady Clynton, who died in 1458, Sir Richard Danvers, and Dame Agnes, his wife, and Thomas Burgoyne. The brass of William Markeby remains, and Stow has preserved the epitaphs in rhyming Latin of Richard Shipley, perhaps an ancestor of the celebrated modern biologist who began his education here.

Hic vir pacificus
Shipley Richardus humatur
Verus Catholicus domus
hec hoc testificatur.
Esurientes ac sitientes
namque forebat
Pace fruentes, iusta
petentes corde gerebat
C quater et Mille
X et MV cadit ille
Luce Maii deca ter
que monas sit humus sibi mater.
Coniux postque sua
finivit Alicia flamen
Quos manus tua salvet
precor O Deus. Amen.

That of Richard Sturgeon, who died in 1456, seems to have been written by the same versificator. His wife is buried with him.

Uxor ejus quem bona
jungitur ecce Joanna,
Ut capiant dona
Caelorum Jesus Hosanna.

The most famous of these tenants was John Shirley, a composer of verses and transcriber. He was buried in the church of St. Bartholomew the Less, and Stow describes his brass with the figures of himself, and Margaret his wife, in the habit of pilgrims, and a rhyming English epitaph which states that they had eight sons and four daughters, and that he died at the age of ninety on October 21st, 1466.

He translated into English "The Cronycle of the dethe and false murdure of James, Kyng of Scotys," and his

manuscript is in the British Museum (additional MS. 5467). At the end of this treatise, in a somewhat larger hand than the body of the manuscript, he has written: "And thus nowe here endethe this moste piteous cronicle of thorrill dethe of the Kyng of Scottes, translated out of latyne into owre moders Englissh tong bi youre symple subget John Shirley in his late age after his simple understanding, which he recommendeth to your supportacione and correccion as that your gentilnesse vowethe case for his excuse."

The next treatise in the volume, also in his hand, shows that he took enough interest in medicine to transcribe a treatise on the subject. It is headed:

"Here beginneth an approbate treite for the pestilence studied by the gretteste doctours of fhisike amonges thunyversite of cristen nacions yn the tyme of Sancte Thomas of Caunterbury."

There is also a fine manuscript of Chaucer's English version of Boethius "De consolatione philosophie" in the British Museum (add. 16,165) in Shirley's hand.

Richard Sellyng, a poet of the reign of Henry VI, sent a poem of his own, entitled, "Evidens to beware and gode counsaile," to Shirley, as is shown by its seven last lines:

Loo this is but a symple tragedie
No thing lyche un to hem of lumbardy
Wiche that storax wrote un to temperere
Sellyng makithe this in hes manere
And to John Shirley nowe sent is
Pfor to amende where it is a misse
And also for pesaunce and for desporte.*

Thomas Burgoyne, the sub-Sheriff, had a monument in the church, but Dame Joanna Astley was buried in St. Botolph Aldersgate.

In one part of the Hospital there was a library. Its despoil is mentioned by a contemporary, and one of its books is still to be seen.

It is a copy of Pope Gregory's *Decretals*, and on the first page is written "liber domus sancti bartholomi in smythfylde."

It is of the same century as the Redituarium, and is written in one clear hand throughout. At the base of each page are paintings showing great variety of subject and illustrating the costume of Shirley and Markeby and their contemporary inhabitants of St. Bartholomew's, their occupations and amusements.

The history of Joseph is shown in one series of pictures, in another that of Sampson. Knights with full housings are tilting as they used in Smithfield, and receive the reward of valour from a queen of love and beauty with towering head-dress.

Shirley, no doubt, read Chaucer and Lydgate, but in his day, as in ours, lighter reading was also in fashion, and the illuminations show how familiar people were with the history of Reynard the Fox.

* Harley MS. 7333.

There is one long story of a knight errant who meets with all the proper adventures, combats a dragon, releases a fair lady, slays a giant, carries the giant's head on a spear and is rewarded at a splendid castle by a crowned king.

The knight of La Mancha could not have wished for more. He would have delighted to have the book in this library, and the curate and the barber would never have been so wanting in taste as to cast it forth, as some one did from our library in the reign of King Henry VIII.

In the days of Henry VI the ground of St. Bartholomew's had many inhabitants who chose it as a pleasant place in which to have a home. It has gradually become more and more the dwelling place of none but patients and their attendants, so that now no one unconcerned in hospital work lives "infra clausum," within its enclosure.

Salerno, the earliest academic seat of medical learning in medieval Italy, was called "Civitas Hippocratica," as a place wholly devoted to medicine, and the parish of St. Bartholomew the Less, the only parish in England entirely given up to the practice and teaching of medicine might, at the present day, be fitly named "Parochia Hippocratica."

Clinical Odds and Ends.

By DR. SAMUEL WEST.

HEAT EXHAUSTION AND SUNSTROKE.



HERE has lately been in the wards a case of heat exhaustion in a patient who had sunstroke ten years ago. With that attack he was three months in hospital, and on leaving was paralysed as he says, by which he means that he could hardly move hand or foot from weakness, but there was no actual paralysis. After some weeks he made a complete recovery, and remained well until his present attack a fortnight ago.

Great heat produces two effects. *Heat exhaustion*, in which the temperature is subnormal; and *heat stroke*, or hyperpyrexia, in which the temperature is extraordinarily high (110° or 112° F.). It is to the effect of the high temperature that most of the serious after effects of sunstroke are due. This leads, if continued for more than an hour or two, to profound changes in all the cells of the body, producing that albuminoid degeneration which is described by the general term cloudy swelling. It is most obvious in glands like the liver and kidney, but its effects are most serious in the heart and nervous system. Even in the most violent of the fevers where the temperature ranges high, like typhus and some forms of pneumonia, the cardiac weakness which arises is to be referred in great part to this effect of heat upon the muscle cells, and not alone to the toxins produced.

