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# St. Bartholomew's Hospital



## JOURNAL.

VOL. XIII.—No. 1.]

OCTOBER, 1905.

[PRICE SIXPENCE.]

### St. Bartholomew's Hospital Journal,

OCTOBER 1st, 1905.

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

#### Calendar.

Mon., Oct. 2.	—Winter Session begins. Old Students' Dinner.
Wed., " 4.	—Clinical Lecture, Mr. D'Arcy Power. "Pyloric Obstruction" A.F.C. } Trial Games at Winchmore Hill. R.F.C. }
Thurs., " 5.	—Abernethian Society. Sessional Address, Sir Dyce Duckworth.
Fri., " 6.	—Clinical Lecture, Sir Dyce Duckworth. "The Promotion of Convalescence."
Sat., " 7.	—A.F.C. v. Crouch End Vampires. R.F.C. v. R.M.C., Sandhurst. H.C. v. Broxbourne.
Mon., " 9.	—Special Lecture. Dr. Ormerod—"Preliminary Remarks on the Study of Skin Diseases."
Tues., " 10.	—Dr. West's Clinical Demonstration, 3 p.m.
Wed., " 11.	—Clinical Lecture, Mr. Bruce Clarke. A.F.C. v. Royal Veterinary College.
Thurs., " 12.	—Abernethian Society. Dr. Langdon Brown, "Hormones and their practical importance."
Fri., " 13.	—Clinical Lecture, Dr. Norman Moore. "Cases of Enteric Fever"
Sat., " 14.	—A.F.C. v. Woodford Albion. R.F.C. v. Upper Clapton. H.C. v. Streatham.
Mon., " 16.	—Special Lecture, Dr. Lewis Jones. "Modes of Application of Electricity in Treatment and Testing."
Wed., " 18.	—Clinical Lecture, Mr. Bruce Clarke. A.F.C. v. Felstead, at Felstead.
Thurs., " 19.	—Abernethian Society. Mr. T. J. Faulder, "Carcinoma of the Rectum."
Fri., " 20.	—Clinical Lecture, Dr. West. "The Treatment of Chronic Renal Disease."
Sat., " 21.	—A.F.C. v. Emeriti. R.F.C. v. Marlborough Nomads
Mon., " 23.	—Special Lecture, Mr. Eccles. "The Surgery of Infantile Paralysis."
Tues., " 24.	—Dr. West's Clinical Demonstration, 3 p.m.
Wed., " 25.	—Clinical Lecture, Mr. Bruce Clarke.
Thurs., " 26.	—Abernethian Society. Clinical Evening "Deformities."
Fri., " 27.	—Clinical Lecture, Dr. Ormerod.

### To Freshmen.

ANOTHER Hospital year begins and with it another volume of the JOURNAL. But, since there is nothing new under the sun, we cannot do better than begin the new volume by offering a word of hearty welcome to all our Freshmen. We have not yet heard the number of the entry; but, whether that be great or small, it does not cause us such anxiety, provided the men be of the right stuff and worthy to carry on the great and noble traditions of St. Bartholomew's.

IN the first place we must acknowledge that our Freshmen have shown good sense and sound judgment in their choice of Hospital; and we may assure them with all confidence that not one of them will ever regret having made himself a "Bart.'s" man. We do not say this from conceit of ourselves but rather from a true feeling of self-respect and also out of gratitude to the old Bartholomew's men who have preceded us and have made a great name for Bart.'s, and have handed down a worthy inheritance to the present generation.

THE Freshmen, this year, are fortunate in their time of entry for several reasons. The Committee of the Medical School has recently decided that St. Bartholomew's shall remain a complete School of Medicine in itself; and now that this is definitely settled the Preliminary Subjects will be taught with renewed energy and attention, while various improvements will be introduced into the laboratories. The result is that no disorganisation in the general course of the work can occur, nor indeed any interference with the general harmony of the School, which would be the necessary outcome of the transference of the teaching of the Preliminary Sciences to another centre.

SECONDLY, the new buildings of the Hospital are well in hand and by the time this year's Freshmen have passed



through the laboratories and the dissecting rooms, the finest Out-patient and Casualty Department in London will be ready for them, where there will also be decent and comfortable accommodation for the Resident Staff, the Extern Midwifery Clerks, and last, but not least, for the mere Student.

\* \* \*

So much for the future: but for the present we may say that the Hospital has passed successfully through troubled times, and just now it is stronger than ever. The storm blew over very quietly, and those who have now joined the Hospital will reap the benefits to the full. We have a new Treasurer, full of enthusiasm both for the Hospital and the School, which, he maintains, have common interests. Every-thing points to progress, and to reform where necessary. Then, again, the Council of the Students' Union has done much in the interests of students during the past year, and is thoroughly prepared to continue its good work; but, at the same time, it looks for the active support of every freshman as he joins.

\* \* \*

NEXT, we would call attention to the various athletic clubs, which year by year require to be refreshed by new blood. We hope that our Freshmen this year, whether they have come straight from school or from the university, will do all in their power to maintain the keenness and enthusiasm of last year, and will offer their services to the Secretaries of the various clubs whose names we publish under the Club Notices in another column. Everyone should make a point of going down to the Clubs' Ground at Winchmore Hill—return ticket 9d.—on Wednesday, October 4th, to see the fine ground and pavilion which the Students' Union has the good fortune to possess. On that day there will be trial games both in Rugby and Association football, and there will probably be some hockey practice as well. Those who do not play these games cannot employ themselves better than by paying a visit to the ground, and we would ask such to remember that in the Inter-Hospital competitions which take place during the second half of the Session, "Those also serve who only stand" and shout.

\* \* \*

THERE are also many other clubs and societies, namely, the Abernethian Society, the Amateur Dramatic Club, and the Musical Society, all of which require active support. The notices of these societies appear under the club news, but for fuller details of these and of all the other clubs we refer everyone to the Year-Book, which has just been published, and which can be obtained by all unqualified students from the Cloak Room on application to the attendant.

\* \* \*

In conclusion, we will repeat what we said last year when we drew the attention of Freshmen to the inscription over the entrance to the Medical School, "Whatsoever thy hand

find to do, do it with thy might." We said, "There is the keynote of all success, whether in work or in play—namely, enthusiasm." And we say it again.

\* \* \*

It is with the best intentions in the world that we have offered the above good advice to freshmen, but, in case any are bored by it, we will relieve the monotony by giving an extract from a startling article in one of the daily papers entitled "Bob Sawyers of to-day."

## "MEDICAL STUDENTS REFORMING.

"But, if the numbers are decreasing, the type of medical students is improving. He must now go through five years' study instead of four. Therefore, as a rule, only youths who are tolerably sure of passing will enter upon a course of study.

"Only about one in five obtains a medical degree, however. Ill-health, riotous living, and inability to study cause hundreds to break down. Many others—often the most promising—are the victims of stupid examiners, who, especially at London University, instead of intelligent questions set stupid and purposeless problems."

Just now hundreds of budding doctors are choosing the hospital at which to begin, in October, the study of medicine.

## CURIOUS HOSPITAL TYPES.

Each of the large London hospitals has its own type of student, which may, said the hospital surgeon, be tabulated as follows:

Bart.'s. Possess more "side" than any other students.

St. George's. Noted for "high tone" and aristocratic associations.

Guy's. Believe themselves to be gifted with supernatural ability.

Middlesex. Unobtrusive, solid workers.

University College. "We are in the front rank."

London. A place of big things and one very big man.

Westminster. Unlucky, but deserving.

Charing Cross, King's College, St. Mary's, and West London Good average men.

St. Thomas's. Students turned out are not so clever as they were.

Royal Free. Women students.

With this table in mind patients will henceforth regard with increased interest the youthful Sawboneses who make up the audiences in operating theatres."

Our only comment is that "side" of the right sort is an excellent and enviable quality.

## The Freshmen's Library.

**A**LTHOUGH we have neither the space nor the inclination to advise Freshmen concerning their studies, nor to make any remarks upon the nobility of our profession, yet we readily fall in with the suggestion that we should publish in this number of the JOURNAL a list of books that may be recommended to students as suitable for the various examinations in the preliminary medical subjects. With this object in view we referred to the issue of the *Lancet* for September 2nd, which contained an address to students with much important and useful advice to those about to enter the medical profession. It also contained a list of books suitable for examination purposes. Our burden, thus, has been considerably lightened; but though we have made use of that list as

our model, we have for the most part recommended those books which are commonly used at our Hospital, and which we know by experience to be suitable.

## CHEMISTRY AND PHYSICS.

## Conjoint Board Examination—

Luff's *Chemistry* (Cassell, 7s. 6d. New Edition, October, 1905.)

Corbin and Stewart's *Handbook of Physics and Chemistry*, New Edition (Churchill, 6s. 6d.).

Balfour Stewart's *Elementary Lessons in Physics* (Macmillan) will also be found useful.

## Preliminary Scientific Examination of the London University

Shenstone's *Inorganic Chemistry*, or

Tilden's *Physical and Inorganic Chemistry* (Churchill, 8s. 6d.), or

Newth's *Inorganic Chemistry* (Longmans, 6s. 6d.).

Cohen's *Theoretical Organic Chemistry* (Macmillan), or

Perkin and Kipping's *Organic Chemistry* (Chambers).

Fenton's *Notes on Qualitative Analysis* (Cambridge University Press), and

Clowes and Coleman's *Elementary Quantitative Analysis* (Churchill, 4s. 6d.).

Deschanel's *Physics* (Blackie), or

Ganot's *Elementary Treatise on Physics* (Longmans, 15s.), or

Watson's *Text-Book of Physics* (Longmans, 10s. 6d.).

Sylvanus Thompson's *Elementary Lessons in Electricity and Magnetism* (Macmillan) will be found useful.

## BIOLOGY.

## Conjoint Board—

Mitchell's *Outlines of Biology* (Methuen, 6s.).

Foster and Shore's *Physiology for Beginners*.

## Preliminary Scientific—

Bourne's *Comparative Anatomy of Animals* (2 vols.).

Scott's *Structural Botany* (2 vols., 3s. 6d. each, A. and C. Black).

## And for reference—

Balfour or Marshall's *Embryology*.

Howes' *Atlas of Biology*.

Vines' *Text-Book of Botany*.

## Laboratory books for both examinations—

Marshall *On the Frog* (Smith, Elder & Co.).

Marshall and Hurst's *Junior Practical Zoology* (Smith, Elder & Co.).

## PHARMACY AND MATERIA MEDICA.

## For the first and final examinations—

Hale White's *Materia Medica* (Churchill) or

Mitchell Bruce's *Materia Medica* (Cassell, 7s. 6d.).

Calvert's *Practical Pharmacy and Prescribing* (H. K. Lewis, 4s. 6d.).

Martindale and Westcott's *Extra Pharmacopœia*, 11th edition (H. K. Lewis, 9s. 6d. net), is an excellent book.

## ANATOMY.

## Conjoint Board—

Gray's *Anatomy*, new edition, October, 1905 (Longmans, 27s.), or

Cunningham's *Anatomy* (Young Pentland, 31s. 6d.).

## And for the dissecting room—

Cunningham's *Manual of Practical Anatomy* (2 vols., 9s. 6d. each, Young Pentland).

## Higher Examinations (in addition to above)—

Rawling's *Surface Anatomy and Landmarks* (H. K. Lewis, 5s.).

## And for reference—

Keith's *Human Embryology and Morphology* (Arnold, 12s. 6d.).

Flower's *Osteology of The Mammalia* (Macmillan, 10s. 6d.) and

Wiedersheim's *Structure of Man* (Macmillan, 10s. 6d.).

## PHYSIOLOGY.

## Conjoint Board—

Starling's *Elements of Human Physiology*, new edition (Churchill, 12s. 6d.), is an admirable book.

Halliburton's *Kirke's Physiology*, 6th edition (J. Murray, 14s.), is an excellent alternative to the above.

Schäfer's *Essentials of Histology* (Longmans, 9s. net).

## Higher examinations—

*Practical Physiology*, by several authors, just published (Edward Arnold, 12s. 6d.).

Klein and Edkins' *Histology* (Cassell, 7s. 6d.).

## And for reference or as a text-book—

Schäfer's *Text-Book of Physiology*, 2 vols. (Young Pentland).

## Editorial Notes.

THE Medical School has resumed its normal state after chaos. We note many improvements: there is incandescent gas in the Hall, and the remaining walls have been painted with *ripolin*. The Abernethian Room is much brighter, and the engravings of the Hospital and School look well on the walls. The removal of the cupboards and notice-boards from the Smoking Room has added to its size and comfort. Thus it will be seen that some kind patron is thoughtful on behalf of the mere student of to-day.

\* \* \*

BUT this is, as it were, only a foretaste of what is to be in the new buildings. The student of the future will scarcely be able to realise that such things as an underground smoking room and reading room ever existed at St. Bartholomew's.

\* \* \*



"MACKENZIES" is no more. The midwifery clerks have transferred their headquarters to the Master's houses on the old Christ Hospital site, where they will be quieter and more comfortable during the year or two which will elapse before the new quarters will be ready for occupation. The history of "Mackenzies" is at present an unwritten book, but we hope someone of the previous generation will furnish us with reminiscences of "Mackenzies" in its early days.

THE Sessional Address to the Abernethian Society will be read by Sir Dyce Duckworth on Thursday, October 5th, at 8 p.m. The subject will be "The Present Decline of Art in Medicine." We are certain that a large number will be present, for it is the last occasion on which Sir Dyce will address the Society while he remains upon the active staff of the Hospital.

WE congratulate the Council of the Students' Union and its sub-Committee upon making arrangements for a series of special lectures upon general subjects, such as astronomy, art, sport, literature, etc., etc., during the present Winter Session. The Students' Union must congratulate itself upon being honoured by the presence of Sir Robert Ball, F.R.S., who has very kindly promised to lecture on November 10th upon "The Earth's Beginning." The chair will be taken by Lord Ludlow, the Treasurer of the Hospital, and he will be supported by Dr. Herringham, the President of the Students' Union. Of course, every student will make it a point of honour to be present at the first of these lectures. It will be given in the Anatomical Theatre at 8.30 p.m. Students may bring their friends, and ladies will be admitted. The full list of these lectures will be published in due course.

THE other forthcoming events are the Students' Union Smoking Concerts and the Annual Dance. Particulars will be found under the Notices of the Students' Union in another column. Both these functions met with singular success last year, so the active support of past and present students is required again this year.

THE Year Book has been published, and 3000 copies have been posted to the old Bartholomew's men in all parts of the world, while about 500 copies have been given out to present students. We shall be glad to receive suggestions for the improvement of the next edition.

THE Library table at the present time is honoured with the presence of two of the most famous English trophies, namely, the Grand Challenge Cup and the Stewards' Cup of the Royal Henley Regatta. We must again congratulate Mr. R. B. Etherington-Smith upon bringing such well-known trophies to our sight. It is a pleasure to go and

read the names of all the victorious crews since 1839, when the Grand Challenge Cup apparently was instituted.

MR. J. B. HOPKINS, one of the well-known firm of Arnold and Sons, has very kindly presented two new caricatures of the leading French physicians and surgeons by Monsieur A. Barrère. They adorn the smoking room wall side by side, and are quite worthy of a visit by old Bartholomew's men who happen to be at the Hospital. The second is perhaps a little too technical in detail for reproduction in this JOURNAL.

THE new outside staircases which have recently been affixed to the South Block are a great convenience and are very necessary as an additional means of exit in case of emergency.

THE Editorial Table in the new offices of the JOURNAL is laden with manuscripts concerning the holiday experiences of our readers in all parts of the globe. There are many beautiful descriptions of mountains and scenery, some accounts of yachting and motor tours, many notes from the Moors and the Broads. The only drawback, from the editor's point of view, to these contributions is that the average Englishman takes his holiday and himself too seriously and is too anxious to induce other people to do and see what he has done and seen. However, we have lighted upon two or three exceptions, which are distinctly original and instructive from more points of view than one. Therefore we make no apology for offering them to the criticism of all. We hold over a contribution on "German Psychology" till the next number of the JOURNAL.

THE following additional subscriptions have been received from Bartholomew's men towards the Appeal Fund:

GENERAL FUND.		£	s.	d.
Amount already acknowledged		7611	11	9
J. Bently Beatty, Esq.		0	10	6
W. Shears, Esq., M.D. (collection and donation)		6	10	0
Mr. Luther Holden's Bequest		500	0	0
*Sheffield Neave, Esq., M.R.C.P.		5	5	0
J. H. P. Graham, Esq. (2nd donation)		2	0	0
Kenneth Rogers, Esq., M.D. (2nd donation)		3	3	0
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Fred. Sanger, Esq., B.C., D.P.H.		5	5	0
Collected by Mrs. R. de S. Stawell		2	0	6
" W. Roughton, Esq., F.R.C.S.		3	3	0
Total		£8235	17	3

\* Has also subscribed to the Pathological Fund.

## PATHOLOGICAL FUND.

	£	s.	d.
Amount already acknowledged	1547	14	0
E. T. Glenn, Esq. (proceeds of Sale of Hospital Snap-shots)	10	0	0
J. B. Heath, Esq. (per Dr. West)	10	0	0
J. S. Burra, Esq.	3	0	0
Mrs. F. W. Gale (per Mr. D'Arcy Power)	5	0	0
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A Surgery Patient (per G. C. E. Simpson, Esq.)	0	10	0
R. L. E. Downer, Esq.	10	10	0
Total	£1635	6	6

\* Has also subscribed to the General Fund.

MR. TOM EASTHAM, M.B., B.Ch., Barrister-at-Law, has been elected a member of the Northern Circuit.

DR. A. E. H. THOMAS has been appointed Medical Officer of Health to the City of Chester, and Medical Superintendent of the Isolation Hospital.

## Roman Remains at St. Bartholomew's.

By NORMAN MOORE, M.D.,  
Physician to the Hospital.

THE only fragments of Roman London which are to be seen above ground at the present day are London stone, which tradition asserts to have been here in Roman times, is fixed into the wall of the church of St. Swithin, opposite Cannon Street Station, and it seems in accordance with historical propriety that the first Mayor, Henry of Londonstone, lived near this landmark of the past, and took his territorial designation from it.

But faint as are the superficial traces of the empire the soil beneath, when penetrated to a sufficient depth, often yields evidence of the Roman dominion, so that most men who have walked about the city with observing eyes have seen fragments of the time of the emperors.

Many years ago, when some building was going on in Cowper's Court, in the City, I saw part of a Roman tessellated pavement in the foundations, and on another occasion many fine pieces of Roman glass were to be seen in the rooms of Messrs. Tyler, near Newgate, which had been discovered during building operations there.

Twice on the land of St. Bartholomew's Hospital I have witnessed the discovery of Roman remains. The first time was in 1877 when the sarcophagus, now on the staircase of our Medical School, was found, and the second occasion was this summer, on the site cleared for the new out-patient rooms.

The ground now occupied by the building containing our library and museum was formerly covered by a Hospital gateway and two shops, which were pulled down in October and November, 1877.

Early in December considerable excavations were made for the foundations of the School building, which at present stands there, and at a depth of eleven feet the workmen came upon two great stone coffins lying side by side, close together. In one was a leaden case containing a woman's skeleton. The other sarcophagus contained two skeletons, a man's facing east and a woman's facing west. The next day they were further exposed, and near their east end two fragments of Roman brick and a short broken stone pillar were found. It was clear that the sarcophagi had lain undisturbed from their first entombment to the day of their discovery.

The less massive of the two sarcophagi had been so much injured during the excavation that it fell into several pieces. The one preserved entire is eighty-three inches long and twenty-eight and a half wide. The thickness of its sides is four and a half inches, and the external height is thirty-one inches. The lid is seven inches thick, and is slightly rounded at the edge, but unadorned and without any inscription. The inner edge of the sarcophagus has its angle cut off in a slope, and the lid has a corresponding bevel descending inwards, so that the cavity is completely closed. The stone has been hewn with a rough tool, the marks of which run in irregular wavy lines along the sides. The sides of the lead coffin are decorated with a cable moulding. A whitish substance adhered in considerable quantity to the lead, and lay loose on the floor of each sarcophagus.

The substance was soft when moist, and grew lighter and harder when made quite dry. It gave off ammonia when heated with potash, and was thus shown to be the fatty product of decomposition known as adipocere. The bones were those of adults. The enormous muscular ridges on those of the man showed that he must have been of extraordinary strength. He was probably somewhat above fifty years of age. The woman was younger.

The burial was undoubtedly a Roman one. The Romans made sarcophagi of this kind, and many examples may be seen in museums. There is one in the Guildhall Museum which was found near the Fleet ditch. It is made of a coarser oolite with large fossils, but in its shape and style it is identical with those dug up at St. Bartholomew's. Roman sarcophagi are very deep, and of equal width at both ends, while the stone coffins of the middle ages are comparatively shallow, and are usually broader at the end where the head lay than at the foot. The St. Bartholomew's sarcophagi had all the Roman characteristics of form. The situation of the tomb was in accordance with Roman usage of burying outside the city walls. "A dead man shall neither be burnt nor buried within the city" says the law of the Twelve Tables.



The earliest Roman burials in Britain are in urns. A curious passage in Macrobius,\* a writer of the end of the fourth century, shows that cremation had gone out of use before his time. "Burning the bodies of the dead," he says, "is not the custom of our day, but when it was in use, as we learn from books, if they had to burn many bodies of men at once, the funeral attendants used to throw on the fire one woman's body, which, from its greater inflammability, used to take light and set the whole on fire." The Roman manners were not, of course, destroyed as soon as the legions were withdrawn, so the burial may have been somewhat later than A.D. 420, but is likely to belong to the fifth century of our era.

The excavations on the part of the site of Christ's Hospital acquired by St. Bartholomew's have also yielded traces of the Roman occupation of Britain. Near Windmill Court I saw a small fragment of Samian ware in the earth, and two bronze Roman coins were also discovered.



They are examples of the coin known as a dupondius, and are both of the reign of Nero. In one the head of the Emperor faces to the right, and has the inscription—

"Imperator Nero Cæsar Augustus Pontifex Maximus."

Its reverse shows a seated figure with the words "securitas augusti."

The other coin has Nero's head facing to the left with the same inscription partly defaced. Its reverse has the letters S. C. for senatus consultum, and between them a fine winged figure of victory holding pendent in the right hand a shield with the famous letters S.P.Q.R.

Tacitus, who was living in the reign of Nero, is the first writer who mentions London by name. That its commerce, in which these two bronze coins may have taken part, was already considerable is shown by the words of this historian written eighteen hundred years ago.

"At Suetonius mira constantia medios inter hostes Londinium perexit, cognomento quidem colonie non insigne, sed copia negociatorum et comæatum maxime celebre" (*Annales*, Lib. xiv).

\*Macrobi Opera. London, 1694, p. 422.

### Some Notes upon the Early Days of the Royal Society.

(Collected from the History of the Society by THOMAS SPRAT, Bishop of Rochester, 1657.)

By ARCHER RYLAND.

THE Royal Society is, except the College of Physicians, which was founded in 1518, the oldest scientific society in Great Britain, and one of the oldest in Europe. The Society seems to have come into being at the first possible opportunity for such an institution in the history of our nation. Separated, by many years, from the first dawn of science and true philosophy in England, it appears, nevertheless, as the natural continuation of that splendid period of English Renaissance.

The history written by Sprat, in 1657, is the first complete notice we have of the Society in its earliest days. Unfortunately, the historian was a churchman, and the tone of the book shows throughout the churchman's anxiety to justify a new school of thought, of which he was a member, before the stubborn spirit which still held in ridiculous veneration the old philosophers and the old schools. While, therefore, barely one third of his book is given to the affairs of the Society, at least two-thirds are devoted to apology for its very existence.

Up to the middle of the seventeenth century no modern influence—not even the influence of Bacon at home nor of Des Cartes abroad—had been wide enough to confront the long tyranny of obsolete systems. In many quarters the new philosophy aroused in the place of sympathy pessimistic views and sullen opposition. As to the work of the Royal Society between the years 1653—1658, it was urged that "its learning makes men too disputatious," that "it takes up too much time," that "it makes our minds romantic," that "it makes men presumptuous and obstinate," that "it makes men regard the times past and not the present," and that "it hinders use." To these seven objections the learned Bishop proceeds to make seven solemn and laborious replies.

The original meetings, we are told by Wallis, were for "divers worthy persons inquisition into natural philosophy and other parts of human learning, and particularly of what hath been called the new philosophy or experimental philosophy." "Their purpose," says Sprat, "was to make faithful records of all the works of nature or art which can come within their reach."

Between the years 1653 and 1658, the first five years of the Society's existence, extraordinary progress had been made. The most noticeable feature of this advance was not the number of discoveries made or of errors rectified, but rather the wide activity and interest displayed by its members in the innumerable subjects, both scientific and artistic, which received their attention. Incubators, flying

machines, oysterbeds, earthquakes, began to arouse the interest which the Philosopher's Stone and the great Elixir now failed to move. The nonsense which supported scientific systems, the obsession of devils, the category of Tholosanus, the controversies of the Rota, rotten as the monstrous chaos with which an African Obeah man might have stuffed his enchanted scarecrows, gave place to theories founded upon observation and logical deduction. "Whatever time," says Milton, "or the heedless hand of blind chance hath drawn down from of old to this present in her huge drag-net, whether fish or sea-weed, shells or shrubs, unpicked, unchosen, there are the Fathers!" Change "Fathers" to "Sciences." How applicable to much of the scientific knowledge prevalent in England previous to this new age of thought! But now all such folly was rapidly becoming a thing of the past. All ranks and classes were swept along in a general movement. Pepsys has observed "how even fine ladies, now and then, thought it becoming to affect a taste for science, went in coaches and six to visit the Gresham curiosities, and broke forth into little cries of delight at finding that a magnet really attracted a needle, and that a microscope really made a fly look as large as a sparrow. John Evelyn learned the process of Mezzo Tinto from the hands of the gallant Prince Rupert, while from the King himself in private discourse he learned much of the lives and habits of bees. Poetry, in the muse of Cowley, eloquently announced the new era as the land of plenty which the eyes of the great prophet had discovered from the summit of Pisgah, and only paralleled the early labours of the Society with the wonderful childhood of Hercules:

"None e're but Hercules and you could be,  
At five years age worthy a history."

"While Dryden," says the historian of the period, "with more zeal than knowledge, joined his voice to the general acclamation, and foretold things which neither he nor anybody else understood." Already among its members the Society numbered Brouncker, Boyle, Wilkins, and Wren, while a few years later the journal book records that the "Rev'd. Bishop of Sarum proposed for candidate Mr. Isaac Newton, Professor of the Mathematics at Cambridge." Of the earlier members, undoubtedly the gifted Wren was the most valuable intellect in the young Society. Remarkable, beyond all others, he was for the surprising extent and variety of his work. What ponderous volume recorded an -ology or an -onomy of which he was not master? What great arithmetician can furnish even an index to his activities? "He devised," says Sprat, "many subtil ways for the easier finding the gravity of the atmosphere." "He has invented many ways to make astronomical observations more accurate and easy." "He has exactly measured and delineated the spheres of the humours in the eye." "He has made maps of the Pleiades and other astronomical

stars." "In order to navigation he has carefully pursued magnetical experiments." "He has invented a very curious and exceeding speedy way of etching." "He has devised water-works." "He was the first author of the noble anatomical experiment of injecting liquors into the veins of animals."

These accomplishments of Wren afford representative examples of the quality of work the Society did during its first five years. Such, then, was the work of a few "divers worthy persons" who in 1652 came together for the improvement of natural knowledge, and the weekly subscription of one shilling each to defray expenses.

Those who glance at the lists of questions sent by the Royal Society, from time to time, under the supervision of Sir Robert Moray, to a special correspondent in Java, will obtain an excellent insight into the extent of their knowledge and designs. The questions are highly amusing, the answers often more so. The questions reveal the fact that the mists of long delusion have not yet cleared; they are such as might proceed from the lips of intelligent children or half-civilised men. Sometimes they seem as playful and fantastic as the famous *Theses Theologicae* of Charles Lamb, yet sometimes they rival in obscurity the riddle of the *Theban Sphinx*. The question goes out concerning the possibility of men riding upon the backs of tortoises; the answer that "a man may stand upon one" comes back through ten thousand miles of land and ocean with the solemn assurance that the best way to manage them is to turn them upon their backs with a fork. Sometimes an elaborate question is answered simply by a mortifying "No," and, like the immortal tenth chapter of Van Hoil's *History of Iceland*—Chapter X. Concerning the Snakes of Iceland,— "There are no snakes in the Island,"—the subject seems closed for ever.

"Their manner," says Sprat, "of gathering and dispensing queries is this.—First, they require some of their particular Fellows to examine all treatises and descriptions of the natural and artificial productions of those countries in which they would be informed. At the same time they employ others to discourse with the seamen, travellers, tradesmen, and merchants who are likely to give them the best light. Out of this united intelligence of men and books they compose a body of questions concerning all the observable things of those places.

The following questions seem to have been recommended by Sir Robert Moray and answered by Sir Philberto Vernatti, resident in Java:

Q. Whether diamonds and other precious stones grow again after three or four years in the same places where they have been digged out? A. Never, or, at least, as the memory of man can attain to.

Q. What river is that in Java Major that turns wood into stone? A. There is none such to our knowledge, yet I have seen a piece of wood with a stone at the end of it which was told me that was turned into stone by a river in Pega, but I took it for a toppey.

Q. Whether those creatures that are in their parts plump and in season at the full moon are lean and out of season at the new and the



contrary at the East Indies? A. I find it so here by experience at Ratavia in oysters and crabs.

Q. What ground there may be for that relation concerning horns taking root and growing about Goa? A. Inquiring about this, a friend laught and told me it was a jest put upon the Portuguese, because the women of Goa are counted much given to lechery.

Q. Whether those that be stupefied by the juice of this herb Datura are recovered by moistening the soles of their feet in fair water? A. No. For I have seen diverse soldiers and mariners fall into the rivers and ditches, being stupefied by their drink aforesaid, who were rather worse after they were taken out than better.

Q. Whether the falsifying of the China musk is not rather done by mixing oxen and cow's livers dried and pulverised with some of the putrified and concrete flesh and blood of the China musk-cat than by heating together the bare flesh and blood of this animal, etc. Not answered.

Q. To inquire after and get if possible, some of the bones of the fish called caballa, which are so powerful in stopping blood? A. 'Tis done, and they shall follow with the Dutch ships.

Q. Whether at Hermita, a town in Ethiopia, there are tortoises so big that men may ride upon them? A. It is reported that there be extraordinary great ones there. I have seen some sea tortoises here of four foot broad, in oval form, very low leg'd, but of that strength that a man may stand on one. The manner of catching them is to turn them with a fork upon their backs.

Some of these questions, even for this age, may seem to reveal a confession of gross stupidity rather than the serious spirit of philosophical inquiry. It is, however, impossible to believe that those who transmitted the questions can have held more than one view as to the extravagant suggestions enclosed. The answers were probably received merely as confirmation of opinions already formed, and as authentic checks to the impertinent relations of credulous travellers, whom so often nothing short of an entire and impenetrable mystery would please. But the real knowledge already acquired was great, and its influence was growing proportionately wide. Not a least valuable result,—before England saw the last of the seventeenth century,—was that old systems of education, encumbered with the scholastic folly of barbarous ages, were brought into question, and plainly revealed barren and useless before the prolific activity of the "New Philosophy." Truly in England education had long been in need of some invigorating impulse. Twenty years had elapsed since Milton had pointed out the follies of the system, had called for educational reform, "for the want whereof this nation perishes," and had urged the abolition of those methods "that drag our choicest and hopefulest wits to that asinine feast of sow-thistles and brambles which is commonly set before them as all the food and entertainment of their tenderest and most docile age." Much he said that was reasonable. But Milton afterwards went beyond the mark. He shot at the stars, and hit nothing. He seemed to judge the understanding and capacities of others as being almost on a level with his own all-conquering brilliance; his dreams, therefore, for untenable systems of highest culture must remain as visionary as those of Bacon in his *New Atlantis*.

A present task of great difficulty was for the new energies to contend with the conservative spirit of the ancient educational systems, yet the first meetings which led to the formation of the Royal Society were held in the University of

Oxford and members of both Oxford and Cambridge were among its strongest supporters.

Here we may break off with the eloquent and truly prophetic words with which the Bishop brings his history to a close.

"While the old Philosophy could only at the best pretend to the Portion of Nephthali to give goodly words, the New will have the Blessings of Joseph the younger and the Belov'd Son. It shall be like a fruitful Bough by a well whose Branches run over the Wall; it shall have the Blessings of Heaven above, the Blessings of the Deep that lies under, the Blessings of the Breasts and of the Womb. While the Old could only bestow on us some barren Terms and Notions, the New shall impart to us the Uses of all the Creatures, and shall enrich us with all the Benefits of Fruitfulness and of Plenty."

### A Case of Tetanus Neonatorum.

By H. D. LEDWARD, M.B.

**T**HE following case occurred recently in the Hospital Midwifery District:—Mrs. F—, a primipara, was delivered at noon on August 11th in a ground-floor room in Peabody Buildings, Roscoe Street. Labour was easy and natural, lasting nine hours. The child weighed 6½ lbs., and appeared quite healthy for nearly four days, taking the breast well from the 13th onwards. At 7 a.m. on the 15th the baby took the breast without any trouble for a quarter of an hour. The mother put it to the breast again at 8.30, but could not get the nipple into its mouth. An hour later the nurse noticed when washing the child that she could not open its mouth sufficiently to wipe it out as usual. At 1 p.m. the clerk visited the case and his attention was called to the jaw spasm. I saw it about four hours later and noted the following:—The child cried when taken up, but with its mouth only slightly open; the breathing was rapid, with occasionally difficulty and some frothing at the mouth; there was no cyanosis. The mouth could be forced open, but not easily, and there was also some rigidity of the back of the neck. Attempts to feed it with a spoon were only partially successful. The temperature was 99°. The cord had separated on the previous day, and the navel appeared quite healthy; it was thickly powdered with Fuller's earth, and on removing a little of this a slight serous discharge was seen.

On the following day the mother told us that during the night the child had five attacks of difficulty in breathing, becoming blue in the face with some clenching of the fists, but no general spasms. She said the last attack occurred at 4 a.m., the cyanosis did not completely pass off, and the child died about 4.30. After death Mr. Rose examined the discharge from the navel. The crust of Fuller's earth was

removed, and two or three drops of blood-stained serum were sucked up with a syringe. These were diluted to 1 c.c. with sterile salt solution and injected into a mouse, which presented clear symptoms of tetanus when seen after eight-tcen hours. The spasms increased in severity until it was killed eight hours later.

The treatment of the cord is of interest. It was ligatured with the usual threads, and, after being powdered with Fuller's earth, was dressed with a piece of clean but unscorched handkerchief. Each day it was redressed and freshly powdered; it separated on the fourth day leaving a raw surface which was a little moist. A sample of the Fuller's earth was examined bacteriologically by Mr. Rose, but no evidence of the presence of tetanus spores was obtained. I am indebted to Dr. Griffith for permission to publish this case.

### The Special Departments.

**T**HE purpose 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 Orthopædic Department.

#### THE ORTHOPÆDIC DEPARTMENT.

In the year 1868 it was decided, upon the representation of the Medical Staff, to start Special Departments at St. Bartholomew's Hospital, and Mr. Alfred Willett was invited to take charge of the new Orthopædic Department.