In the nervous system the morbid effect upon the delicate nerve tissues may leave after-results of the most

varied kind. These results are to be explained by the particular part of the nervous system upon which the stress of the lesion has chiefly fallen, but why the stress should fall in different cases now upon one part and then upon another is not so clear. In some cases it affects the higher intellectual centres, and the patient becomes incapable of continued mental effort, weak minded, emotional, and deficient in self-control. Months may pass before mental power is restored, or the patient drift slowly into a condition of permanent mental weakness, imbecility, or insanity. In other cases the higher centres escape, and the stress falls on the motor regions of the cortex, so that the slightest muscular effort causes great exhaustion and fatigue, as in the case which forms the text of these remarks.

The general effects of high temperature, like those due to toxins, are usually symmetrical, and the lesions involve the symmetrical parts of the nervous system more or less equally; but if not, or if recovery be more complete on one side than the other or in one part than another, the loss of power may be unsymmetrical; hemiplegic in type if the whole of one motor region be involved, or partial if special regions be affected; so one arm, one leg, or one side of the face may be left weak; or epilepsy may develop, and the patient become a permanent epileptic. Again, defects of special senses may arise, e.g. in the eye and ear, which are not due to local disease in these organs, and the sight or hearing may be permanently impaired or even lost on one or both sides.

Similar lesions in the spinal cord may lead to various forms of chronic spinal cord disease. Thus muscles may waste as in poliomyelitis anterior, or ataxia or rigidity appear which may slowly resolve, remain stationary, or develop further.

Lastly, peripheral neuritis in its various forms may occur, and in all sorts of parts. As might *à priori* be expected the prognosis in the peripheral neuritis group is more favourable than in that where the central nervous system, spinal or cerebral, is involved.

Looked at simply as the sequelæ of sunstroke the possible nervous ailments form a bewildering list, but when referred to their common pathological cause, viz. degenerative changes resulting from the action of high temperature upon the more delicate and highly organised constituents of the nervous system, their explanation appears simple, and all that remains in a given case, so far as diagnosis is concerned, is to ascertain why this or that part of the nervous system was specially involved or failed to recover like the rest.

The principle of treatment is obvious. If the consequences are the result of the action of high temperature the temperature must be brought down without a moment's delay so soon as the condition is recognised. Antipyretics take too long to act, and have disadvantages of their own.

The cold bath is the only effective means of treatment, and it matters not how cold it is. The cold bath will save life, and its early use prevent the degenerations upon which the nervous sequelæ depend.

On Giving Medical Evidence.

By STANLEY B. ATKINSON, M.B.Lond., LL.B.

IATELY I have listened to the evidence afforded by many registered medical practitioners to inquest juries presided over by different metropolitan coroners. Police surgeons, perfected by practice, usually excel, though not infrequently an ordinary "G.P." delivers himself in a very lucid and scientific manner. Sir William Blizard used to say, "Be the plainest man in the world in a court of justice." Perhaps the most common failing of witnesses is the neglect to realise that an inquest jury, according to their "skill and knowledge," has to return a verdict as to the mortal cause of death, which is later recorded upon the coroner's certificate of the finding of the jury; in order so to do the jury must at least hear, and hearing understand, the facts deposed. The witness should speak audibly, slowly, deliberately, for the coroner's clerk has to take verbatim depositions. He should be candid, courteous, dignified, and withal good humoured; in the witness personal disposition counts for much more than professional position. Jurors are usually of the social class of out-patients; to them and for their deliberation the evidence as to the facts of the case is submitted. The witness fails in effect if the least intelligent one of the jurors does not evince a manifest appreciation of the evidence given; and be it continually remembered that a technical term of a professional dialect is sure to be met with a vacant stare and followed by the speedy snapping of the thread of interest; technical terms may be reserved for cross-examination. Never should a witness lay himself open to the accusation, made by Carlyle against Coleridge, of speaking "oracles or jargon." The inquest jurors wish to hear the mortal cause, and not to listen to the recitation of pathological formulæ. It may be necessary often to condescend to detail, and to act, as it were, as an interpreter, using a language understood of the people, and employing such popular terms as "death stiffening," "blood-clot," "cancer," "bowels," "coverings of the brain," "brain fever," "inflammation or congestion of the . . .," "alcoholic disease of the . . .," etc. It was a poor compliment to the witness's powers of address and exposition when, at the end of the inquiry, the foreman was prompted to ask, in two recent cases, "What is sarcasm on the brain, sir?" and "What is a grocer's liver?" Such *malaprop* queries are possibly more likely to be addressed to non-medical coroners, one of whom was heard a few months back to

inform the jury, "the rag blocked the Eustachian tube and so suffocated the deceased!"

The medical evidence should consist of three sections and of the concluding opinion as to what was the medical cause and the mode of death.

1. *Information received and from whom.* The corpse should always be identified by a responsible person in the presence of the medical witness.

2. *Facts personally found upon an examination of the corpse after receipt of the coroner's order.* If the coroner desires medical evidence without a necropsy a careful view of the body stripped of clothing should be taken, and a report should be furnished as to the absence or presence of "any visible sign of external mechanical recent injury"; historically, post-mortem examinations are recent innovations, and with their advent the jurors' "view of the body" has become more perfunctory. In 1860, at Lewes, a medical man was greatly discredited from failing to examine fully the body of a boy whom a schoolmaster had mercilessly thrashed; the jurors themselves discovered the wheels and the extravasated blood upon a second view.