The popularity of and the need for such a departure soon became manifest. From the first there was a large *clientele*, for then as now, deformities, to mention only rickets, flat feet, scoliosis, and Pott's disease, were frequently met with in out-patients' practice. At that period considerable strides were being made in this branch of surgery, and one of the greatest improvements was the introduction of Sayre's plaster jacket, for cases of spinal caries. Shortly after the department was started, Professor Sayre, being in London, gave a demonstration in the Operating Theatre of St. Bartholomew's Hospital of this new method of applying spinal supports by means of plaster-of-Paris bandages, and Mr. Willett recalls the fact that these jackets at once completely superseded the old cumbersome iron supports, badly fitting at the best, and worked as they were by numerous racks and adjustments. The instruments were costly, and it was but natural that the plaster jackets, infinitely more

efficient, and applied of course to the patients without cost, should largely augment the attendance. A graphic picture is drawn of the then by no means infrequent sight, of a child presenting all the characteristic signs of acute Pott's disease of the upper dorsal region, at first grunting and clutching at every kind of support, and afterwards, within a few days of the application of a Sayre's jacket, toddling into the room smiling and contented; and then the mother would describe how, by a miracle as it seemed to her, all his suffering had been relieved.

The following was the mode of application of this jacket in children:—The patient lay on two forms, one under the manubrium of the sternum, the arms reaching forward and clasping the legs of the form and the other form under the groins. By this means the trunk was left free for applying plaster bandages, while the position allowed of the necessary extension of the anterior portion of the affected spine. This adaptation of position was quite acceptable to all children and was never resented. For older patients a form of suspension was used, and it is interesting to note that the iron bar or "gallows" from which such patients were suspended during the process still remains to this day in the end box in the "Surgery." Probably few if any of the present generation of students have ever seen this in use, as for many years the Sayre's jacket has been superseded by the propolastic jacket, presenting as it does the great advantages over the plaster jacket of lightness, and also of being easily removed for purposes of cleanliness.

Mr. Willett continued in charge of the department until 1879, when he became full surgeon to the Hospital, but he still remembers with affection many dressers and assistants who worked with him. One of these in particular, Mr. C. B. Keetley, now well known as the author of the *Text-book on Orthopædic Surgery*, rendered for many years most valuable and devoted assistance.

In 1880 Mr. Willett was succeeded by Professor Marsh, and he again in 1884 by Mr. Walsham, who carried on the good work with characteristic energy and completeness in detail and extended the teaching work of the Department, so much so that its present efficient organisation is greatly due to his efforts. He resigned his office when he was appointed full surgeon to fill the vacancy caused by the retirement of Sir Thomas Smith.

Mr. Bruce Clarke, then an assistant surgeon, was appointed in his place, and about him little need be said seeing that he is so well remembered in the department at the present day. He remained in charge some time after he became full surgeon, and it was obvious that it was a considerable advantage for the surgeon in charge of such a department to have command of plenty of beds, and to be able to take in promptly and to retain under his own supervision cases requiring operation, and one now hopes that the time is not far distant when a certain number of



beds will be definitely allotted to each Special Department.

In 1903 Mr. Eccles took charge, and he still remains in office.

At the present time, in addition to the surgeon, there are working in the department a chief assistant, two clinical assistants, as well as a number of dressers, though there is plenty of work for more. Patients are seen one day a week, on Monday afternoons, but it is felt that the needs of the department will soon necessitate the institution of a second day, and indeed it is only the inability to find room that this has not already been carried out.

To the casual observer orthopaedics may seem to be one of the duller of the Special Departments, but a very short acquaintance reveals the error of this impression, and students cannot be too strongly urged that here they can study and learn the treatment, too often neglected, of a large number of painful deformities, which knowledge cannot but fail to be of very great value to them in after life.

### Two Orthopaedic Cases.

Reported by R. C. ELSLIE, M.S.LOND., F.R.C.S.



F.—, a healthy-looking little girl, aged 11 years, was brought to the Orthopaedic Department, and the following history given by her aunt:

She walked well until six years of age, and then was noticed to limp on the right leg; there was not then or at any subsequent time any pain in the hip or knee, and there had been no known injury. There was no history pointing to the existence of past rickets, and there were no signs of rickets deformity. In November, 1904, *i.e.* ten months ago, the child was treated at a provincial hospital for hip disease, a Thomas's hip splint being ordered; the splint had been discarded, but the patten and crutches were still being used up to the time of attendance.

On examination the right lower limb showed one and a half inches apparent and one and a quarter inches real shortening, the great trochanter being prominent, especially on flexion. The head of the femur could not be felt on the dorsum ilii, and there was no telescopic movement. There was no limitation of movement in any direction, either flexion, or abduction, or rotation out or in.

A provisional diagnosis of *coxa vara* in an otherwise healthy child, the commonest variety of this malformation, was made, the possibility of the case being one of congenital dislocation being also discussed, a radiograph of the hip was then obtained from the Electrical Department.

The radiograph showed that the hip was dislocated, and that the outline of the acetabulum was deficient, a congenital dislocation of the hip being thus proved. This case is instructive as showing a congenital dislocation twice wrongly diagnosed, the real cause of the error being the history of the late onset of the symptoms. Reviewing the signs, the free movement in every direction with so much shortening should have negatived *coxa vara*, whilst the diagnosis of hip disease was rendered very improbable by the absence of any painful stage. The final diagnosis in all difficult hip cases must depend on the radiograph.

2. A. C.—, a healthy little girl, aged 8½ years, has been attending the Orthopaedic Department at intervals for four and a half years.

At the age of fifteen months she suffered from acute epiphysitis of the lower end of the left tibia and the upper end of the right femur. For this she was a patient in Great Ormond Street Hospital for nine months, and had several incisions made, the scars of which she still bears.

From this time onward the left tibia has gradually become bowed forward and outward, the left leg not growing as fast as the right.

Four years ago an operation was performed—osteotomy of the left tibia near its lower end—the leg being thereby straightened for a time. But in spite of the fact that upright irons on either side with powerful tibial straps have been worn since, the leg has become bowed worse than ever, the iron becoming bent to the shape of the deformed limb.

The child now shows two interesting conditions resulting from epiphysitis in infancy:

(a) The right hip shows a pathological dislocation backwards, probably with loss of the head. The great trochanter is level with the anterior superior spine, and very prominent; there is, however, free movement of the hip in every direction, except that extension is not quite complete, and this with the dorsal dislocation causes some lumbar lordosis.

(b) The left tibia is extremely bowed forward and outward, so that when lying naturally the sole of the foot looks inward. The bowing is chiefly situated in the lower half of the bone, and is apparently brought about by growth of the fibula, which is also bowed outward, and the lower end of which is curled on the outer side of the foot to within about half an inch of the sole.

The left tibia measured along the curve of the crest is more than an inch shorter than the right, whereas the left fibula measured along the curve is about equal in length to the right. The shortening at the right hip just about compensates for that in the left leg, and the disability is not nearly as great as might be expected. This patient is to come into the Hospital to have the left leg straightened by a cuneiform osteotomy.

This case illustrates well the results of epiphysitis where the epiphys ceases to grow; it also indicates the importance of the lower tibial epiphys, which is not properly emphasised in the anatomy books.

There is a case of true *coxa vara adolescentium* in Charity under Mr. Eccles' care at present.

### Some Notes on the Police Force of Iceland and a Dissertation on Geysers.



OTHING works more smoothly than the Icelandic Constabulary, and, regarded merely as a triumph of organisation and efficiency, the force is worthy of consideration. Without further introduction it may be stated that the Constabulary is divided into two forces, day policemen and a night policeman. What despondency must fill the breast of that night policeman as the winter draws near, and his working hours extend with the lengthening darkness. How bitter to him the elation displayed by the three day policemen when the day has shrunk to a paltry two hours. Tantalus grasping at the bough, Sisyphus rolling his stone up an eternal hill, and the Icelandic night policeman pacing an endless beat in a winter of endless night's are fellow sufferers. With what despair must he watch the sun sink below the horizon, and the light fade in the western sky. How exasperating the thought of the three day policemen, snug in their constabulary beds, and snoring through their twenty hours of ease. What a subject for a picture would that lonely figure afford.

A policeman crying in the night,  
A policeman crying for the light,  
And with no language but a cry.

Very different is the lot of the three day policemen. Magnificently attired in the latest of uniforms, and carelessly toying with silver-headed canes, they patrol the crowded streets of Reykjavik. The noble dignity of their carriage

and the studied movements of the silver-headed canes at once suggest the Grand Inquisitor in the "Gondoliers." The gold lace and the cut of the uniform are even more suggestive of a naval officer at a morning levée. The duties of these gentlemen are light, and not in the least calculated to damage their immaculate appearance. They patrol the streets, mixing freely with the populace, they create a great impression among strangers, and they plan additions to their uniform. One of the three, the Chief of Police, is distinguished by the fact that he inspects the other two, and consequently draws a slightly larger pay. This pecuniary advantage gives him more scope in the matter of uniform novelties, and during the summer months the naval appearance and the Grand Inquisitorial air are enhanced by the addition of a white umbrella and a pair of snowy gloves. This must assuredly be a source of grievance to the two gentlemen who are only inspected.

In former years the victims of the Inquisitorial displeasure and other criminals were locked up either in or near the town museum, being regarded as akin to curiosities. However, since the great increase of visitors to Iceland which has occurred during recent years, a well-appointed stone police station has been erected. This building has the additional convenience of being always open to the public, whereas the museum is only open for one hour once a week. If the traveller should wish to visit the museum during any of the remaining 167 hours of the week, he may still attain his object, provided he can find the house of the man who knows the man who keeps the key. This secret is in the keeping of the police, and the whole difficulty is solved by a direct appeal to any of its three champions. In this, as in any of the innumerable awkward situations in which the traveller may find himself, there is always one sovereign remedy, an application to that noblest of all constabulary, the Police Force of Iceland.

The other sight and national pride are the geysers. After two days of severe friction on the backs of Icelandic ponies our caravan sighted the "place where the geysers ought to have been." Our guide, who was studying for the Church, and in his researches had ploughed deep among the classics, at once redoubled his efforts, and the twenty pack ponies were urged into a brisk trot. At short intervals the learned gentleman urged the beasts forward by the combined aid of a thonged whip and an English vocabulary, of whose virulence and unecclesiastical character he appeared sublimely ignorant. However questionable the nature of the stimulant, its efficiency was undeniable, and the remaining mile was covered in a canter.

Near "the place where the geysers ought to have been" is a hut where the unsuspecting traveller may lie on the floor at the modest cost of three shillings a night. In the morning the still unsuspecting traveller is met by the farmer proprietor, a man deep in geyser lore and well versed in the treatment of sulky geysers. As the result of years of patient

observation this unprejudiced observer invariably recommends the administration of fourteen pounds of butter. This has an emetic action on the giant geyser which is absolutely infallible, and the experiment has the additional advantage of encouraging local industries. Marvelling at the acumen and the scientific instinct of Icelandic farmers, and conjuring up pictures of heaven-spouting geysers before our eyes, the party purchased and eagerly administered the butter. The immediate results of the experiment are appended:

(1) One badly scalded leg, and an escape from total broiling.

(2) A few general remarks on the subject of geysers and farmers, including a vivid description of their nature, and a digression upon their ultimate fate.

(3) The transference of fifteen shillings from one pocket to another.

The moral is obvious, but the opinions on the subject arrived at by the enthusiast with the blistered leg are too extreme to warrant their insertion.

K. M. W.

### A Voyage of Discovery.



EWFOUNDLAND has, for the last year or more, been greatly "boomed" as the sportsman's paradise. All its virtues have been recorded, its great quantities of game and fish; but its sins, and it has one black one, have been left for us to write.

Four of us, armed with butterfly nets and guns, having encountered icebergs and sea-serpents by the way, arrived there one day this summer. St. John's, the capital—doubtless the dullest, dingiest capital in the world,—did not keep us longer than was necessary for the purchase of tea-tablets, grape-nuts, compressed bacon, and condensed milk. Thence we hastened away to Gambo Pond, 150 miles in twelve hours by the express route! Here the only boat we could hire was comfortably settled at the bottom of the Pond, and for this we would have to pay five dollars a day, and to raise it from its watery grave. So we improvised a raft, and having got all our baggage on board, we glided slowly down stream, "far from the madding crowd." We were beginning to be pleased with ourselves and our surroundings, now that we had really started. We arrived somewhere and pitched our tent on the one available dry spot amidst a sea of waters. It was an island about the size of the Fountain in the Square, and about as dry. However, the fishing was excellent, and having dined wisely and well upon sardines, we settled down in our "sleeping-bags" for the night.

So far we had lived for the future, and we were not to be deceived. One of us, more poetic than the rest, had just discoursed upon the "simple life," and upon ideals in general, and of hygiene in particular—the rest were toying with sleep "that unknots the ravelled sleeve of care," when



all of a sudden we were attacked—no, gentle reader, not by prairie wolves or cariboo, for we had our guns at hand, but by unfeeling mosquitoes. They swarmed and swarmed: of such we had read before, but never seen—nor felt. . . .

After a somewhat restless night, we awoke refreshed by the pouring rain. True, this was matter in its place, but as by midday our little island was becoming uncomfortably smaller by the rising water, we packed up our goods and went to Mint Brook, a timber estate settlement with an inn. Nothing daunted, we rose next day with the lark and took our passages on a timber steamer—a square concern with a chimney—that could steam four knots if she chose. She did not choose, but the speed did not worry us, for we had escaped the mosquitoes. We reached Triton Brook—an ideal camping ground, woods, trees, and clear limpid streams, and in the middle a real deserted Buffalo Bill log-cabin with the fire already laid, dinner served, and no mosquitoes! We leaped ashore with joy, but scarce was the steamer out of sight when the flies—a new pest—found us out. Now Newfoundland flies, kind reader, are not ordinary common, nor garden flies. Their voracity is enormous, and can only be realised from the picture of one of us who was catching salmon—a favourite occupation of his—by the riverside, when one of these dragons settled on his arm, and oh what a bite was there,—“and no catch at all,” quoth he. The flies we did not mind at all; but that very night came again the monsters of the night—doubtless our same guests of two days before—hungering after our very life's blood; for human blood is reckoned no trifling delicacy in Newfoundland! We did not wait for morning, but bundled everything on to the raft and rowed eighteen miles up stream in the dark, and reached Mint Brook. Here some of us stayed at the inn—making holiday, as it were—the rest came home.

*Comments and consolations* (by the skipper of the party).—

(1) This was an unusually bad year for mosquitoes in Newfoundland—quite the worst within the memory of man!  
(2) Properly provided with nets and gloves, the trip is well worth doing. (3) We caught a lot of fish, and might have caught more, but for circumstances. (4) The shooting was spoiled by the mosquitoes. (5) The “bag” was as follows with five guns:—Cariboo, geese, and foxes, 0; wolves, snipe, and ducks, 0; musk rat, 1; bears, moose, and ptarmigan, 0; small birds, 3; dragon flies, 1; mosquitoes!

*Reflections* (by the rest).—(6) There's no place like home.

OMNIBUS.

THE “PONS VAROLI.”—An amusing incident, says an evening paper, occurred at a Poplar inquest recently. A doctor stated that the man had died from hemorrhage from the “pons varoli.”

A Juror: I didn't think it was a drowning case.  
Coroner: Neither is it.

Juror: What about the pond, then?  
Coroner: Oh, I see what you mean—the “pons varoli.” That is an artery leading into the brain, and it was ruptured and caused hemorrhage.

Juror: Thank you, I understand now.

## The Clubs.

### STUDENTS' UNION.

The first Smoking Concert of the session, under the auspices of the Council of the Students' Union, will be held on Tuesday, November 7th, 1905, at the Holborn Restaurant. The King's Hall, the largest room in the Restaurant, has been engaged in anticipation of a large number being present. Past students are kindly requested to take this as the only notice which the Union proposes to make. Tickets, at the small cost of 1s. 6d., may be obtained from the Secretaries of the Union.

For the Annual Dance, which is to take place on Tuesday, December 5th, 1905, the Wharnclyffe Rooms, Great Central Hotel, have been engaged again this year. Further particulars will appear in a later number of the JOURNAL.

### ABERNETHIAN SOCIETY.

LIST OF PAPERS, SESSION 1905-6.

- Oct. 5...Sessional Address. Sir Dyce Duckworth.—“The Present Decline of Art in Medicine.”  
“ 12...Dr. Langdon Brown, M.R.C.P.—“Hormones and their Practical Importance.”  
“ 19...Mr. T. J. Faulder, F.R.C.S.—“Carcinoma of the Rectum.”  
“ 26...Clinical Evening. Subject: “Deformities.”  
Nov. 2...Mr. G. E. Gask, F.R.C.S.—“Rarer Forms of Hernia.”  
“ 9...Mr. Cumberlandidge, M.B., B.C.—“Stomachs I have met.”  
“ 16...Mr. W. D. Harmer, M.C., F.R.C.S.—“Perforating Ulcers in the Region of the Pylorus.”  
“ 23...Mr. E. H. Shaw, M.R.C.S.—“Parotid Tumours.”  
“ 30...Clinical Evening. Subject: “Syphills.”  
Dec. 7...Mr. J. Burfield, M.B., B.S.—“Some Points in Post-Operative Treatment.”  
Jan. 11...Mid-Sessional Address. Dr. Herringham, F.R.C.P.  
“ 18...Mr. G. H. Colt, M.B., B.C.—Remarks on the After-treatment of Cases of Supra-pubic Cystotomy, with a Description of a new Dressing for the purpose.”  
“ 25...Clinical Evening. Subject: “Skins.”  
Feb. 1...Mr. R. C. Elmslie, M.S., F.R.C.S.—“Some Acquired Deformities of the Hip-Joint.”  
“ 8...Mr. A. W. Brodribb, M.B., B.Ch. “Treatment by Baths.”  
“ 15...Mr. W. G. Ball, M.R.C.S.  
“ 22...Clinical Evening.  
Mar. 1...Mr. Howell, M.B., M.R.C.P.—“Intra-cranial Tumours.”  
“ 8...Mr. J. K. Willis, L.R.C.P.—“The Onset of Pneumonia.”  
“ 15...Annual General Meeting.