If a witness is honestly unable to form a reasonable opinion as to the medical cause of death without the aid of a necropsy, he should frankly tell the jury so; they have power to order a post mortem examination. As a matter of courtesy it is well to inform the coroner confidentially if an unexpected fact is ascertained during the examination, otherwise the lips of the witness should be sealed until formal evidence is given concerning the discovery.

Some coroners issue a printed form upon which the main pathological conditions of the deceased may be entered. It is well to deal with the diseased organs first, and then to mention categorically the normal structures, so that an omission may not be mistaken for a reservation. Care must be taken not to fall into the fallacy of deposing: "There is no . . ." when "I could not find any . . ." is really meant. Only facts personally noted must be offered under this section; Sir Thomas Stevenson was rebuffed severely in 1899 for giving toxicological results found for him by an assistant, as if they were original evidence; probably Job would have made an excellent common witness of fact: "I shall see for myself, and my own eyes shall behold and not another."

The time at which the autopsy was commenced should be stated. When the pathological evidence has been given any exhibits handed to the witness by the police should be tendered as "real evidence." It may be well to bring an "anatomical" skull or other objects into court in order to explain an injury; it should be noted also that the body of the coroner's officer is always at hand for an "ocular demonstration" of the exact site of a wound you are describing to the jury.

3. *The explanation, with skilled professional and experienced knowledge, of the cause of the pathological facts ob-*

erved. This section of evidence is most important, especially before a non-medical coroner, it is not to be regarded as mere inferential testimony. The witness will be wise if he does not proffer unasked-for reasons for his conclusions. Similarly he should never state why or what he prescribed unless directly asked; it is sufficient for the jurors to know that the witness did, in fact, prescribe.

Coroners are not long in discovering the weaknesses and idiosyncrasies of each registered medical practitioner resident in their districts.

Finally, medical students should be taught by the resident staff that where a case ends in a coroner's court, the clinical note is not complete until the verdict of the inquest jury is appended thereto. The resident staff, on such occasions, should encourage their clerks or dressers to attend the coroner's inquisition and listen to the medical evidence, for the whole proceeding is a valuable item in clinical jurisprudence.

The Sudd and the Bahr el Gebel.

(Continued from p. 164.)

IHIS enormous area of vegetation standing in water is probably unique, and presents many interesting problems.

The insect world shows much that is new, and when the fauna generally comes to be studied I prophesy a great deal of interesting matter will be discovered. It certainly offers a rich hunting ground for the naturalist.

Among the engineers, too, who have the questions connected with the Nile water for Egypt in hand, the Sudd presents a tangled problem. It is a matter of difficult speculation as to whether this growth increases or decreases the evaporation of the water by the tropical sun. On one side it may be said that the dense mass of feathery fronds protects the surface of the water, and on the other the living plant is continually perspiring its moisture in conducting its vital processes. Can any of our friends who are studying Biology and Physics give us their speculations on the subject?

This mass of partially floating growth obstructs the passage of the water north, and causes many meanderings of the stream, sometimes producing a loop which could be made into a complete circle by the cutting of only a few feet of Sudd. A former channel which had been blocked up for some years has just been cut through, but the difficulties are very great, the sluggish stream not carrying away the floating masses cut off, and the wind blowing the sides together.

It has been ascertained by comparison of the section of

the bed of the river and the pace of the stream above with the same below that less than two thirds of the volume of water survives to flow into the White Nile.

If this passage is kept open it is hoped that more water will flow north, and the route of the steamers be shortened.

The remains of a steamer used by the Mahdi were discovered in the channel sunk during his rule after its capture from Gordon.

These engineers in the same way have to deal with a further problem of an almost equal loss of water during the 400 miles of the Bahr el Gebel above the Sudd. Some suppose this to be due to loss of water underground, as well as to loss by flow of water into marshes to be evaporated.

Underground rivers are known to exist in many parts of Africa, disappearing and reappearing to flow into the sea. As an illustration of such rivers, I remember camping at some pools of water in the neighbourhood of Kilima Njaro (the perpetual snow mountain of the East African Protectorate), which formed a line of about 200 to 300 yards with some current disappearing into the sand at the lower end. This was on a plain, and at least twenty miles away from any other water.

As we go southwards up stream the papyrus gradually gives way to the coarse grassy reeds on each side, the haunts of the hippo, crocodile, and water birds. These extend from about a hundred yards to several miles from the edge of the water inland up inlets called "khors." It is often that native villages can only be visited by pushing through these with a "dug out" by ways only known to the natives, and hence much remains to be discovered. This is the state of things for the whole course of this river to Gondokoro with the exception of a few places where the land comes to the river edge, but these form a minute percentage to the whole. It is on two of these that Government stations are built, and are held by one white man—or sometimes two,—commanding Sudanese troops, with help of a couple of Egyptian officers, and on the others a native village is usually found.

As we progress we note that the "tukels" huts—of the natives lose their neat appearance, showing the less degraded *Dinka* has been replaced by perhaps the lowest of all blacks—the *Bari*.

In addition to these short strips of bank when the Nile falls there are in the *Dinka* country some quite low patches of soil in the swamps where the fisherman *Dinka* tribe live in the dry weather, and live by fishing and killing hippos. You catch sight of them through the tall grass, and of the tops of their huts, the small patches of ground not permitting of more than three or four at most. The men usually stand and look at you in their curiously characteristic position, *i.e.* leaning on a spear with one foot pressed against the opposite thigh just above the knee. They are a curious lanky race, which appears to have an unusually narrow pelvis. They are absolutely nude, and must be very resistant to the results of damp dwellings and constant

immersion, though I may mention that I found once a case of acute rheumatism.

Before leaving the steamer to descend in the gyassas several traits of the Egyptian and Sudanese methods were observed. Thus a servant washing his master's clothes with a view to the use of the "markwa" or flat iron would fill his mouth with water and splutter over the garment, imbibing from an earthenware jar of water at his side for this purpose throughout the process.