A Special General Meeting was held on September 19th to discuss Mr. Nelligan's proposal that the hour of the meetings of the Society should be changed from 8 to 8.30. It was considered that the later hour would be more convenient to those living at some distance from the hospital, and would thus encourage non-resident members to attend in larger numbers. The motion was carried by a large majority.

In the May number of the JOURNAL there appeared a letter by Professor Marsh pointing out the object of the Abernethian Society. We entirely agree with the writer that the meetings of the Society should be the occasion for a free discussion and exchange of views. At present there is a tendency to regard the paper merely as a clinical lecture, and the ensuing discussion is restricted to a few of the senior members present. The object of the Society is thus defeated, and even the excellence of the papers is unable to make up for the lack of vigour in the discussion. It is hoped that this defect will be remedied during the coming session, and that the meetings of the Society will gain both in numbers and in keenness. In arranging the papers, and in devoting the clinical evenings to a set subject, the above object has been kept in mind, and the most satisfactory method of thanking those who have consented to read papers will be a large attendance and a vigorous discussion.

### ASSOCIATION FOOTBALL CLUB.

The 13th annual Association Football match *v.* the Hastings and St. Leonards Football Club, Ltd., will take place on the 15th prox. at Hastings, the net gate being for the funds of the East Sussex Hospital. Directly after the game the now famous Bart's Tea and Smoker will be given at the Castle Hotel, the hosts being as usual “the old Bart's doctors” in practice in the district. Dr. Scarlyn Wilson (M.O.H.), will be in the chair, and the musical arrangements under the personal direction of Mr. Wallis Arthur. All will regret the absence of Dr. Trollope, whose death last April removed the senior physician of the town, and the oldest Bart's doctor in the neighbourhood, and one who year by year attended this festival with much pleasure and interest. In the earlier of this series of matches the Hospital more or less walked over the town team, but latterly victory has rested with the local club. This fixture is a most popular one in Hastings, and the festival generally is looked upon as quite one of the great events of the sporting year in the Premier Cinque Port. We wish the game and tea of 1905 all the good sport and good fellowship of its dozen predecessors.

The officers of this club for the season now commencing are—  
Captain—Mr. A. Miles.

Vice-Captain—Mr. F. J. Gordon.

Secretary—Mr. A. W. Holtbusen.

Captain and Secretary 2nd XI.—Mr. A. Downes.

There will be a trial game at Winchmore Hill, on Wednesday, October 4th, when it is hoped that all men, more especially Freshmen, who can play will turn up.

The list of fixtures up to Christmas is as follows:

Date.	Match.	Ground.
Wed., Oct. 4...	Trial Game	Winchmore Hill.
Sat., " 7...	Crouch End Vampires	Crouch End.
Wed., " 11...	Royal Veterinary College	Away.
Sat., " 14...	Woodford Albion	South Woodford.
Wed., " 18...	Felstead School	Felstead.
Sat., " 21...	Emciriti	Winchmore Hill.
Wed., " 25...	R.M.A.	Woolwich.
Sat., " 28...	R.I.E.C.	Winchmore Hill.
Wed., Nov. 1...	Casuals	Winchmore Hill.
Wed., " 8...	Eversleigh	Upper Tooting.
Sat., " 11...	Wellingborough Masters	Wellingborough.
Wed., " 15...	Hastings and St. Leonards	Hastings.
Sat., " 18...	Woodford Albion	Winchmore Hill.
Wed., " 22...	R.N.C.	Greenwich.
Sat., " 25...	Old Westminsters	Winchmore Hill.
Wed., " 29...	Wellingborough Masters	Winchmore Hill.
Wed., Dec. 6...	R.E.	Clatham.
Sat., " 9...	Old Cholmeleians	Winchmore Hill.
Sat., " 16...	Old Foresthillians	Forest Hill.

### RUGBY FOOTBALL CLUB.

The prospects for the coming season are, on the whole, very good as almost all last year's XV are available. The officers are—

Captain 1st XV.—W. B. Grandage.

Vice-Captain.—H. M. Coombs.

Secretary 1st XV.—C. R. Hoslyn.

Captain and Secretary 2nd XV.—R. Townsend.

Secretary.—F. J. Craddock.

A stronger fixture list has been arranged than for three years past owing to the much improved form shown by the team last season.

New fixtures have been arranged with Beckenham, Lennox, Harlequins, Northampton, Marlborough Nomads, R.N.C., R.M.A., Havre Athletic Club, Ipswich.

Last season proved how much can be done by individual training and keenness, and it is sincerely to be hoped that there will be a continuance of the same spirit this year.

A large proportion of the 1st XV matches have been arranged at home, and the Committee hope that this will enable more men to come down and watch the matches, as touch-line support is most invaluable.

The 2nd XV have a much improved fixture list. We hope that they will have better games even though they do not win as many.

The season opens on Saturday, October 7th, with a match *v.* Sandhurst. There will be a practice game on Wednesday, October 4th, when it is hoped that as many men as possible will turn out.

The fixture list up to Christmas is as follows:

Date.	Match.	Ground.
Oct. 7...	Upper Clapton	Sandhurst.
" 14...	Marlborough Nomads	Winchmore Hill.
" 21...	United Services	Winchmore Hill.
" 28...	Civil Service	Portsmouth.
Nov. 4...	Beckenham	Winchmore Hill.
" 11...	Bedford	Bedford.
" 18...	Old Leysians	Winchmore Hill.
" 25...	Hampstead Wanderers	Winchmore Hill.
Dec. 2...	Havre Athletic Club	Havre.
" 10...	Rosslyn Park	Winchmore Hill.

### HOCKEY CLUB, 1905-6.

Captain.—G. F. Page.

How. Sec.—G. Viner.

Capt. and Hon. Sec. 2nd XI.—W. C. Davis.

Capt. and Hon. Sec. 3rd XI.—J. Ramsay.

Our prospects for the coming season appear to be very promising, although it is never too safe to prophesy even in hockey.

Although we ended last season by losing to Guy's, yet there was a much greater keenness shown in all three teams than previously, and as we shall again have three regular elevens in the field there should be no difficulty in discovering new and promising players.

The captain this year is G. F. Page, who we feel sure will prove most capable, as he has had plenty of experience in that department before.

We shall still have an excellent back in Phillips, and it is to be hoped that the forward line will prove better shots at goal than last year, as more than one match was lost through this weakness.

It is only by means of thorough combination throughout the team that we can hope to regain the Cup.

The following are the 1st XI fixtures up to Christmas:

Date.	Fixtures.	Opponents.	Ground.
Sat., Oct. 7...	Broxbourne	Broxbourne.	
" 14...	Streatham	Norbury.	
" 21...	Eltham	Sidcup.	
" 28...	St. Albans	St. Albans.	
Nov. 4...	Sevenoaks	Sevenoaks.	
" 11...	Leytonstone	Winchmore Hill.	
" 18...	West Herts	Watford.	
" 25...	Berkshire Gentlemen	Reading.	
Dec. 2...	Enfield	Winchmore Hill.	

### THE ST. BARTHOLOMEW'S A.D.C.

It may be as well to call the early attention of the students of the Hospital to the Amateur Dramatic Club, whose period of activity dates from the commencement of the Winter Session.

The Club is now in its twenty-third year, and is one of the oldest dramatic clubs in London.

The Christmas entertainment is a very popular Hospital institution, but in order that the work of preparing for the theatricals may be successful it is desirable that the officials of the Club should obtain new members as soon as possible.



## Simple Rhymes.

No. 2.—LINES TO A BABY IN AUTUMN.

**B**ABY, who with monstrous eyes  
Gazeth at the autumn skies,  
Or, perchance, above the head  
Of thy sickly little bed,  
At the notes which I have made

Wondering what it is I've said,  
Now the summer season's past  
Surely thou wilt be the last;  
For in truth it striketh me  
I am tired of D. and V.

J. R. R. T.

## Prize Competition.

**I**T has not been the custom in the past to open these columns to prize competitions. But in some of the evening papers lately there has appeared a "prescription" in connection with some legal investigation. We confess that we were at first quite non-plussed by the "prescription"—a facsimile of which we reproduce below, by kind permission of the *Evening News*.

*Dis. bet the spine*  
*10-10 1/2"*  
*" bet. the chest*  
*10 1/2 - 11"*  
*2 1/2 the bronchiae*  
*12-12 1/2"*  
*Diameter of*  
*Beauclercque*  
*8. mm.*

PRESCRIPTION DRAWN UP BY WITZOFF AT FINSBURY.

However, on deeper investigation we have formed our own conclusions. Therefore we offer a prize—full particulars of which may be obtained from the Assistant Editor—for the correct interpretation of the "prescription," and of the diagnosis of the condition of the patient.

All competitors must have passed an examination in materia medica and pharmacy, but must not be qualified. We advise all candidates for the next midwifery examination to enter for the competition, as one such problem is always set in the paper.

## Reviews.

THE HISTORICAL RELATIONS OF MEDICINE AND SURGERY TO THE END OF THE SIXTEENTH CENTURY. By T. CLIFFORD ALBUTT, M.A., M.D., etc., etc. (Macmillan and Co., London.) Pp. 124. Price 2s. 6d. net.

This book is a valuable contribution upon a somewhat dull subject. It was originally an address delivered at the St. Louis Congress in 1904. There are very few other men besides Professor Allbutt who could have found the leisure to prepare such a subject or any pleasure in writing it. But he himself says "To the Middle Ages we may adapt the fine thought of Burke that 'dark confused uncertain things have a greater power to form the grander passions than those have which are more clear and more determinate.'"

The author analyses the relations between medicine and surgery from the earliest times of Greece and Alexandria, and gives a brief account of the influence of Hippocrates, Celsus, and Galen. Then he traces the degradation of both medicine and surgery—the result of an arbitrary cleavage—through the dark ages until in the thirteenth and fourteenth centuries light began to appear from Arabia, Italy, and France. The work and influence of Henry of Mondeville, and Guy of Chauliac are carefully detailed. The rest of the book concerns the advances of both medicine and surgery, though on separate lines, during the fifteenth and sixteenth centuries, chiefly at the hands of Benivieni, Franco, and Paré in Italy and France.

The book covers the ground of the subject admirably, and is not too long. It is obviously the result of many hours spent with the original works of many ancient authors.

GOLDEN RULES OF MEDICAL PRACTICE. Sixth edition, enlarged and entirely re-written. By LEWIS SMITH, M.D. (John Wright and Co., Bristol.) Price 1s.

An excellent little companion for the standard books of medicine. It calls attention to the important things, discounts many useless and unimportant signs, and inculcates a few common-sense principles both in the examination of patients and in the treatment of disease.

We should advise students to carry this little book about with them for a week before an examination in medicine.

THE PREVENTION OF DISEASE. Translated from the German by WILMOTT EVANS. (Published by Constable and Co.) Pp. 1063 and xviii. £1 11s. 6d. net.

The book opens with a very valuable introduction of the subject to the medical profession of this country by Dr. Timbrell Bulstrode. He explains that State medicine is still in its infancy, but suggests that there is, at the present time, more need and greater scope for the exercise of prophylaxis on the part of the family physician to whom this work is mainly addressed. "Its object," he says, "is the development of individual prophylaxis. It is, as far as I am aware, the first attempt which has been made to view human disease in its entirety, whether communicable or not, from the standpoint of preventive medicine in the more comprehensive sense of the term . . . which properly understood and applied must guide our actions in every branch, and perhaps be made use of by no one more than by the medical practitioner."

The scheme and scope of the work are essentially German, but its interests are cosmopolitan. It is full of new ideas and careful thought and it touches upon the medical aspect of many difficult social problems. After the introduction there is a chapter on the history of the prevention of disease by Dr. Goldschmidt, and this is followed by an admirable essay of sixteen pages upon "General Prophylaxis," by Professor Martins, in which he propounds a scientific basis for individual and general prophylaxis in addition to touching upon problems which belong to general and State and Social hygiene. In this review it is impossible to criticise all the sections which, for the most part, follow the general plan of the book, and contain suggestions and rules under each heading for the preservation of health, and for the prevention of further developments of disease when it already exists. Perhaps the most important chapters in the book concern diseases of children, mental diseases, and diseases of the special senses, but where all is important and carefully and scientifically treated it is impossible to make such distinctions.

It seems to us, however, that the subject of general surgery scarcely lends itself to treatment upon the same comprehensive and systematic lines which it has received at the hands of Professor Hoffa and Dr. Lilienfeld. The result is that this chapter is full of truisms and padding.

In conclusion it is with the greatest confidence that we recommend this invaluable work upon the prevention of disease to the notice of general practitioners, and especially to any medical men who are about to take part in public affairs or intend to solve the problems of State medicine and Social hygiene. The book is expensive, but is well got up, and in our opinion is much more worth the money than many of the standard text-books of to-day. It is not a book for students preparing for examinations, because, unfortunately, examiners confine themselves for the most part to "anthropocentric medicine," as Professor Clifford Allbutt terms it, and do not "welcome any attempt to pass from the ptolemaic system into the cosmic."

CARCINOMA OF THE RECTUM. By F. SWINFORD EDWARDS, F.R.C.S. Baillière, Tindall and Cox.

This little book of forty-four pages, without illustrations, deals exclusively with cancer of the rectum. The first half of the book which describes the method of examination in some detail, and the differential diagnosis should prove useful to the practitioner. The last half deals entirely with the operative technique as employed by the author, and is interesting, as his methods are not quite orthodox.

A SYSTEM OF CLINICAL MEDICINE for Students and Practitioners. By THOMAS D. SAVILL, M.D. Vol. II. Certain General Disorders: Diseases of the Skin and the Nervous System. (London: J. & A. Churchill, pp. 443, with plates and illustrations. Price 8s. 6d. net.)

The present volume completes Dr. Savill's work on Clinical Medicine. We were able, when the first volume appeared some time ago, to congratulate Dr. Savill upon a most successful attempt at presenting the main facts of medicine with an accuracy and conviction which bespoke a large clinical experience and studied observation. We complained, however, of the method of presentation chosen by the author, who chose three sizes of type (the smallest being inconveniently minute for reading) for his paragraphs, and asserted his matter amongst these types in quite an invidious way. This method is followed out in the second volume, with, in our opinion, similar loss to the total value of the work. Why, for example, should the pages dealing with tuberculous meningitis be set up in large type, those dealing with "acute meningitis" (as distinct from tuberculous) in smaller type, and the subsequent account of cerebral abscess be presented in still smaller print? An inevitable effect produced upon the mind of the student by such an arrangement as this must be that cerebral abscess is of less importance than purulent meningitis, and of much less importance than tuberculous meningitis, a result which we can hardly think Dr. Savill intends. Disseminated sclerosis, in a similar manner, occupies a position secondary in interest to paralysis agitans. Other instances might be adduced. We will admit that careful reading of many paragraphs has convinced us of the equal care bestowed upon the writing of those printed in small, and those in large, type. All the more pity that such good material should receive such scant treatment. We hope that Dr. Savill will consider our criticism favourably in any new edition of his work. The book seems fairly free from errors. We notice in the account of insular sclerosis on p. 1049 that the statement "The three characteristic symptoms of the disease are . . ." is followed by seven numbered statements, not three. The second of these, by the way, refers to the age incidence of the disease, a matter which can scarcely be termed a symptom. The last chapter, on "Examination of Pathological Fluids and Clinical Bacteriology," might well be omitted as being far too brief to be of help, in ten short pages a subject so important can receive no adequate treatment.

DISPENSING MADE EASY. By W. G. SUTHERLAND, M.B. (Aberd.) 2nd edition, revised. (John Wright & Co., Bristol. 3s. 6d. net.) This is the second edition of a book which has proved an invaluable guide to the general practitioner who dispenses his own medicines. The practical hints on dispensing are obviously the outcome of a large acquaintance with the dispensaries and practices of many general practitioners for whom the book is obviously intended.

Several reviews are unavoidably held over until next issue.

## Correspondence.

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

DEAR SIR,—It is with great regret that I note in your September issue an article, needless to say anonymous, entitled "The Keen Man."

Such an article, holding up to ridicule that true type of medical student, whom I am sure all who think aright must consider the most likely to confer in after life distinction upon the Hospital from which he has sprung, is to my mind a mistake.

Surely the tendency of an article of this nature is to drive to other Schools the very men whom it should be our aim to encourage in every way to enter our own ancient foundation; for it is of such painstaking material prize-winners are made. Moreover, what good purpose is served by that nauseous picture of the mistake of a somewhat over-anxious and inexperienced clerk perceiving over-vigorously his patient's change?

I can only hope that this incident may be regarded by those who read the JOURNAL in the light in which I trust it was written—as a would-be humorous exaggeration of the dangers which beset the over-scalous.

That the above article has slipped in by some inadvertence of the censor, and that such grievous slips may not occur in the future, is the sincere wish of

ALUMNUS.

## Naval Medical Service.

Fleet Surgeon A. S. Nance has retired from the service. Surgeons F. H. Nimmo and W. K. Hopkins have been promoted staff surgeons. \* \* \*

The following changes of stations are reported since the August JOURNAL:

Fleet Surgeon C. Strickland to H.M.S. "Amphitrite" (Chatham). Surgeon H. C. Adams to H.M.S. "Powerful" (Australia). Surgeon K. D. Bell to Royal Naval Hospital, Portland. Surgeon H. B. Hill to H.M.S. "Hampshire" (1st Cruiser Squadron). Surgeon P. M. Rivaz to H.M.S. "Glory" (Channel Fleet). Surgeon W. C. B. Smith to H.M.S. "Lancaster" (3rd Cruiser Squadron). Surgeon R. Thompson to H.M.S. "Highflyer" (North America and West Indies). Surgeon E. S. Wilkinson to H.M.S. "Astraea" (China). \* \* \*

The following officers are still on half-pay awaiting appointments:—Staff Surgeon W. K. Hopkins and Surgeon B. Ley. \* \* \*

Surgeon G. M. Levick is home on sick leave from the Mediterranean Squadron. \* \* \*

## Royal Army Medical Corps.

Casualty notifications:

Majors W. H. Starr and W. H. Pinches to be Lt.-Cols. Major J. W. Cockerill retires with a gratuity. Captain H. H. Scott resigns his commission. \* \* \*

Arrivals home, tour expired—Major A. E. Smithson, Captains A. L. Scott and H. H. Scott, all from South Africa. \* \* \*

Arrivals home on leave—From India.—Captain A. O. B. Wroughton. From Egypt.—Major J. H. Rivers. \* \* \*



Captain A. H. Morris has embarked for West Africa.