One of the women was observed sitting in tailor-like fashion with a quantity of blue material covering her entirely, and smoke issuing from the interstices. This performance continued for a long time. It was explained that she was fumigating herself with scented pastile to render herself more attractive to the male sex, but how her eyes stood the ammonia of the smoke, or how she managed to breathe is a mystery.

An Egyptian officer, who had been hurried up by one of his white superiors, was overheard giving vent to his complaints about the English occupation and the position of his countrymen as officers in the army. He quoted an Egyptian proverb, which well sums up the ideas of the race generally, and is a key to the difficulties of the position. It is: "Deliberation came from God, but Hurry from the Devil." An Egyptian will always let everything "slide," and spend the whole of his ingenuity—and it is considerable—on explaining away the results of his laches. He studies the letter of the law most carefully, and manages to delay and obstruct much by this knowledge, red tape being his delight, and the obstruction of the white man, and thereby the demonstration of his power, the greatest pleasure of the official.

On the west bank we pass one boundary of the Lado Enclave, and stop at the Belgian station, of which there are two. Here we find Norwegians and Italians, chiefly as the officers representing the Belgians, which is due to the dislike of the latter to the unhealthy climate and the surroundings. They look ill and weary, as if prisoners, and apparently feel their isolated position much. Thus they are compelled by regulation to go and to come, if on leave, etc., by the land route to the West Coast of Africa, a journey of some four months, so as not to use the English highway of the Nile. They are courteous, and evidently pleased to see new faces.

Another twenty-four hours take us to Gondokoro, the most southern and turning point of the steamer's course, I collect my impedimenta from the *sandals* (not sandook, as printed in the last number), and take to the *gyassas* (not *gyanas*) to float down the river, and camp on any possible bit of land. In my next I hope to deal with some details of the big game and a hippo hunt by natives with their spears.

(To be concluded.)

A Case of Acute Pulmonary Oedema.

By F. C. POYNTER, M.B., B.Ch.Oxon.

I WAS called in the early morning of August 7th to a married woman *æt.* 59, who had been taken ill about 3.30 a.m. She was awakened by the beating of her heart, and soon began to bring up frothy expectoration, and her respiration became rattling. She was said to be "almost choked sometimes." When I saw her the worst part of the attack was over. She was on a sofa, lying on her right side, slightly turned towards the prone position, and was cyanosed, respiration being rattling and noisy. She kept on coughing up frothy liquid tinged with blood. The left lung in front was full of *râles*, the right rather less so. I could hear no heart murmur. There was no sharp pain in the chest. Pulse 114; temperature 97°; respiration 30. I gave five drops of liquor strychninæ in some brandy and water. She was carried up to bed, and by the time she reached it the comparatively horizontal posture was becoming intolerable to her. Hot water bottles were supplied, and a poultice put on the front of her chest.

I prescribed—

Ammon. Carb. gr. xxiv.
Spt. Æth. Nitr. m℥60.
Spt. Ammon. Aromat. ʒij.
Tr. Strophanthi m40.
Aq. Menth. Pip. ad ʒviiij.

an ounce every four hours.

I saw her next on the afternoon of the following day, and she then felt nothing amiss except weakness, and had had some aching in the left side. She told me that she had got better, and the rattling respiration had ceased, by one o'clock midday on the 7th. She slept in the afternoon, and had a very good night. Pulse 82. Heart impulse was forcible in fifth left space just inside nipple line, and a double impulse was felt by the finger. There was a long, but very faint, systolic mitral murmur. The second sound at the tricuspid area was reduplicated, this being much more easily detected at some beats than others. The front of the chest was clear of *râles*; some fine sharp *râles* were heard at the axillary aspect of the base of the left lung, but had more or less disappeared by the end of my visit. The cyanosis had passed off. Bowels open twice since the visit on the 7th.

The patient says these attacks began when she was about forty, and that they are worse than they used to be. She never had one when at home before, always when walking. She is greatly distressed in the attacks, and feels as if she were going to die. An attack is sometimes preceded by indigestion. She suffers much from flatulence. She has no knowledge of gout in her family.

The froth which is expectorated is very white at first, and becomes tinged with blood as the attack proceeds.

She was not able to attribute any definite benefit to the medicine prescribed as mentioned above, but she considers that brandy does her good during an attack. I heard on the 10th that she felt quite well again.

The report of the Clinical Research Association on the expectorated fluid says:—"The fluid is neutral in reaction. Its specific gravity is 1019. It is highly albuminous, going nearly solid on boiling, the amount being 9.84 grains per ounce, and this is far more than can be accounted for by the cells present. Red blood corpuscles are present in fair numbers; a few leucocytes are also seen, but barely more than correspond to the blood present. There are no alveolar or pulmonary cells to be detected. It is, we think, inflammatory in origin."

The urine has only been examined once since the attack. It was acid, rather pale, sp. gr. 1011, and it contained a haze of albumen.

School Notes.

THERE appears to be a considerable number of inquiries from prospective Students for the entry on October 2nd, when the Winter Session begins. The fact that the whole of the medical curriculum can still be passed at our School is evidently having its attractions. The Preliminary Sciences, namely, Chemistry, Physics, and Biology, are to be taught more thoroughly than ever, while Physiology and Anatomy will not be divorced from Medicine and Surgery. All new Students will thus have the great advantage, which their predecessors have had, of being on the spot, and learning the ways of the School and Hospital, during the first three years of their course. The Athletic Clubs of the Students' Union, it is hoped, will all be strongly reinforced by the freshmen.

DR. WEST will resume his Clinical Demonstrations for old Bart.'s men in October. The Classes will be taken in the wards at 3 o'clock on the second and fourth Tuesdays in each month during the Medical Sessions, and will commence on Tuesday, October 18th. The actual dates in each month will be regularly notified in the Calendar on the front page.

THE Final Fellowship Classes commence on Tuesday, September 5th, when Mr. McAdam Eccles will be glad to meet all those wishing to join the classes in the Museum at 10 a.m. The classes will include Clinical Surgery daily in the wards at 1.30 p.m.; Surgical Case-taking and Commentaries on Wednesdays at 11 a.m.; Surgical Anatomy on Mondays at 12 noon, and Thursdays at 11 a.m.; Surgical

Pathology and Museum Work on Tuesdays and Thursdays at 10 a.m.; General Pathology, Bacteriology, Ophthalmology, and Operative Surgery towards the end of the course. Full particulars will be found in the Calendar, which may be had on application to the Warden.

A NEW Scholarship, a new Medal, and a new Prize have recently been added to those open for competition in the School, bringing the number of the honours which may be obtained to twenty-seven.

THE LUTHER HOLDEN SCHOLARSHIP was founded by a bequest of the late Luther Holden, Consulting Surgeon to the Hospital. Its annual value will be 100 guineas. It will be given as a Research Scholarship in Surgery, and the Electors to it will be the Surgeons to the Hospital, the Lecturer on Pathology, the Warden of the College, and the Dean of the Medical School, for the time being. The conditions of award will be as follows:—The holder must possess a British qualification entitling him to practise surgery. He shall have spent at least three years in the Medical School of St. Bartholomew's before holding the Scholarship. A scholar cannot be elected for the first time later than three years after qualification. The Scholarship to be held for one year, but the holder may be re-elected for a second year, or for a third year. The holder must prosecute work, approved by the Electors, in connection with surgery, either within the United Kingdom or abroad. A report of the work executed during the holding of the Scholarship shall be sent to the Dean of the Medical School one month before the expiration of the year. The Scholarship, when vacant or about to be vacant, shall be advertised in the Medical School. It is expected that the first award of this valuable Scholarship will be made in January, 1906.

THE WALSHAM PRIZE, of the value of about Seven Guineas, is for Surgical Pathology. It was founded by Mrs. Jeannetta Tuck, in memory of the late W. J. Walsham, Surgeon to the Hospital. The Examiners for this Prize are the Lecturer on Pathology, and the Demonstrator of Morbid Anatomy (Surgical), and the conditions under which it is awarded are the same as those for the Brackenbury Surgical Scholarship. The distinction of having gained the first Walsham Prize has fallen to Mr. E. H. Shaw, whose pathological work is so well-known and appreciated.

THE WILLET MEDAL, of the value of Three Guineas, is for Operative Surgery. It was founded by the subscribers to the Alfred Willett Testimonial. The Examiners are the Demonstrators of Operative Surgery, and the conditions are again those as for the Brackenbury Surgical Scholarship. The distinction of having gained the first Willett Medal has fallen to Mr. H. W. Wilson, who performed his operative work in a brilliant manner.

The Keen Man.

HERE be two kinds of keen men. The one keepeth his keenness unto himself, and publisheth it not upon the roof tops; him do we admire and emulate. The other striveth ever into the front row, and taketh copious notes therein; the scratching of his pen is a burden unto the lecturer. He stealtheth teeth from the surgery patient while yet the lawful dresser tarryeth over the Unna pot, and at lunch time he eateth buns in a white garment, so that they who pass may say: This man is no longer an inhabitant of the rooms. He carryeth not his stethoscope by stealth, neither doth it shame him that he talketh shop in strident tones to his brethren in the public places of the city. Regard him closer: from his fancy vesting protrude his scissors, his drug book, and his Scott's Emulsion Diary; thus may ye know him. He feareth not the scowls of the clerks, but burroweth himself ever into the foremost rank, whence he cocketh his head at the physician, saying: Yea, yea, verily it is presystolic. Of the surgeon he asketh intelligent questions, while yet already he knoweth the answer. He runneth up to the moribund patient, and bangeth him upon the chest, so that he spiteth blood at him. He taketh off the dust from the library shelves, and depositeth it upon the cloak-room towels. And when he hath diplomated he goeth forth crying: Of a verity am I out of touch with the student lads.

The Clubs.

CRICKET CLUB.

REVIEW OF PAST SEASON.

The season just ended has been a very great improvement upon the last. For this we have, firstly, to thank G. F. Page, who has proved an excellent captain, and has, moreover, performed very creditably with both ball and bat; his bowling has been the mainstay of the eleven; secondly, there has been greater keenness shown by the team, with perhaps one or two exceptions. Of the 14 matches played 5 were won, 6 were lost, and the remaining 3 drawn, two of the drawn games being in our favour.

Parkinson has shown the best form in batting; his century against the Past XI was a very fine innings, and he will be greatly missed next season. Gaskell has improved considerably as a bat, and has played some excellent innings. He has also bowled with success at times, notably at the Crystal Palace, where the pitch was just suited to his bowling.

J. M. Smith and De Verteuil have both made invaluable scores when things were going badly with the team. The former hits with great power when set, but is inclined to "have a dig" as soon as he reaches the wicket, with disastrous consequences.

C. Noon, the only Freshman in the eleven, shows great promise. He has a nice easy way of batting, and can hit as hard as anyone when he likes. Great things will be expected of him next year if he will correct his tendency to slackness in fielding. As a whole the fielding of the team this year was excellent.

The two honorary secretaries were particularly unlucky this year. Griffin was unfortunately away through ill-health during much of the season; while Viner was pursued in nearly every match by the most consistently bad luck in batting.

BATTING AVERAGES, 1905.