POSTINGS.—Major A. E. Smithson to Welsh and Midland Command; Captain A. L. Scott to Aldershot Army Corps.

Lieut. F. H. Noke is stationed at St. Thomas's Mount, Madras.

Lieut. W. H. Hills is transferred to Edele Camp, Lieut. H. T. Wilson to Windmill Hill Camp, and Lieut. H. C. Sidgwick to Ewshott Camp.

### Indian Medical Service.

Capt. E. A. C. Matthews, has been appointed to the permanent medical charge of 10th (D.C.O.) Lancers.

Lieuts. J. W. Illius, L. B. Scott, and R. A. Lloyd are promoted captains.

Capt. H. W. Illius is appointed to the 58th Vaughan's Rifles (Frontier Force) as Medical Officer.

Capt. H. J. Walton is confirmed as Civil Surgeon, 2nd class.

Major R. K. Mitter is appointed to act as District Medical and Sanitary Officer with charge of Central Gaol, Salem.

Colonel P. H. Benson is appointed Principal Medical Officer of Bangalore and Southern Brigades.

### Appointments.

GRAY, LEONARD, M.R.C.S., L.R.C.P., appointed Junior House Surgeon at the Coventry and Warwickshire Hospital.

MAUNSELL, B. S. O., L.S.A., appointed House Surgeon to the General Hospital, Kettering.

SMITH, E. BERTRAM, M.R.C.S., L.R.C.P., appointed Assistant House Surgeon at the Children's Infirmary, Liverpool.

THOMAS, A. E. H., M.B., B.Ch.(Oxon.), appointed Medical Officer of Health for Chester City, and Superintendent of the Isolation Hospital.

TRAVERS, ERNEST F., M.B.(Lond.), appointed Registrar to the Hospital for Women, Soho Square.

### New Addresses.

AMSDEN, W., Lexden House, Seaford.

BOND, B. M., 30, Brook Green, W.

BOYLE, H. F. G., 50, Welbeck Street, W.

CARLYON, T. B., Brinklow, Coventry.

DIRX, C., The Green, Godstone, Surrey.

EASTHAM, T., 78, King Street, Manchester.

EMLYN, C. W., Normanton Hall, Newark, Notts.

GRUMMITT, C. C., Silverdale, Scalby, near Scarborough.

HAMER, W. H., 55, Dartmouth Park Hill, N.W.

HAMILTON, A. F., I.M.S., care of Messrs. Grindlay, Groom & Co., Bombay, India.

LAWRENCE, H. CRIPPS, Rahere, Tavistock, Devon.

MARRETT, H. N., Merivale Sanatorium, Sandon, Essex.

MITCHELL, A. M., Eastgate House, Guildford.

NORBURY, W., 12, Moreton Gardens, S. Kensington.

PATON, E. P., 53, Queen Anne Street, Cavendish Square, W.

SHORE, T. W., Woodlawn, 6, Kingswood Road, Upper Norwood, S.E.

SMITH, E. BERTRAM, 65, Canning Street, Liverpool.

TURNER, C. H., R.A.M.C., care of Messrs. King & Co., Bombay.

TURNER, F. E., Ravenscourt, Springfield Park, Upper Clapton, N.E.

WATERHOUSE, R., 32, St. James's Square, Bath.

WYNNE, G. S. A. S., Amersham, Bucks.

### Births.

PHILLIPS.—On the 25th Aug., at Cairo, the wife of Llewelyn Powell Phillips, M.A., M.D., B.C., F.R.C.S., M.R.C.P., of a daughter.

SYLVESTER.—On September 19th, at St. Petroc, Leiston, Suffolk, the wife of Herbert Mayris Sylvester, L.R.C.P., M.R.C.S., of a son.

TURNER.—On September 4th, at Nagercoil, Travancore, India, the wife of Percy E. Turner, M.B., B.S., D.P.H., of a son.

### Marriages.

DRUITT—RADCLIFFE.—August 29th, at Holy Trinity Church, Cowick, by the Rev. F. Bishop, of Torquay, assisted by the Rev. C. H. Druitt, of St. Bride's, Manchester, Arthur Edward, M.R.C.S., second son of the late Rev. W. Druitt, of Stockbridge, Hants, to Mary Jane, second daughter of James Radcliffe, Esq. (late of Leeds), of Cowick, Yorks.

HAMILTON—KILNER.—On the 31st August, at St. Mary, Magdalen's, Brighton, Arthur Francis, M.B., F.R.C.S., Indian Medical Service, eldest son of T. S. Hamilton, Indian Civil Service (retired), to Winifred May, only daughter of G. Kilner, late of the Admiralty.

MORGAN—AMSCHWITZ.—On August 29th, 1905, Cyril Morgan, of 30, Campbell Road, Bow, E., to Blanche, daughter of the late Rev. and Mrs. Asher Amschwitz, of 64, Carysfort Road, Clissold Park, N.

### 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. XIII.—No. 2.]

NOVEMBER, 1905.

[PRICE SIXPENCE.]

### St. Bartholomew's Hospital Journal,

NOVEMBER 1st, 1905.

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

### Calendar.

Wed., Nov.	1.—Clinical Lecture, Mr. D'Arcy Power. "Appendicitis in Children."
Thurs., "	2.—Abernethian Society, 8.30 p.m., Mr. G. E. Gask, F.R.C.S. "Rare Forms of Hernia."
Fri., "	3.—Clinical Lecture, Dr. Herringham.
Sat., "	4.—R.U.F.C. v. Civil Service (home). H.C. v. Sevenoaks (away).
Mon., "	6.—Special Lecture, Mr. Cumberbatch.
Tues., "	7.—Smoking Concert, Holborn Restaurant, 8.30 p.m.
Wed., "	8.—Clinical Lecture, Mr. Harrison Cripps.
Thurs., "	9.—Abernethian Society, 8.30 p.m., Mr. W. I. Cumberlidge, M.B.
Fri., "	10.—Clinical Lecture, Sir Dyce Duckworth. 8.30, Lecture by Sir Robert Ball in Anatomical Theatre.
Sat., "	11.—R.U.F.C. v. Beckenham (home). A.F.C. v. Wellingboro' Masters (away). H.C. v. Leytonstone (home).
Mon., "	13.—Special Lecture, Dr. Ormerod.
Tues., "	14.—Dr. West's Clinical Demonstration, 3 p.m.
Wed., "	15.—Clinical Lecture, Mr. Harrison Cripps.
Thurs., "	16.—Abernethian Society, 8.30 p.m., Mr. W. D. Harmer, M.C., F.R.C.S.
Fri., "	17.—Clinical Lecture, Dr. Norman Moore.
Sat., "	18.—R.U.F.C. v. Bedford (away). A.F.C. v. Woodford Albion (home). H.C. v. West Herts (away).
Mon., "	20.—Special Lecture, Dr. Lewis Jones.
Wed., "	22.—Clinical Lecture, Mr. Lockwood. Cambridge Graduates' Club Dinner, 7.15 p.m.
Thurs., "	23.—Abernethian Society, 8.30 p.m., Mr. E. H. Shaw, M.R.C.S. "Parotid Tumours."
Fri., "	24.—Clinical Lecture, Dr. Samuel West.
Sat., "	25.—R.U.F.C. v. Old Leysians (home). A.F.C. v. Old Westminsters (home). H.C. v. Berkshire Gentlemen (away).
Mon., "	27.—Special Lecture, Mr. McAdam Eccles. "Flat Feet."
Tues., "	28.—Dr. West's Clinical Demonstration, 3 p.m.
Wed., "	29.—Clinical Lecture, Mr. Lockwood.
Thurs., "	30.—Abernethian Society, 8.30 p.m., Clinical Evening, "Syphilis."

### Editorial Notes.

THE Old Students' Dinner took place on Monday, October 2nd, in the Great Hall, and was, from every point of view, a complete success. The anticipations of a large gathering were fully realised, and some little difficulty was found in fitting all into their places. More than 200 were present, and among these were several distinguished guests. After dinner Mr. Bowlby, the Chairman, proposed the toast of the Hospital and Medical School, to which Lord Ludlow, the guest of the evening, replied. The many old Bartholomew's men present were glad of the opportunity of this personal introduction to our new Treasurer and to his views upon hospital administration, although we have often called attention to both in this JOURNAL.

It was fortunate that two such able after-dinner speakers as Dr. Norman Moore and Professor Howard Marsh were present to propose "The Guests" and "The Chairman" respectively. And, as usual, everyone waited with high hopes for the final speech of the evening; nor were they disappointed. Dr. Herringham, the Honorary Secretary, —to whose untiring zeal the success of this annual function is entirely due—always gives those present something to laugh about until they have transferred themselves to the Library, where the remainder of the evening is spent in renewing old friendships.

SIR ROBERT DALL'S lecture upon "The Earth's Beginning," of which we gave due notice in the last number of the JOURNAL, will be delivered in the Anatomical Theatre, on Friday, November 10th, at 8.30 p.m. Admission will be by ticket only, and these are limited to 500. After October 31st any surplus tickets will be given to those students or old Bartholomew's men who apply for them for the use of their friends. Meanwhile students have been given ample opportunities of obtaining tickets for themselves. A certain number of tickets have been reserved for the Medical Staff, and as some of these are still available any members who require more than two tickets



should apply by letter or otherwise to Mr. L. T. Burra (The College). All tickets which will not be used should be returned as soon as possible. Certain seats will be kept for the Medical Staff and for the Nursing Staff; otherwise all seats are unreserved. Morning dress will be worn except by those who choose to come in other garb. Refreshments will be served in the Library after the lecture.

An attractive programme has been arranged for the Students' Union Smoking Concert on Tuesday, November 7th, in the King's Room of the Holborn Restaurant, at which Mr. Bruce Clarke has consented to take the chair. The concert will begin at 8.30 p.m., and tickets, price 1s. 6d. each, may be obtained from the Hon. Secretaries of the Students' Union, or from the other members of the Sub-Committee, Dr. Morley Fletcher, Mr. Etherington-Smith, or Mr. D. M. Stone. We are informed that the programme will be almost entirely provided by "local" talent, and we anticipate a large gathering, and a great success.

The Thirtieth Annual Dinner of the Cambridge Graduates' Club will be held at Frascati's Restaurant on Wednesday, November 22nd, at 7 for 7.15 p.m., when Dr. J. H. Drysdale will preside. Notices are now being sent out; but we are requested to state that if any graduates have been overlooked they may obtain tickets, price 5s. 6d. each, for themselves and for their guests from either of the Hon. Secretaries, Dr. Morley Fletcher or Dr. Horton-Smith Hartley.

The Annual Students' Union Dance will be held on Tuesday, December 5th, at the Wharcliffe Rooms, Hôtel Great Central. The price of tickets will be 10s. 6d. each, and they may be had from the Secretaries of the Students' Union, Mr. W. G. Loughborough and Mr. A. Miles. Dancing will be from 9 till 2.30. Last year there was a scarcity of men, but, remembering the increased keenness that has lately been shown in all the various institutions of the Hospital, we hardly think that this is likely to be the case on this occasion.

We deeply regret to announce the death from pneumonia of a student of the Hospital, Harold Weaver. On behalf of the students, and more especially of his Cambridge friends, we offer our sympathy to his family. In another column will be found a short obituary notice.

We congratulate Mr. J. Burfield, M.B., B.S.Lond., on his appointment as Junior Resident Anaesthetist to the Hospital.

ROYALTY has again visited the neighbourhood of Smithfield, and the site of old Christ's Hospital. On this occasion the King and Queen were present at the laying of the Foundation Stone of the new General Post Office buildings.

We can imagine that Their Majesties viewed with satisfaction, if not with artistic delight, the enormous crane-carrier which towers over the slowly rising walls of our new Out-patient and Casualty Block, and we do not doubt that they recalled with pleasure their reception by St. Bartholomew's Hospital fifteen months ago.

MR. LEONARD NOON, M.B.Cantab., F.R.C.S., has been appointed to a Research Studentship in the Serum Department of the Lister Institute.

At the opening of the Seventy-fifth Session of the York Medical Society (the oldest provincial medical society) on October 18th, the Annual Oration was delivered by Sir William Church, Bart., K.C.B. We were interested to note that no less than three Bartholomew's men were office-bearers of the Society, namely, Mr. J. G. E. Colby, M.B., F.R.C.S., President; Dr. Bedford Pierce, F.R.C.P., President elect; and Dr. G. A. Auden, Secretary.

ALTHOUGH about 3000 copies of the Year Book were sent out to old Bartholomew's men more than a month ago, only about 100 have signified any desire to receive future editions. Perhaps we were too sanguine, but we expected 500 subscribers, so that the cost of postage might be covered. If the book is likely to be a success, there is little doubt that it will be sent out gratis after 1907—but in the meantime we have asked for the small sum of one shilling for the first three years, as some kind of guarantee of support.

THE New Operating Theatres were opened with great éclat by Mr. Bruce Clarke and his dressers on Tuesday, October 24th. Many visitors called during the afternoon.

THE following additional subscriptions for the Pathological Block have been received, but five guineas must be deducted from the total given last month, as Dr. Edgar Willett's second donation was entered as ten guineas instead of five:

PATHOLOGICAL FUND.		£	s.	d.
Amount already acknowledged		1630	1	6
J. Preston Maxwell, Esq., M.B., F.R.C.S.		2	0	0
T. M. Butler, Esq.		5	0	0
A Grateful Patient		0	2	6
H. L. P. Hulbert, M.B.		5	5	0
W. B. Gourlay, Esq.		1	1	0
H. Cripps Lawrence, Esq., M.D.		2	2	0
Mr. W. Spooner (per P. Colby, Esq., M.R.)		5	5	0
R. J. Morris, Esq., M.D.		1	1	0
T. P. Baldwin, Esq., M.B.		2	2	0
H. G. Pinter, Esq.		0	5	0
R. J. P. Thomas, Esq.		10	10	0
T. W. Shore, Esq., M.D.		1	1	0
J. E. Sandilands, Esq., M.D.		2	0	0
Anon., per Bedford Pierce, Esq., M.D.		20	0	0
W. H. Barfoot-Saunt, Esq.		2	2	0
M. H. Pollard, Esq., M.B.		1	10	0
Dr. and Mrs. J. E. Williams				
Total		£1692	9	0

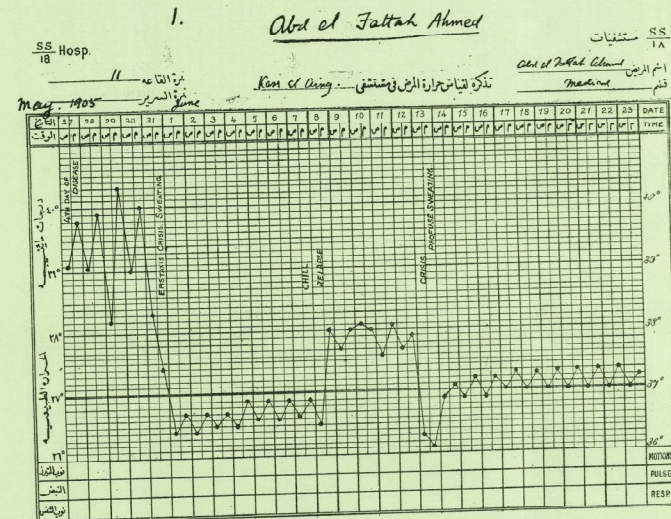
### Five Cases of Relapsing Fever observed in Cairo, Egypt.

By LLEWELLYN PHILLIPS, M.A., M.D., F.R.C.S., M.R.C.P.,

Physician and Professor of Clinical Medicine, Kasr el Ainy Hospital.

RELAPSING fever is such a rare disease in England at the present day that few men qualified in recent years have ever seen a case, and they know it only from the descriptions and charts in the text-

ache, furred tongue, and an enlarged spleen, which reached two fingers' breadth below the ribs; his temperature was 39° C.; the day before it had been 40.5° C. There was no rash, he was not delirious, nor was there any injection of the conjunctiva, thus putting typhus out of court. The next patient, Mohammed Mustafa, had been taken ill on the same day with similar symptoms, his condition was much the same, and the spleen reached three fingers' breadth below the ribs. The third patient, Aly Mohammed, had been admitted on the sixth day of his illness; this, therefore, was the ninth day. I found that he had had a crisis



CASE I.—Abd el Fattah.

books. This summer I had under my care a batch of five cases, which showed the disease in various forms, the charts varying from typical curves to atypical ones. These facts I consider sufficient reason for putting them on record. Though the five patients remained in the general ward of the hospital for three days and a half mixed up with many other patients, yet no further case developed.