	Innings	Times not out	Total runs	Most in innings	Ave. per page.
P. R. Parkinson	12	1	384	103	34.90
J. M. Smith	13	1	266	58	22.16
J. F. Gaskell	13	0	284	86	21.84
W. B. Griffin	4	0	87	32	21.75
G. F. Page	13	1	253	71	21.08
E. de Verteuil	13	4	174	41	19.33
J. M. Postlethwaite	15	2	210	52	16.01
L. L. Phillips	6	1	145	34	16.11
H. N. Burroughes	5	0	93	25	14.00
P. A. With	7	1	45	19	7.50
G. Viner	12	0	78	23	6.50

The following have also batted.—L. F. K. Way, G. Bowen, G. H. Adam, N. G. Horner, C. H. Fernie, C. Elliott, J. A. Renshaw, K. S. Singh, T. S. Gibson.

BOWLING AVERAGES, 1905.

	Overs	Mins.	Averages	No. Runs	Wkts.	Aver. per ball.	
G. F. Page	182.2	24	2	10	600	48	12.75
P. R. Parkinson	84.4	14	1	0	271	18	15.11
J. F. Gaskell	114.2	3	0	0	487	28	17.39
J. M. Smith	41.1	0	3	0	154	8	19.25
J. W. Bean	64	8	2	0	340	17	20.11
J. M. Postlethwaite	64	10	0	0	207	9	23.00

The following also bowled:

J. A. Renshaw	14	0	0	0	34	3	11.33
G. Viner	7	0	0	0	45	3	15.00
W. B. Griffin	16	0	0	0	42	1	42.00

ST. BART'S v. LONDON COUNTY C.C.

Played at Crystal Palace on July 8th.

SCORES.

ST. BART'S.		LONDON COUNTY C.C.	
W. B. Griffin, b Marshall	32	J. C. Maclaren, b Gaskell	8
J. W. Bean, c and b Grace	0	L. de Montezuma, c Griffin, b Gaskell	71
H. N. Burroughes, c and b Grace	7	L. S. Wells, b Gaskell	16
G. Viner, c Williams, b Marshall	18	T. T. Craddock, l-b-w b Gaskell	5
J. F. Gaskell, c Waterer, b Marshall	2	J. H. Todd, b Gaskell	37
J. M. Postlethwaite, b Grace	6	P. R. Waterer, b Bean	3
J. M. Smith, b Grace	10	A. Marshall, b Gaskell	44
E. de Verteuil, b Marshall	6	P. C. Gale, st de Verteuil, b Gaskell	27
G. F. Page, c Todd, b Grace	42	C. B. Grace, c de Verteuil, b Smith	30
C. Noon, st Waterer, b Marshall	6	C. Haywood, c Gaskell, l Smith	17
P. A. With, not out	1	R. Powell Williams, not out	16
Extras	11	Extras	16
Total	135	Total	284

CUP-TIE—FINAL.

ST. BART'S v. GUY'S.

At Winchmore Hill, on Friday, July 21st. Bart's were thoroughly outplayed, and beaten by nine wickets. This was disappointing after doing so well in the previous games, and we must put it down to bad batting on our part and very fine bowling by Guy's. On paper Bart's had a sound eleven, and should have run up a big score, especially as Page managed to win the toss.

Parkinson was the only one to show any true form in the first innings; the rest failed miserably.

Page bowled well, and secured 7 wickets for 31. Singh, behind the sticks, was very safe, although suffering from swollen hands.

For Guy's, Barnett played a great innings of 112, although he was lucky once or twice in putting Page through the slips.

We congratulate Guy's on again securing the Cup.

SCORES.

ST. BART'S.

1st Innings.		2nd Innings.	
J. W. Bean, b Kahlenberg	0	c Wells, b Riches	23
P. R. Parkinson, c Barnett, b Kahlenberg	28	c and b Riches	18
H. N. Burroughes, c Wells, b Kahlenberg	6	b Riches	2
K. S. Singh, c Barnett, b Kahlenberg	15	absent, ill	0
J. F. Gaskell, b Kahlenberg	5	c Wells, b Kahlenberg	20
G. Viner, c Barnett, b Kahlenberg	8	c Wells, b Kahlenberg	1
T. S. Gibson, c Barnett, b Kahlenberg	0	b Riches	15
J. M. Smith, c Whelton, b Tolhurst	0	c Bartlett, b Riches	3
E. de Verteuil, c Kahlenberg, b Tolhurst	13	c Wall, b Riches	17
G. F. Page, b Kahlenberg	2	c Wells, b Kahlenberg	0
C. Noon, not out	2	not out	16
Extras	4	Extras	11
Total	87	Total	126

GUY'S.

1st Innings.		2nd Innings.	
C. N. Bartlett, c Burroughes, b Page	5	c Viner, b Page	2
J. S. Bookless, c Parkinson, b Page	0	not out	4
S. Wells, c Gibson, b Gaskell	0	not out	4
E. Barnett, c Bean, b Page	112	not out	16
H. Strams, c Parkinson, b Page	15	not out	6
N. V. H. Riches, c Singh, b Page	5	not out	6
R. Willon, c Bean, b Page	0	not out	6
R. Whelton, b Gaskell	18	not out	6
P. Smith, b Gaskell	13	not out	6
A. M. Tolhurst, not out	5	not out	6
F. Kahlenberg, b Page	6	Extras	8
Extras	15	Extras	8
Total	194	Total	20

Reviews.

COMMON DISEASES OF THE RECTUM AND ANUS. By CECIL H. LEAF, M.B., F.R.C.S. Price 3s. 6d.

This small book, so far as it goes, is in the main clear, and will doubtless serve the purpose intended by the author, namely, of introduction to larger books. There are no pictures but a few diagrams, which perhaps is the better way in a book of this kind.