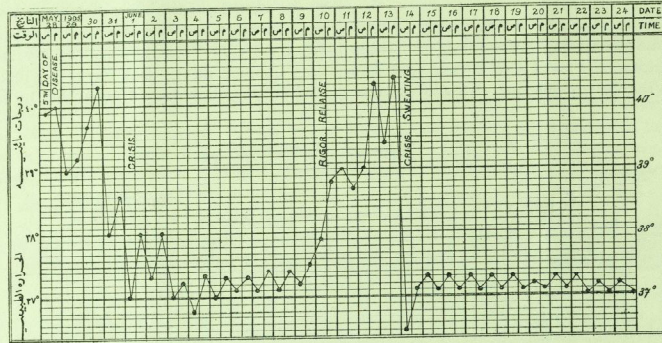
They were all five adult Turkish soldiers who had deserted and eventually reached Suez, whence they were sent by the authorities to Cairo, where they were detained. Whilst they were in Cairo they fell ill and were sent into Kasr el Ainy Hospital on the 27th of May. I saw them for the first time on May 30th. The first patient, Abd el Fattah, told me that he had been admitted on the fourth day of his illness, which had started with rigors and loss of appetite; this, therefore, was the seventh day. He had marked head-

the night before from 39.4° to 36.2° C. His symptoms had been the same as the rest. I now suspected the nature of the malady, and bearing that they had been at Suez, where I knew there were some cases of relapsing fever, which I had seen there the day before, I felt certain of it. The fourth patient, Mohammed Bakr, was at the sixth day of his illness, and his temperature was falling rapidly, a crisis apparently starting. The last patient, Ismail Ahmed, had a normal temperature. He told me that fifteen days before he had had shivering and headache, with slight cough and general weakness.

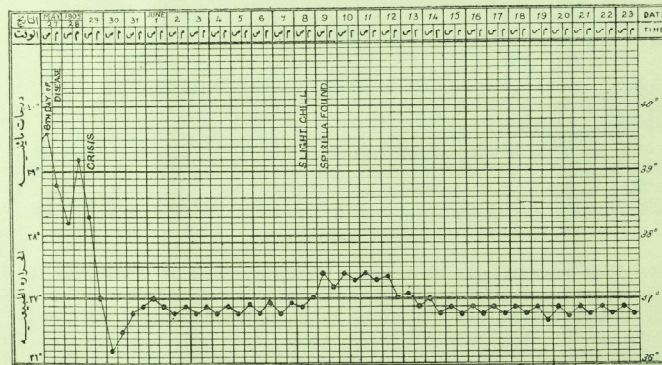
Dr. Ferguson, the pathologist, then kindly examined the blood for me, and found spirilla in three of four cases. They were accordingly all sent to the fever hospital. There they all had relapses, and in all spirilla were found. On studying the charts, it will be found that No. 1 is absolutely



typical, No. 2 shows a drop of 3.9 C. at the crisis of the relapse, No. 3 shows a short relapse with a big drop, No. 4 a very slight relapse. The last case was not at all typical, but a rigor and a crisis occurred, and spirilla were found.



CASE II.—Mohammed Mustafa.



CASE III.—Aly Mohammed.

As I have already indicated, on examining the first two cases the diagnosis was doubtful; all I could do was to exclude the ordinary specific fevers, including typhus,—a disease not at all infrequent here,—which, in dark-skinned patients, often has to be diagnosed without the help of a rash (a difficulty not realised by men acquainted with disease in white-skinned races). The third patient gave the clue, which was confirmed by the blood examination.

The following are the main facts in tabular form :

1. Abd el Fattah :  
8th day, crisis, sweating, epistaxis.  
15th day, chill.

- 16th day, definite relapse, spirilla discovered.  
21st day, crisis, sweating. (Chart I.)

2. Mohammed Mustafa :

- 9th day, crisis.
- 17th day, rise of temperature.
- 18th day, rigor.
- 19th day, spirilla discovered.

- 22nd day, crisis, from 40.4° C. to 36.5° C.  
(Chart II.)

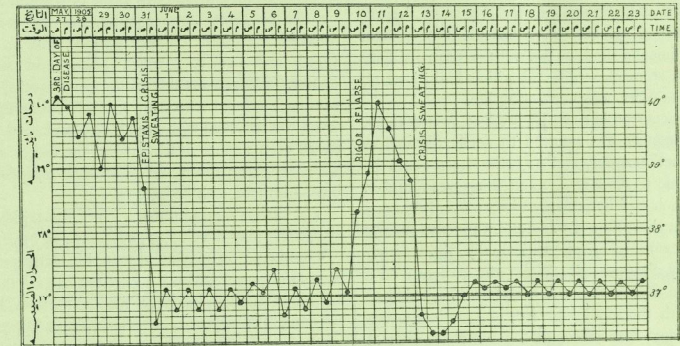
3. Aly Mohammed :

- 8th day, crisis.
- 18th day, slight chill, slight relapse.
- 19th day, few spirilla.
- 23rd day, temperature normal. (Chart III.)

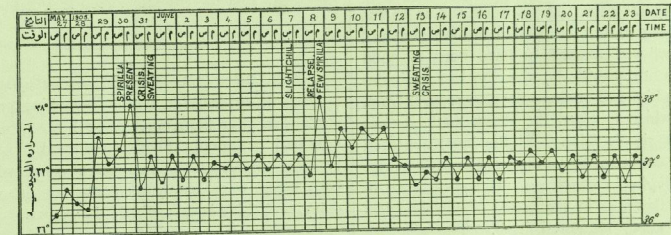
- 13th day after admission, relapse, few spirilla found.

- 22nd day after admission, slight crisis, sweating.  
(Chart V.)

I am indebted to Dr. Gorgy Sobhy, my old pupil and house physician, for the temperature charts whilst the patients were under his care at the fever hospital.



CASE IV.—Mohammed Bakr.



CASE V.—Ismail Ahmed.

4. Mohammed Bakr :

- 7th day, crisis, sweating, epistaxis.
- 17th day, rigor, relapse.
- 18th day, spirilla found.
- 20th day, crisis. (Chart IV.)

5. Ismail Ahmed (dates uncertain) :

- 5th day after admission, crisis, sweating, spirilla found.
- 12th day after admission, slight chill.

### Clinical Odds and Ends.

By SAMUEL WEST, M.D.

#### PERNICIOUS ANÆMIA AND MALIGNANT DISEASES.

In the absence of any pathognomonic characters in the blood, the great difficulty which attends the diagnosis of pernicious anæmia lies in excluding malignant growth. A lad of twenty-two was in the Hospital a few months ago with profound anæmia. As the



temperature was raised he was sent into the ward with the diagnosis of typhoid fever. The temperature soon fell, and the lad improved. No tumour or evidence of growth could be found, and he was not emaciating. After a few weeks he left the Hospital much better with the simple diagnosis of anæmia. Three months later he returned much worse with a large lump in the abdomen, and with well-marked cachexia.

A similar case in a man of forty-five came up some years ago from the Midlands with the diagnosis of pernicious anæmia, for which, as he was getting steadily worse, he was ultimately transfused on several occasions, but without benefit. He ultimately died, and a very extensive diffuse carcinoma of the stomach was found which had given no symptoms or signs of its presence during life.

Another case occurred in a young man of twenty three, whose extreme anæmia was referred to aortic disease, as there was a distinct murmur, and no other cause could be ascertained. Some weeks later a small lump was found in the abdomen, which rapidly grew and became as large as a cocoa nut. For a short time it was dull on percussion, and then rapidly became resonant, and finally the tumour almost completely disappeared. When the patient died a large sarcoma was discovered in the abdomen. This had communicated with the small intestine, had gradually softened and discharged itself through the bowel, so that at the time of death only a small shell of the tumour remained, the cavity being filled with air and disintegrating growth mixed with some fæces.

#### FAINING OR FITS, AND GRANULAR KIDNEY.

A man of twenty-five fainted at his work, and as he was some time in coming to, was brought to the Hospital and admitted. He believed himself to have been in good health till one month previously, when he had a similar attack which took him two or three days to recover from. The prostration which followed the attack made it clear that it was not a simple faint. As the heart appeared normal the attack could hardly be regarded as cardiac, nor did it appear epileptic in character. The occurrence of such an attack of faintness in the course of physiological albuminuria, so called, suggested itself. The age was against the diagnosis, for such attacks are usual in boys of school age, and are but rarely met with in adults. The radial artery was found to be markedly thickened. The tension, which on the time of admission, when the patient was in a condition of prostration, was low, but as he recovered became high. The urine was then examined, and found to contain a fair amount of albumen and a few blood-cells. The diagnosis of granular kidney became obvious.

Attacks of this kind are not uncommonly the first signs of illness in granular kidney; sometimes in the form of prolonged faints, as in this instance, at others of well-marked

epileptic fits. Their association with granular kidney is not as yet generally recognised.

#### MORBUS CORDIS, SUDDEN RETURN OF SYMPTOMS AFTER NERVOUS SHOCK.

A big man, forty-five years of age, had been under treatment for shortness of breath. He had mitral incompetence as the result of rheumatic fever some years previously, but the shortness of breath had developed recently in association with great increase of weight, for he had put on two or three stone rapidly, and was now very large, weighing 17 stone. With rest, diet, and massage he recovered, and left very much better and several pounds lighter. He remained well for some weeks, then his son, who had suffered also from morbus cordis after rheumatic fever, was attacked with pneumonia and died rapidly. The shock of his son's death struck the father down at once with the same symptoms of cardiac dyspnoea as he had been admitted with before.

The case is a good illustration of the rapidity with which symptoms may develop in the course of heart disease.

Compensation may appear to be really perfect, but the reserve of power is small; a sudden call on the heart of any kind may exhaust the little reserve there is, compensation fail, and the signs of cardiac failure appear with great suddenness. Commonly the "last straw" has been some muscular effort, or it may be some acute or subacute illness like influenza, or, as in this case, a nervous shock.

Patients with morbus cordis often think their disease dates from the first onset of symptoms, though the doctor may know that the disease existed long before.

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

SIR,—In reading Dr. West's interesting paper on "Sunstroke" in your September issue I note the words "The cold bath is the only effective treatment."

Cases of sunstroke must often occur where, no cold bath being immediately available, its use must involve delay, and delay is exceedingly dangerous.

Even a small quantity of cold water, if properly used at once, may save life, but the effect depends very much upon the mode of use.

Where no cold bath is immediately available the patient should, in my opinion, be turned upon his face, and his back bared as low as the angle of the scapula. Whatever cold water is available should then be poured on the nape of the neck and spine from a height of four or five feet. Even a small jugful may be enough if used *at once*.

Every medical officer on the Pekin Relief Column in 1900 had a considerable experience of heat-stroke and its treatment, for, with a temperature of 110° in the shade, and much atmospheric moisture, the roadsides were lit-

together, and lying in such irregular directions and positions, that it is difficult to believe that they had all been buried in coffins, nor can I hear of any coffin plates or nails being found. It is not an unlikely thing that during the plagues in 1625 or 1665 large numbers of bodies were interred in common graves or pits in this burying place, as in so many others, and that these form a good proportion of those we found.

I noticed again and again that even where there was deep cyanosis and convulsive twitching recovery soon followed the treatment above described, while splashing water over the face, chest, and hands in the ordinary way was, in comparison, surprisingly ineffective.

Happily the contents of a *bhicti's mashak* are kept cool by evaporation from the outside, so cold water was available, and to this I attribute the low mortality from heat-stroke which resulted although so many were attacked.

I am, Sir,

Yours faithfully,

HAROLD MEAKIN.

October 12th, 1905.

#### Notes on the Bones dug up in Christ's Hospital.

By F. G. PARSONS, F.R.C.S.,

Lecturer on Anatomy at St. Thomas's Hospital and the London School of Medicine for Women.

**I**N July Mr. McAdam Eccles kindly gave me the opportunity of examining the bones which were being dug up on the old Christ's Hospital site. Unfortunately the need for re-interment only enabled me to get one clear day's work at them, but the result even of that may be worth recording. At first I thought we had come across an unrecorded plague pit, and still I do not feel sure that this is not partially true. What I did not know then was that this site is part of an old burial ground common to Christ Church and Newgate, and occupying the whole breadth of the "town ditch" or moat running round the outside of the ancient walls of London. When this cemetery began to be used I have not as yet been able to find out, but it was certainly definitely closed in 1790, and in all probability no burials took place in it for many years before that time. I do not suppose that it contains any very old remains, because in the middle ages the ditch was the sewer for the northern part of London, and its filthy contents trickled slowly down to the Fleet, which opened into the Thames close to Blackfriars Bridge.

I cannot speak with any authority on the antiquarian side of the question, but the probability is that the bones which I found good enough to examine were those of people who died during the seventeenth and early part of the eighteenth century, and that they were either inhabitants of the neighbouring parish of Christ Church, prisoners from Newgate, or boys who died in the Blue Coat School.

I saw the bones being disinterred, and was struck by the way in which they were huddled together. The bodies were quite complete, except where they had obviously been interfered with in recent years, but they were so close

together, and lying in such irregular directions and positions, that it is difficult to believe that they had all been buried in coffins, nor can I hear of any coffin plates or nails being found. It is not an unlikely thing that during the plagues in 1625 or 1665 large numbers of bodies were interred in common graves or pits in this burying place, as in so many others, and that these form a good proportion of those we found.

I first examined and measured 100 skulls picked out at random, and my attention was at once drawn to the teeth. I have lately had the opportunity of examining two large collections of mediæval English bones, one at Dover, which were certainly pre Reformation, and probably lived in the fourteenth and fifteenth centuries, and another at Hythe, which I believe to be a little later. The Dover skulls were remarkable for their perfect white teeth and the absence of caries, but although they were so sound they were worn down to an extraordinary degree, so that one wondered that the pulp cavity had not been exposed; this was due to coarse and ill-ground grain. The Hythe skulls also showed considerable, though not so great, wear, and caries was more common, while in these London teeth caries was very common, and only about half the skulls showed much wear, though when the teeth were worn they were seldom carious.

Of these 100 skulls 73 were male, 24 female, and 3 of people under 20. In working through collections of skulls I have often been struck with the preponderance of males over females, and I fancy that this is partly due to the female skull being so much slighter and more easily damaged than the male, and partly to the fact that in old females the skull sometimes acquires some of the male characteristics, and so may be mistaken for one of that sex. I estimate that I can determine the sex of eight out of ten skulls fairly accurately, but this brings the range of personal error to the serious dimension of 20 per cent.

I have recently been giving a good deal of attention to the times at which the cranial sutures close, and hope that a paper on the subject will shortly appear in the *Proceedings of the Anthropological Institute*. A careful record of the condition of the sutures in all these skulls has been kept, but it will be enough for our present purpose if I divide them into those under twenty, under forty, and over forty years.

It has already been stated that only three skulls under twenty came into my collection, but children's skulls are more liable to injury even than women's, and there is no doubt that this number does not represent the proportion of children buried, since long bones with ununited epiphyses were very common. Of the rest I estimate that fifty five were between twenty and forty, and forty-two over forty years. This large proportion of young adults is not surprising when we realise the part that epidemics played in the death-rate of seventeenth century London. Plague,



we know, picked out people in the prime of life, while typhus, or gaol fever, must have accounted for many of those from Newgate, and, in addition to Newgate, I see that there used to be a debtors prison at the corner of Newgate and Gillspar Streets, the inhabitants of which possibly came to this burial place at last.

The average length of the adult male skulls was 18.3 cm., and of the female 17.6 cm. The average breadth of the males was 13.9 cm., and of the females 13.3 cm. The breadth index is obtained by the following formula,  $\frac{\text{Breadth} \times 100}{\text{Length}}$ . This gives us a breadth index of 760 for the male, and of 756 for the female skulls.

Skulls with a breadth index of 750 to 800 are called "mesaticephalic," and when a fair number of English skulls are taken they almost invariably fall into this division. Flower gives the breadth index of thirty-seven low class English skulls in the College of Surgeons museum as 762, while the skulls I examined at Dover had an index of 779; these latter were not only broader, both actually and proportionally, than the London skulls, but they were better shaped, and for several reasons I have little doubt that the fourteenth century inhabitant of the Cinque Ports was a finer animal than the poor of Stuart and early Georgian London. I was far from being favourably impressed with the general appearance of these skulls, and it would be interesting to see how our present dissecting-room supply compares with them. I regret that the time allowed me did not permit me to take their heights or any further measurements.

A very large number of femora had been saved for pathological researches, and of these I picked out 100—fifty male and fifty female—just as they came—rejecting only immature or obviously deformed ones. The points on which I laid stress in determining the sex were length, strength, muscular markings, diameter of head, and breadth of the lower articular end. I expect the range of personal error is somewhere about the same as that of the skulls, viz. 20 per cent. The average length of the fifty male femurs was  $18\frac{3}{16}$  inches, and of the female  $16\frac{1}{4}$  inches. Taking the femur as  $\frac{1}{275}$  of the stature of its owner, the height of the males would have been about 5 feet  $5\frac{1}{2}$  inches, and of the females 4 feet 11 inches, or an average height for the whole of 5 feet  $2\frac{1}{2}$  inches. I should say that, to avoid the risk of measuring the two femora of one individual, I only used those of the left side. Until we get a satisfactory anthropometric survey of the British Isles it is very difficult to say how these heights tally with the present averages, but I expect that 5 feet  $5\frac{1}{2}$  inches would be above the average of the present male Londoner, while 4 feet 11 inches would be below that of the female.

There is one little point that may be worth mentioning, and that is the number of bones of animals, chiefly sheep and oxen, which were mixed up with the human ones;

metacarpal and metatarsal bones and lower jaws were especially numerous. They may be relics of the time when the town ditch was the common receptacle for offal of all kinds, but I do not think so, because they do not seem any older than the human bones. To me they point to the fact that our ancestors were not very particular what they put into this graveyard. One little sidelight they afford is that in olden days Londoners got older, and therefore better, mutton than we get now, for I saw many bones with the epiphyses united, a thing we seldom see nowadays. I hope we shall have some account of the pathological clues which this collection affords. I dare not say anything, since I know they were seen by many with much more experience than I have, but I should like to say how much indebted I am to the authorities of Christ's Hospital for the pains they took in telling me all I know about the history of the neighbourhood.

NOTE.—The bones which were excavated have been interred with due reverence at Ilford.

### A Note on Melæna Neonatorum, with a Report of a Case.

By R. H. PARAMORE, M.D. London.

HERE are two conditions in which bleeding from the new-born may occur—(1) *idiopathic or spontaneous*, (2) *symptomatic*, and these are simulated by a third condition known as *spurious melæna neonatorum*, in which the child vomits or passes *per rectum* blood which either has been swallowed during parturition or has been obtained by sucking from its mother's nipples.

Symptomatic melæna neonatorum occurs as a symptom of some disease, such as congenital heart disease, hæmophilia, and, most frequently, disease of the liver or obliteration of the bile-ducts when it is associated with jaundice. In these cases the bleeding comes on as a rule later than in the idiopathic ones, often not occurring until the child is several months old, although it may do so earlier; and it tends to be permanent.

Idiopathic melæna neonatorum is a much less frequent disease than either of the other two conditions. Although described as idiopathic, it is most probably a symptom in some disease which at present is not certainly known. In its clinical features, however, it is sufficiently definite and distinct to be put in a class by itself. It is characterised by the vomiting of blood and by the passage of blood *per rectum*, in an apparently healthy child within the first week, most often on the second day, of life. As a rule the loss of blood lasts not longer than three days, but the melæna continues after the vomiting of the blood has ceased. The prognosis is grave, for about half the cases

## THE PRESENT DECLINE OF ART IN MEDICINE.

An Address delivered at the opening of the Session 1905-6 of the Abernethian Society.

By SIR DYCE DUCKWORTH, M.D., LL.D.,

Senior Physician to St. Bartholomew's Hospital; Treasurer of the Royal College of Physicians.

GENTLEMEN,—In addressing you on this occasion I might naturally be tempted to recall some of my memories respecting our Hospital and School, including this Society, more especially perhaps as I am shortly to retire from active service here amongst you.

You have, however, lately had laid before you many such reminiscences, and I have therefore determined to use this opportunity to expound to you a more serious and important matter which has occupied my attention for some years past.

Many and great indeed are the changes which I have witnessed in respect both of the theories and practice of medicine since the days of my pupilage. At that time the microscope was believed to furnish the key to all that was attainable in medicine. Organic chemistry advanced next with rapid strides and opened out fresh vistas for us. Minute morbid anatomy and the researches of the French and German schools then began to occupy the attention of our younger leaders. Later the startling and fruitful labours of Pasteur arrested the interest of some of the best minds in medicine, and these carried on, especially by Lister and Koch, revealed to us the new study of bacteriology in relation to certain diseases.

These then, put concisely, constitute the more noteworthy changes which I, and those of my standing in the profession, have encountered. With each of them has occurred, as was natural, some consequent change or modification both of theory and practice, and thus in all the schools of medicine the teaching has been adapted to meet the latest developments and attainments of research from whatever source they came.

As medicine must always be progressive it is right for us to avail ourselves of every solid and proved advance or new truth which may be presented to us. While so doing, however, we have to see to it that in thus adding to our knowledge we do not lose hold or sight of other well-established, if older, truths secured for us by our predecessors, for these may be neither discarded nor displaced.

We have now to remark that in recent years the advance of the scientific side of our works has not only been great, but extremely rapid. There has been a larger output from the laboratory, and a smaller one from the hospital wards. The consequence of this is that the educational authorities have raised the requirements in the study of the preliminary scientific subjects to an extent involving a serious call on the time and energies of the average student, amounting in time to two years more than was considered necessary

twenty-five years ago, and in effort, to more labour and assiduity than I can readily describe.

I ask you to note that I am now considering more especially the case of the average student who has to begin the work of his life as soon as may be, and I do not include such as aspire to follow in the higher walks of the profession, and who have ample time and means to prolong this part of their studies.

It might be fairly supposed that the results of this modern system of training should furnish a type of practitioner more skilful in many respects than his predecessors who underwent a shorter and less scientific curriculum a quarter of a century ago.

This idea occurred to one of our greatest physicians here sixty years since, and in one of his lectures he remarked that "an age of great increase in speculative knowledge in medicine ought surely to be an age distinguished by some great practical benefit . . . it concerns physicians, above all men, that theirs should not be a barren knowledge, but that it should claim honour of mankind from a sense of the benefit which they derive from it" (Peter Mere Latham).

If I venture to deny, as I do, that the results of our present system of medical education, as witnessed in the majority of our finished pupils, are not as satisfactory as were those of the earlier period I have referred to, I decline at once to be told that such an assertion indicates senility and effiteness on my part, that I have nearly run my race, and can no longer keep pace with the times. I am certainly not alone in holding this opinion, for I hear it not unfrequently expressed. It has happened that I have enjoyed unusual opportunities for observing the progress and results of modern medical education. As Chairman of the Examination Committee of the General Medical Council for several years, there passed through my hands the reports issued by the Council's Inspectors of every university and examining board in these kingdoms. I took part over a period of nineteen years in the final examinations of three of the Universities, the London Conjoint Board, and those for the Royal Navy. I have another source of information which is within the reach of anybody, to wit, the evidence afforded by numbers of medical practitioners who, with an unanimity which is depressing to us as teachers, declare that the finished products of the schools of to-day are at first but slenderly equipped to minister to the sick, to prescribe appropriately, or to manage their patients. Such assertions must surely



have a grave significance. They are not the opinions of men brought up under the old apprentice system, which, indeed, had ceased in their days, and can never be restored, but they convey the experience of those who were educated differently, and, throughout, with the main object of their life-work in view. For many years I have been in a position here to observe the gradual effects of our modern system on many of the pupils who have afforded me the honour and pleasure of training them in clinical medicine, and have found that their long course of preliminary scientific study has somehow but little fitted them to secure the full value of their work and opportunities in the wards. I am aware that I am on delicate ground now, but I feel bound to express my opinions on these matters with deliberation, and a full sense of the seriousness of the case.

My contention in this address is that while the sciences on which medicine is based have made astounding progress in the last half century, the art of medicine itself has materially declined and fallen into neglect during this period. The reason for this is not, I think, far to seek. The rapid succession of conquests in the various sciences ancillary to medicine has appeared to compel an almost exclusive attention to these subjects on the part both of teachers and taught. The minds of both have been too fully engaged with the last new developments, and many of these have not seldom been of a character calculated to overturn the views and attainments of the physicians of the past. I admit at once that in some cases there was room and much room for recasting both theory and practice, and such new views have thus come to be established as solid advances in medicine.

I pass on now to affirm that the spirit in which some of the new doctrines has been propounded has led gradually to a general contempt for many of the older ones which have thus been dropped out of sight and out of use. All conditions or factors which cannot be established on a basis of science, or be demonstrable, are now considered by many amongst us to be of no moment, and to be negligible. In my opinion this is not possible in medicine, and to entertain such views is to be destitute of a *mens medica*.

"We think our fathers fools, so wise we grow,  
Our wiser sons, no doubt, will think us so."

POPE.

They may well befit the professors of the abstract sciences, but there is no place as yet for them in the daily duties of the clinical practitioner. Medicine is not an abstract science, and probably never will be. It is an art largely based on many sciences, but not entirely so based. The true physician is an artist whether he be a hospital teacher or a busy country practitioner.

Under our present system of education an undue amount of time is occupied by the study of scientific subjects during what should be a purely medical and surgical curriculum. If pursued too far, or in wrong directions, these

studies have little bearing on the student's life-work, and if it be urged that these constitute important elements for his mental training, they should be unnecessary if he has already had a good general education. If he has not enjoyed the latter, he would better employ some of his time in improving his knowledge of literature and his mother tongue. The famous first aphorism of Hippocrates, in so far as it bears on modern medical education, appears to have been quite forgotten—

Ὁ βίος βραχύτες, ἢ δὲ τέχνη μακροῖ, ἢ δὲ κτηρὸς ἄξυνε, etc.

When these preliminary scientific subjects are completed and the examinations in them passed, there remains for many students an insufficient amount of time wherein to learn the special business of their lives. Their practical work has to be hurried and done under pressure. They become clinical clerks with a sadly inadequate knowledge of the materia medica and pharmacy, and are thus unable to profit by their opportunities in the wards until this deficiency is supplied. For some reason or other these subjects have lost interest for the ordinary pupil, and this fact alone points to a decline in effective medical training which has occurred of late years. We see the fruits of it in the quality of the prescriptions now written by many practitioners. To say nothing of the bad Latin and misspelling, the inadequacy and inappropriateness of the compounds are such as provoke the contempt and risibility of the dispensing pharmacist.

Let me read to you the wise words of one of the best practitioners, still living,\* who writes to me as follows:—"The chemist, the biologist, and the physical science man must relax their hard grips on the poor medical student. Stalwart and heavenly geniuses are seen only here and there. For the most part we have to train dull, plodding, conscientious men, and to equip them for a daily duty which is full of ambushes and surprises. No clinical and therapeutic education can be too long or too thorough, provided that literary culture and scientific habits of thought are in the background."

It is not sufficiently recognised at the present time that a large part of our practice is empirical. This is always a source of regret to the scientific pioneer in medicine, and he is perpetually striving to remove the reproach, if reproach it be. From time to time he succeeds, and brings to light the fruit of some successful research, thus diminishing our empiricism. Many other researches are also being carried on by investigators who are little, or not at all, qualified to understand the real nature of the problems they seek to unravel for the purposes of practical medicine. The products of these researches are accounted as novelties, and they appear with bewildering frequency, foisted on our attention, by each day's post, with voluble testimony as to their therapeutic powers from persons whose opinions

\* Dr. John Kent Spender, of Bath.

are mostly worthless. These novelties have a curious fascination, sometimes for students, but, strange to say, for men already in practice who appear to credit the inflated testimony presented with them, and forthwith proceed to employ these alleged remedies. The taste for these products appears to increase with the output of them, and hence we meet with prescriptions consisting not of one but of several of these synthetic compounds, the influence and therapeutic action of any one of them being practically unknown. In my experience, those who thus prescribe are persons who have never received any sound clinical training, and are grievously ignorant of the whole subject of materia medica. They have not acquired a proper knowledge of the actions and uses of our commonest drugs, and are consequently unable to prescribe them. They probably regard themselves as in the van of scientific progress, and as entitled to ignore the hard-earned experience of their predecessors; they have learned a more excellent way, and can teach their seniors. Such men, I repeat, have no *mens medica*. Having no settled principles, small faculty of observation and reasoning, such of them as have had even a limited clinical training lose this part of their art, and engage their energies in the pursuit of novelties. They forget, or lose faith, if they ever had any, in the virtues of some of the best and most approved remedies known to mankind. They will deride, for instance, the use of poultices (which can never be dispensed with in practice) probably under the idea that they contain, or promote the action of, some noxious germs on a sound surface of the body. They are ignorant of the healing powers of cantharidine vesication and the actual cautery, and do not know how long a blister should remain applied to the skin. They imagine that capsicum is equally efficacious. They scoff at the virtues of mercury in many forms of cardiac, bronchial, and other diseased conditions, and regard it as only useful in some stages of syphilis, and even then are not sure that potassium iodide might not prove superior to it. Phlebotomy, cupping, and leeching are considered as mediæval or effete measures unworthy of attention. The value of sarsaparilla, in full doses, for many cachectic conditions is unknown to them. Antimony is regarded as a dangerous depressant. Of the powers of opium when appropriately employed in many phases of disease they know little, and substitute for it the last vaunted anodyne from Germany, of which no one has any practical experience worth the name. The virtues of musk are also almost forgotten in these days.

Modern journalism is in part to be blamed for promoting the pursuit of new and unattested remedies and methods of treatment. The public now demands these at the hands of their attendants, even if the former do not experiment on themselves; and the practitioner, in the desire to be equipped with the latest advertised measures, is apt to be induced to employ them at the bidding of the

daily press expressed through his patients. Such a practice demands severe reprobation.

This untoward pursuit of novelties in medicine is not only bad for the sick, but it tends to demoralise the practitioner. A tendency towards it indicates a lack of level-headedness, and a measure of credulity which in our profession verges on frivolity. Strange as it may seem this proclivity is met with sometimes in men otherwise of ability and good general attainments, although void of true medical instincts, yet we have not far to seek for illustrations of the fact that the acquirements of gifted men may afford but slender protection against credulity and liability to error. In no calling is it of more importance than in that of the practitioner of medicine to seek a right judgment (*σωφροσύνη*) so that he may see all things in due proportion, and be ready to act with prudence.

The triumphs of modern surgery are in some respects answerable for a decline in medical art and practice. It is now a common occurrence for cases, more particularly of abdominal disease, only demanding ordinary medical skill and patience, to be at once committed to the surgeon for operative measures. The physician is regarded as incompetent to deal with such cases, and unable to appreciate the possibilities of surgical aid as now afforded.

Needless to remark, I speak in no slighting manner of the splendid achievements of modern surgery, for I am a daily witness of them, but I have no hesitation in stating that unnecessary operations are occasionally performed, and that under appropriate medical treatment these more serious measures may sometimes be averted. Here again we find the same impatience and lack of confidence in the older and approved methods of treatment when they may be safely employed.\* In respect of acute cases of abdominal disease we may feel assured that no well-educated practitioner will in these days brook the danger of delay or fall in promptness to secure the necessary assistance of the surgeon.

My remarks hitherto may possibly have led you to imagine that my conception of the art of medicine consists mainly in prescribing well approved drugs and methods of treatment. Let me assure you that I take a far larger view of the matter. The one object in practice is to benefit our patients, to afford relief and to save life. To prove efficient for these purposes demands the closest attention to every detail in the patient's condition and progress, even to the most trivial. No obvious symptom is unimportant; indeed, as Dr. Pye-Smith has remarked, "the part of each disease which is of real importance is that which can be recognised during life . . . the art of medicine is not concerned with disease in the abstract, but with separate diseases, with pains and discomforts, the

\* "Right thinking has been difficult everywhere and always."—WAGNER.



cause, seat, and origin of which the physician seeks to find, and, if possible, to cure in each case."

Art in medicine is to be acquired only by persistent insight into the methods of practice carried out by the teacher, by efforts to copy them, and subsequent meditation on the results witnessed. The accomplishment, for such it is, is a personal one, and not readily communicable. "The principles of medicine may be taught in the classroom, the practice only at the bedside in the wards of a hospital, or in the domestic chamber. It is amongst the sick and dying, and there alone, that you can either thoroughly or safely learn to practise physic. It is to be learned, like every other practical art, by repeated exercise, by habit. Our art requires skill in observing as well as skill in acting." So wrote Sir Thomas Watson some fifty years ago.

In my duties here I have always kept these remarks in mind, and while trying to teach, as far as it can be taught, the art of medicine, I trust I have not neglected the scientific side of our work. I am pleased to remember that I was the first in this Hospital to introduce what are now known as research clinical clerks, whose duties are to carry out any work in urinary and hæmo-pathology, and in bacteriology, which does not require the special skill of the chemical or pathological laboratories, and great advantage has accrued both to the patients and the clerks themselves from these appointments.

We find, further, that the art of medicine does not consist in mere accuracy of diagnosis, though that is of supreme importance. This is too much the position of medicine and the prevailing habit in many of the continental schools, the patient being regarded rather as a "case" than as a suffering and needy fellow-creature. You may, if you will, add to your knowledge of this part of medicine by study in these schools, but you will hardly learn much of therapeutics. Sir William Jenner once said that "the duty of a practitioner at the bedside was to find answers to two questions: first, what is the matter with the patient? and secondly, what will do him good"? It is possible to be so much engaged with the first question as to all but ignore or neglect the second. Our position in the body-politic is that of healers of the sick, and if we fail in this function of what use are we? We are not, as Sir William Jenner said on another occasion, mere "puzzle-solvers."

Again, a large measure of humanity and genuine sympathy must enter into our art if it is to be freely available and successful, and, no less, a wide knowledge of human nature. You have to regard matters from the individual patient's point of view, and try to discover what his ailments mean to him. That view is often different from yours. You have to realise that each patient presents a fresh problem for consideration, with variations in his

habit of body and textural proclivities, it may be with certain idiosyncrasies, the personal factor being always of supreme importance. Hence a physician never treats diseases as such, but the patients who suffer from them.

I think you will agree with me that an equipment for such duties can hardly be found in a laboratory or in any books.

We have then to see to it in all that concerns the preparation for medical practice, the most human thing in this world, that the student shall really be taught, and learn, the business of his future life. The outcome of our present system is to overload his education with matters which will not much aid him when he comes to deal with the needs and demands of his suffering patients. The student has to learn for himself how to act, to do skilfully each part of his work with his own hands and his own trained senses.

It is of no avail to look on and see others do these things. We have rather too much of this in a modern well-served hospital now-a-days. The tendency is to depute these seemingly unimportant things, and take much for granted. That is not education, and such a practice will land any man helpless and foolish on many occasions when he finds himself alone, as he soon will do, and far from the luxuries of a well-found hospital. So work now as to be masters of every detail, however seemingly trifling, of our great practical art.

Hands, eyes, noses, every sense must be daily and hourly engaged here in your pupilage. Take nothing at second-hand. See and do for yourselves, and remember that you are learning always to deal with your fellow-creatures, not with the lower animals, not with elaborate instruments, but so as to bring relief and promote recovery, to carry healing with you at all points. To realise the pressing necessity of this, and nothing less than this, demands from all in such a noble service shrewd common sense, and a large measure of enlightened knowledge of humanity, for if you fail to learn early how to manage your patients, all your learning and knowledge will be as the idle wind, and of no avail in practice.

Gentlemen, I have done. I have been outspoken and critical. There is a time to speak, and a time to keep silence. My views may be controverted, but they can hardly be misunderstood.

This old Society has been a well-proved training ground for several generations of St. Bartholomew's men, for the practitioners of the past, and it is still amongst the best educational influences of our school. Let me, in conclusion, express the fervent hope that it will always encourage a wholesome relation between the great art of medicine and the several scientific studies on which that art is so largely based.

end fatally, which result may happen at the end of twenty-four hours or later. In about a third of the fatal cases *post-mortem* examination has shown ulceration of the mucous membrane of the stomach or of the duodenum. The disease is believed to be due to an infection of the blood in which organisms have been found. Some of these when injected into animals have caused hæmorrhages in them.

Gastro-intestinal hæmorrhage is the commonest form of idiopathic or spontaneous bleeding in the new-born. Such bleeding may also occur from the umbilicus and from other parts, as the female genital organs.