The chapters on "Excision of the Rectum" are the least satisfactory, and here and elsewhere not enough is said about the after-effects of the various measures recommended. Several errata are noticeable—in orthography, as ileum for ilium; in anatomy, as the situation of Alcock's canal and the peritoneal reflection in females.

"The function of Houston's valves need not be left in nubibus. Degeneration of an abscess" is a novel expression.

There is a good account of tuberculosis in connection with fistula, if an unintelligible sentence on p. 84 be amended. Few will agree to leave dressings untouched four days in an incised ischio-rectal abscess, but *quot homines, tot sententiae*, and all who think accordingly may read the book with advantage.

ANNUAL REPORT ON THE ADVANCEMENTS OF PHARMACEUTICAL CHEMISTRY AND THERAPEUTICS. Vol. xviii, 1904. (E. Merck, Darmstadt.)

This is a small book of 250 pages, which is sent free to medical men on application to the London Offices, 16, Jewry Street, E.C. Although the preparations of the proprietor are naturally dealt with at some length, these reports are not purely of the nature of an advertisement, and those interested in new drugs and preparations and their bibliography might with advantage send for a copy.

THE BOOK OF THE BICYCLE. (Rudge Whitworth, Ltd., Coventry.) This is an illustrated booklet, intended principally as a guide to

those fortunate enough to possess Rudge Whitworth bicycles. It contains the fullest and clearest instructions for the care and management of the machines.

Rahere Lodge, No. 2546.

HERE installation meeting of the Rahere Lodge, No. 2546, was held in the Great Hall of the Hospital on Tuesday, June 20, and was memorable by reason of the fact that, for the second time in the history of the Lodge, a member of the senior staff of the Hospital was inducted into the chair, the new Master being Dr. Samuel West.

A large and representative gathering of Masons assembled to do honour to the occasion.

Dr. Clement Godson, the Treasurer, in presenting his annual financial statement, stated that the sum of £146 had been expended on charity during the year.

Mr. Bernard Hudson, M.B., B.C., was unanimously elected, and subsequently initiated into Freemasonry.

The newly-installed Master appointed the following officers for year.—W. Bro. D'Arcy Power, S.W.; W. Bro. Swinford Edwards, J.W.; Bro. Laming Evans, S.D.; Bro. Trechmann, J.D.; Bro. H. E. G. Boyle, I.G.; Bro. Anderson, Steward.

Grants of Ten Guineas to the British Medical Benevolent Fund and One Guinea to "Our Brother's Bed" in the Home for the Dying were voted unanimously.

A Past Master's Jewel was presented to W. Bro. J. H. Gilbertson, the retiring master, in recognition of the excellent manner in which he had performed his duties during his year of office.

The Brethren finally repaired to Oddenino's Imperial Restaurant, Regent Street, where the banquet was held. The attendance of members and guests was a large one, and a very pleasant evening was spent, a selection of vocal and instrumental music greatly adding to the enjoyment.

R.I.M.C. Notes.

SERVICE ABROAD.—The undermentioned are under orders for the Commands specified during the coming troping season.

India (Secunderabad Division).—Major W. H. Storr; (Northern Command) Major O. R. A. Julien, C. M. G.; Lieuts. C. H. Turner, H. T. Wilson; (Eastern Command) Lieut. W. H. Hills; (Western Command) Lieut. L. V. Thurston.

Jamaica.—Lieut. H. C. Sidgwick.

Ceylon.—Lieut. Col. G. H. Sylvester, F.R.C.S.

North China.—Major J. E. Bregdon.

West Africa.—Capt. M. Swabey; A. H. Morris.

During the same period Capt. E. P. SEWELL and R. F. ELLERY are due home from India.

Lieuts. H. T. WILSON and P. A. LLOYD-JONES have been transferred from Netley to Perham Down Camp and Bulford respectively.

Capt. F. HARVEY is posted to Aldershot.

Major J. W. COCHERILL is home on leave from Bermuda and Major E. M. WILLIAMS from Malta.

Indian Medical Service.

Major J. L. T. Jones and Capt. W. Selby, D.S.O., have been permitted to return to India.

Capt. H. B. Meakin is granted leave out of India on medical certificate for six months.

Capt. H. M. Cruddas has assumed charge of civil medical duties of Mardan sub-division, Peshawar district.

Capt. A. W. R. Cochrane on return from leave resumed charge of office of Superintendent, Lunatic Asylum, Agra.

Lieut. F. P. Mackie is appointed to do duty at the Plague Research Laboratory, Parel, Bombay, under the orders of the Director of the Plague Research Laboratory.

Examinations.

CONJOINT BOARD.

First Examination.

J. O. Chambers, C. S. Douglas, S. C. Langford, H. W. M. May, F. L. Nash Wortham, C. R. B. von Braun, P. A. With (*Chemistry and Physics*); A. R. Snowdon (*Physics only*); W. R. Sadler (*Practical Pharmacy and Elementary Biology*); E. B. Allnutt, E. M. Browne, F. J. Craddock, S. T. Davies, P. Drorkovitz, H. M. Grey, L. C. Wilkinson (*Practical Pharmacy*); A. B. Wyman (*Elementary Biology*).

Second Examination.

Anatomy and Physiology.—R. T. Williams, P. Hall, G. F. Page, H. E. Bloxsome, L. D. Ching, R. B. Khanbata.

Final Examination.

Midwifery.—H. C. Deck, R. Wade, S. A. Tucker, H. W. O. Skan, A. F. W. Forrester, P. A. Reckless, P. L. Guiseppi, E. W. D. Hardy, W. de M. Hill, W. J. Jago, E. W. Lowry, H. E. Quick, S. S. Rendall, A. W. G. Woodforde, W. H. Williams, G. H. H. Almond, J. R. Dixon, C. T. Raikes, J. K. Lloyd, C. Tylor, O. Teichmann.

Surgery.—E. H. Shaw,* G. W. Lloyd, J. G. Gibb,* L. T. Barra,* K. S. Singh,* R. P. Sephton,* C. Elliott,* G. P. Jones,* H. R. Prentice, C. Clarke,* R. C. P. McDonagh,* G. S. Morse,* W. T. Williamson, H. D. Davies, J. D. Barris, J. E. R. McDonagh, C. N. Le Brocq, J. M. Postlethwaite.

Medicine.—G. C. E. Simpson,* H. B. Owen, C. A. Stidson, E. H. Shaw,* F. M. Newton,* G. P. Watkins,* J. G. Gibb,* L. T. Barra,* J. P. Griffin,* L. Gray,* G. T. Verry, M. B. Reichwald, H. D. Clement-Smith, A. Barber, W. B. Grandage, W. H. Jones, E. W. M. Paine, C. Loddiges.

* Has now completed the examination and has received the diplomas of I.R.C.P. and M.R.C.S.

Walter Hurst has taken the degrees of B.Sc. Manchester, and M.D. University of Georgia, U.S.A.

The name of E. L. Farncombe was accidentally omitted from the list of those who have passed the Final M.B. Examination at Oxford in the August issue.

Appointments.

NOEL C. BEAUMONT, M.R.C.S., L.R.C.P., appointed Medical Officer to the Government of British New Guinea.

J. GRAHAM FORBES, M.D. Cantab., M.R.C.P., appointed Assistant Physician to the Royal Hospital for Diseases of the Chest, City Road, E.C.

E. DROWNING LAIBURKY, M.R.C.S., L.R.C.P., appointed Resident Medical Officer to the Herefordshire General Hospital, Hereford.

FRANK RICE, M.R.C.S., L.R.C.P., appointed House Surgeon to the General Hospital, Birmingham.

W. B. LANE, M.R.C.S., L.R.C.P., Major I.M.S., appointed Inspector General of Prisons, Central Provinces, India.

New Addresses.

BEAUMONT, NOEL C., Port Moresby, British New Guinea, Australia.

BOODLE, G. A., Highfield House, Longhope, Gloucester.

COCHRANE, A. (Capt. I.M.S.), Superintendent, Lunatic Asylum, Agra, W.P. India.

FORBES, J. G., 1, Oakwood Court, Kensington, W.

FORSTER, A. F., 14, Battery Road, Singapore.

GRANT-JOHNSTON, JOSEPH, Ashford Grange, Wilmslow, Cheshire.

HURST, WALTER, 502, Stanyan Street, San Francisco, California, U.S.A.

MASTERMAN, E. W. G., English Hospital, Jerusalem, Syria.

MAY, H. J., Naini-Tal, College Place, Southampton.

WEAVER, F. K., Blenheim Lodge, Waterden Road, Guildford.

WILLIAMS, E. C., 7, Park Road, Wigan.

WROUGHTON, A. O. B. (Capt. R.A.M.C.), Comer Lodge, 33

De Parys Avenue, Bedford.

Birth.

REV.—On June 16th, at 1, Princess Terrace, Ripon, the wife of Samuel Hey, M.R.C.S., of a son.

Marriages.

EVERINGTON—STONE.—At St. Bartholomew's Church, Sydenham, on Tuesday, July 4th, by the Lord Bishop of Worcester, assisted by the Rev. Dr. Scott and the Rev. W. A. Dunn, M.A., Herbert Devas Everington, M.B., M.R.C.S., L.R.C.P., of Sanderstead, Surrey, to Muriel Frances, only daughter of Edward Mulready Stone, of Cumber, Sydenham.

KLUMPP—CRAWFORD.—On July 12th, at St. James's, Kidbrook, Blackheath, Ernest George Klumpp, M.B., M.R.C.S., of Wootton Bassett, Wilt., to Dora Elizabeth, daughter of Colonel G. A. Crawford, 13, Kidbrook Park Road, Blackheath, Kent.

LEE—BURTON.—On August 25th, at St. Paul's, New Southgate, by the Rev. W. Whineup, W. Edward Lee, M.D., F.R.C.S., of Muswell Hill, N., and 36, Finsbury Pavement, E.C., to Ada Rose, only daughter of Charles R. Burton, of New Southgate.

WARREN—BUCHANAN-DUNLOP.—On July 6th, at Christ Church, Reading, by the Rev. R. Buchanan-Dunlop, cousin, assisted by the Rev. W. R. Buchanan-Dunlop, R.A., brother of the bride, Alfred Castle Warren, M.R.C.S., L.R.C.P., of 13, Campden Hill Square, Kensington, to Sabina (Ina), eldest daughter of Lieut. Col. H. D. Buchanan-Dunlop, R.A., retired, of Whitley Rise, Reading.

WILLIAMS—LORD.—On August 22nd, at Stanley Congregational Church, Liverpool, by the Rev. W. M. Rawlinson and the Rev. W. G. Rew, E. Colston Williams, M.D. Lond., son of the late John Lloyd Williams, of 12, Cannon Street, London, to May, daughter of the Rev. George Lord, of Derwent Road, Liverpool.

WROUGHTON—STENHOUSE.—On August 23rd, at St. Matthew's, Redhill, Surrey, by the Rev. Canon Daniel, Capt. Arthur Oliver Bird Wroughton, R.A.M.C., youngest son of Colonel Wroughton, late Indian Army, and Berta, second daughter of General Stenhouse, late Indian Army.

Death.

OAKESHOTT.—On July 27th, at Lydenberg, South Africa, W. F. Oakeshott, M.D., M.R.C.S.

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, unaccompanied 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.