The following case illustrates very well idiopathic melæna neonatorum.

On November 24th, 1904, I was called to a home for maternity cases to see a child two days old which had vomited blood, and had passed blood by the back passage.

On arrival the nurse informed me that she had noticed nothing wrong with the child until she began to undress it, about 7 p.m., and that then she found a "lot of blood" in the napkin, the colour of which was dark red and not black. About ten minutes after the child vomited two teaspoonfuls of bright red blood, without any mucus or bile. The blood was not clotted. A quarter of an hour later the child brought up some more blood, but not so much as at first.

Previous to my visit the bowels had been opened naturally; the stool consisted of meconium.

On examination the child was found healthy in appearance, well-formed, and of average size. The skin was natural; there was no jaundice, and no purpuric spots were seen, although here and there were a few small spots which I thought might be the precursors of purpuric patches. Nothing further abnormal was discovered.

I examined the napkin; there was some clotted blood on it, unaltered with faecal matter.

The mother of the child, a healthy primipara, was only seventeen years of age, and was single. During the carrying nothing unusual was noticed, although, when she found herself pregnant, she took some medicine to "try and right herself," and later some pills, but with no effect. The last menstruation occurred during the first week of March, when she was poorly for three days. She had morning sickness for three weeks in April, and she expected during the first week of December. The confinement, however, occurred on November 22nd at 9 p.m. The child was therefore a fortnight at least before its time. Nothing unusual characterised the labour other than that the second stage was rather longer than the average.

Treatment was directed to keeping the child quiet and warm, and to feeding it. It was given some of the liquid extract of ergot by mouth in very small doses.

November 25th.—The child has passed blood three or four times during the night, about a tablespoonful altogether, and again this morning. No faecal material has passed at all. Has not vomited. There has been no bleeding from the navel. There is no jaundice. Temp. 98°. I made a rectal examination; on withdrawing little finger it was coated with semi-coagulated blood. Nothing else abnormal discovered. Through night child was fed with cow's milk diluted with two parts of water; of this about two tablespoonfuls every hour.

26th.—Child passed a more or less restless night. Has not vomited, nor passed any blood *per rectum*. Is not jaundiced; no purpuric spots; no extravasation of blood. Gums are healthy. It appears to feel the cold very much. Fed three-hourly with milk and water. Brand's essence ordered. Ergot continued.

27th.—Child passed a restless night. Has not vomited or brought up any blood. Bowels open once; stools consisted of about a tablespoonful of changed blood, black and tarry. Has taken breast and Brand's essence during yesterday and the night.

28th.—Child passed a good night. Not vomited. The bowels have been opened twice; once in the night when the stool was black and contained some faecal matter and mucus, and once this morning, the motion being dark brown with lighter yellowish particles, and much mucus. Child has wasted a good deal in the last few days. The body, however, keeps warm, and the food is taken well.

29th.—Passed a good night. Bowels open once; stools natural. December 1st.—Child much improved. Is taking food well. No more bleeding from bowels. Motions natural.

There are just two further points of interest:

(1) The case occurred in a home, where, on the average, fifty women are confined a year.

(2) The child was not quite full term.

Both these are supposed to lend weight to the infective theory of the disease, for it has been shown that these cases of melæna occur more often in hospital than in private practice, and, secondly, the child would have been more robust had parturition been delayed until full term.

On the other hand, no rise of temperature was detected in this infant, and no previous or subsequent case has occurred in the home, although isolation was not practised.

It is thought by some that too early tiring of the cord may produce hyperæmia of the mucous membrane of the alimentary canal, and thus cause the bleeding. Inefficient expansion of the lungs, and the slow adaptation of the blood-stream to its new conditions result in venous congestion from deficient oxygenation. Would not the pressure of a prolonged second stage of labour, such as occurred in this case, act in the same way, and more powerfully?

### Note from the Wards.

**T**ATELY, in Colston Ward, at Dr. Herringham's suggestion, we have been trying an alternative method for the examination of sputum for the tubercle bacillus.

The patient had a large pleural effusion which recurred after tapping. The sputum was moderate in amount, viscid, and tenacious, repeated examinations of which, by the ordinary method, revealed no tubercle bacilli. Half a test-tube full of sputum was then taken, and to it was added an equal quantity of 1 per cent. HCl and 5j Liquor Pepticus. The whole was left in a warm incubator for forty-eight hours, and some of the fluid centrifugalised. Slides were made in the usual way and stained. After a brief search tubercle bacilli were found without difficulty.

J. G. S.

### In Memoriam.

HAROLD POYNDR WEAVER.

OBITU OCTOBER 17TH, 1905.

**H**O his friends at the Hospital the news of the death of Harold Weaver came with an awful suddenness. He had been at St. Bartholomew's little more than a year, but there are some amongst us who knew him at school or at the University.



Harold Weaver was born June 22nd, 1878, and was educated at Uppingham, where he received his 1st XV football colours. In October, 1897, he entered Trinity College, Cambridge, originally intending to read history, but afterwards turning his attention to medicine. In 1900 he took his B.A. degree, and in the following year his enthusiasm for an out-door existence prompted him to volunteer for active service in South Africa, where he remained with the Suffolk Regiment for fifteen months. On returning to England he continued his studies at Cambridge, and in October, 1904, he entered at St. Bartholomew's.

To those who knew him at school, college, and hospital alike, nothing can be more tragic than this sudden end to a bright and promising career.

In view of the untruthful reports which have appeared in various newspapers, we owe it to his family and his friends to publish the true facts of his illness. On Friday, October 13th, he went to bed suffering from insomnia, which increasing doses of opium taken on several preceding nights had failed to relieve. He increased the dose that night, and left a note asking that he should not be called in the morning. On the next day he was found in a semi-conscious condition deeply under the influence of opium. As the symptoms of opium passed off they were replaced by those of acute pneumonia, and on Monday, October 16th, when he was seen in consultation by Sir Dyce Duckworth, positive physical signs were discovered. From this time he gradually sank, and died on Tuesday afternoon. A post-mortem examination confirmed the cause of death as acute pneumonia.

We feel that these details of Harold Weaver's last illness are necessary in justice to his memory, and we know that we are only fulfilling the wishes of his family in publishing them. To his relatives and friends we offer our sympathy in their great sorrow.

### German Psychology.

*A holiday in Germany—An eminent Volunteer—Famine—Free Trade—Æsop's Fables—Linguistic attainments—British reticence—Speaking to the heart—The educated German—Three feet one yard—The workman and the egg—A marine—Beer in the Alps—Two French ladies—Two candles—The American lady's valediction—Conclusion.*

PEOPLE have written to the newspapers to explain how good and pleasant a thing it is to spend a holiday in Germany. Sir Howard Vincent (that eminent Volunteer) even went so far as to assert that, contrary to report, there could be no scarcity of meat in the land, since he, Sir Howard, dined well on several occasions at the cost of eighteenpence. For this rash

generalisation Sir Howard was very properly rebuked by the editor, who holds views on Free Trade which compel him to argue that because Germany is a "protected" country, meat ought to be scarce; that, therefore it is scarce; that, since meat is a good thing, its scarcity must be a bad thing; hence, protection is bad; and, consequently, Free Trade is good; ergo—England (though not, apparently, Germany) should renounce protection. And there you have it. Personally, I have no views on the subject; but, like Sir Howard, I fed plentifully and drank well for eightpence, or thereabouts, in Germany, during the summer. In dealing with a foreign country, it is really essential to be sure of your food and your liquor at the outset. It is therefore useful to understand that part of the German language which names the things you eat and drink. Ignorance on this point has one of two results, or both. You either exist distressfully (as in my case) upon sausage and beer, or you experiment at the risk of exciting rebellion among the belly and its members, as the immortal Greek slave so immortally phrased the matter. But to possess the power of choosing your victuals makes the only real reason for knowing aught of the language. There is a prevalent belief to the effect that it is well to know the language of Germany if you would travel therein. And it is probably a consciousness of ignorance that sends many to France—with the exception of Americans, who are never anxious of any kind of ignorance—instead of to Germany. For most people believe that they know a little French. That also is a delusion, of which the French nation knows the result and harvests the benefit. I find in the newspaper correspondence to which I have referred no suggestion of this, the real reason why people go not in greater numbers to Germany. There is instead the usual tacit British assumption that we all know these things, though we have never been taught them.

But I wish to speak to the heart—and I know that you, reader, in your heart are perfectly aware that you are ignorant of the German tongue, and that you also despise and fear it. Well, never mind; such is the very condition in which you are peculiarly fitted to travel in Germany. It is not because the Germans know English, but because they think they do, that you will not only suffer no inconvenience, but give them pleasure, and yourself receive even more.

For the German who believes that he knows English loves beyond all mental exercises to talk it; and he cannot do so in comfort, nor can you listen to him with patience, unless you are totally ignorant of his proper tongue. You are thus continually presented with a series of pleasing psychological problems, which would never occur if either you or your German was acquainted with each other's language.

Why, for instance, did a German gentleman of my acquaintance strenuously impress upon me, not only that

he did not know how many feet went to an English yard, but that I did not know either? I told him three feet. He said, no. I measured out a yard with a pocket foot-rule in the dust at his feet. He said it was not a yard. Now, what was in his mind? Not that it matters except to my friend, who had the German passion for a fact as a fact. Had he learned that day, what I was unable to teach him, how many feet there are in a yard, he would have gone to sleep knowing that another day had not passed in vain. As it was he sat up all night learning by heart the metric tables of the nations of the world.

Why, again, did a charming person, an employer of labour, with whom I had the pleasure of conversing upon (what are called) labour problems, in the train, the while he ate fruit and sausages by turns out of paper bags,—why, I say, did he use this remarkable phrase? He said, "When I have a good workman, I treat him like a raw egg." He looked at me as one looks who has made an epigram, and withal a little dubiously; so that I hastened to cry an eager agreement. But what in the world did he mean? How does one "treat" a raw egg? You say, boil it. But, as a metaphor, that is obviously useless. Had my friend meant a bad workman—such an one as the average British impostor of that class, who does no work or very little, and that little as ill as he can, who is, in fact, a drunken, filthy, thriftless, and dishonest scoundrel—the solution might have served. But he spoke of a good workman. As to the bad, I decline to believe that there is any workman in the world worse than the British variety. In fact, I simply do not know what my gentleman meant. But he meant something.

Then there was my Seesoldat. I call him mine—he was a dear chubby little boy, who was serving his first year in (what we call) the marines, and who didn't like it. He was the son of the house—of the hotel at which I was staying; and every evening he would join me at supper, and would practise his English upon me, the while he drank pot after pot of Munich beer, quite mechanically. This is the kind of conversation we used to hold—

I. We have no beer so good as this in England.  
 HE. So! O yes you have. I have been on a mountain in Switzerland, and an English beer manufacture was on the top.  
 I. An English brewery in the Alps?  
 HE. So, yes. High up, very so deep snow.  
 I. But why should an Englishman manufacture beer on the top of a Swiss mountain.  
 HE. I do not understand what you say, please. I was with him.  
 I. Where?  
 HE. I said, on the top of a mountain.  
 I. Was his brewery there?  
 HE (somewhat obscurely). Yes, he manufacture beer—beer manufacture.

I (with dawning hope). You mean the man himself—not the beer manufactory.  
 HE. No, yes, of course. He was with me, a friend of mine.  
 I. But what were you doing on a mountain?  
 HE. Yes, going up it, with my friend, the beer manufacture. (Eagerly.) We got to the top, it was very bitter cold and deep, deep snow, and on the top was a hut, and living there all alone there was two old French ladies—all alone.

I. Why?

HE. I do not know why. These two old French ladies, it was very fun, you will never guess what they did, no—they did make snowballs and throw them at my friend, the beer manufacturer, yes. He said to me, why do they do it?

I (feebly). Why did they?  
 HE (beaming fatuously). But the American and English girls in Switzerland, ah, they are nice, O very more—what do you say?—noisy than our German girls who are so silent all day.

I had—to use the vulgar phrase—had about as much as I could carry by this time; but I wanted something. I wanted two candles in my room instead of one, and there was some mystery in my phrase-book which had baffled the chambermaid, and, asked as I might, I could never get another candle. So I talked my Seesoldat if he would kindly arrange this matter. He was, as usual, intensely eager to oblige.

"I will give you," he said, "myself I will give you what I have always for reading—what is the name in English? Stop—I know—what was it the American girl said to me in Switzerland? "Mind you take care of the—what was it?"

I. !!!  
 HE. "No, but what was it? Mind you—"  
 I. But look here, I can't go into your relations with ladies in Switzerland. I want two candles. I don't want anything else.  
 HE (quite unaffected). What was it she said? Mind you take care—ah, I bring you, and you will see.

What do you suppose he brought me? Two candles equipped with paper shades. "She did not say shade," he remarked abstractedly, "but she said the word I mean."

I have related this conversation as accurately as possible. I have not the faintest glimmer of a hint of a notion of its signification. Yet we were both of us sober—I defy anyone to be less than sober on German beer—and both of us were presumably sane. Nevertheless, to me at least such talk has a fascination all its own, which the ordinary casual conversations of life usually lack. It is eager, sincere, sometimes picturesque, often vaguely suggestive. What would you have more? I maintain that these are charming and estimable qualities. Learn German by all means—if you are young, energetic, and have nothing else to do for five or ten years. You may gain in so doing—but you will certainly lose. But perhaps you don't think so—and I have written in vain. L. C. C.

### Round the Gountain.

*Eminent Skin Doctor (to Clerk).*—No, this condition is not the result of variola, but is probably due to acne.

*Introspective Patient.*—That's just what my wife says, doctor. That place never did suit my 'ealth.

### Antiseptic Methods.

Extract from the *British Medical Journal*:—Operation March 31st, 1905. The preparation of the patient's skin was commenced forty-eight hours previously. The anaesthetist was screened off by a sterilised linen cloth stretched over a copper wire framework. Cotton gloves were worn. . . .



### The New Mackenzie's.

**S**oon the old Bart.'s man who revisits the Hospital will scarcely be able to find his way thither amid the new buildings that are rising on all sides.

The stately New Sessions' House has already neared completion on the site of the Old Bailey. The buzzing electric crane that soars over our own new buildings, even if it does render auscultation all but impossible, at least reminds us that the rebuilding of the Hospital has actually commenced.

Already the King has laid the foundation stone of the new Post Office. Last, and perhaps least, No. 59, West Smithfield, the many storied "Mackenzie's" of generations of midwifery clerks, has been handed over to the house-breaker to make way for a new bank.

On September 30th the last breakfasts were eaten in that noisy room, and during the day the whole establishment removed to the new quarters in what was once the Warden's House of Christ's Hospital. We are glad to relate that much of the old furniture was left behind, though "Mrs. Brown" is still with us, having, it is understood, insisted on a pantehnicron for conveyance to her new home.

The house is officially known to both Hospital and Post Office authorities as "Mackenzie House, St. Bartholomew's Hospital." It stands almost in the centre of the new piece of land, and is approached by a door at the back of the shed in which the carriages of the Staff are accustomed to stand.

The house contains a large pleasant common room for the clerks on the ground floor. Upstairs is a comfortable bed-sitting room for the Extern Midwifery Assistant, and sleeping accommodation for about eight clerks. A good bath has been put in, fitted with a geyser providing water even more tepid than of yore. A small room is soon to be fitted up with a large steriliser and cupboards to contain the equipment of the department. There are also rooms for the accommodation of West, who still provides for the little colony as in the old house.

Patients' "letters" are brought to the Surgery, and (until the telephone, of which we hear rumours, is fixed) are carried over by one of the porters.

Altogether the new quarters are much more comfortable to live in than the old; one can now speak without entering into competition with the rumble of the Smithfield traffic, and the early meat-carts no longer disturb the rest of the weary clerk.

During the two years that will probably elapse before permanent accommodation is provided in the new block the midwifery clerk will be able to do his month's work in much more pleasant surroundings than heretofore. We cannot too strongly urge present and future students to avail themselves of these increased facilities, and not to be enticed away from what is probably the best appointment the Hospital offers.

C. F. H.

### A Lament.

*Dedicated to the Ladies of the District.*



H, weep with me, mothers of Smithfield,  
Great sorrow has come to our day;  
What has served us through numberless ages  
Is doomed to neglect and decay.

For the heartless Council condemns it,  
That noble old house in the Square,  
The home of the midnight physician,  
The pride and the joy of Cloth Fair.

So weep with me, mothers of Smithfield,  
Let ours be the chief mourner's gloom;  
"Mackenzie's" is sold to the builder,  
The Council has sanctioned its doom.

But when the housebreaker has finished  
Then gather your numberless brood,  
And show mid the sad desolation  
The place where "Mackenzie's" once stood.

No more shall the tortured piano  
Resound to an endless refrain,  
No more shall the heavy-eyed sleeper  
Respond to the bell in the lane.

No more shall the voice of the singer  
Essay to unparalleled heights,  
No more shall the thunderous chorus  
Pierce the slumbering vaults of the night.

Oh, weep with me, mothers of Smithfield,  
For a life that is ebbing fast;  
The life of the ancient "Mackenzie's,"  
A life of a glorious past. K. M. W.

### The Clubs.

#### ASSOCIATION FOOTBALL CLUB.

The Association Football Club played its first match of the present season on Wednesday, October 11th, when the Royal Veterinary College were beaten by 5 goals to 2.

On the following Saturday a weak team was beaten by Woodford Albion by 5—2. The defence took some time to settle down, our opponents scoring four times in the initial quarter of an hour.

On Wednesday, October 18th, a strong second eleven journeyed to Brentwood, and beat the Grammar School by 6—1.

On Saturday, October 21st, the 11th eleven beat Emeriti at Winchmore Hill by 1 goal to nil, and the 2nd XI beat Westminster School 2nd XI by 2 goals to 1.

#### RUGBY FOOTBALL CLUB.

The season has begun, and with it has returned some of our old bad luck. Our injured list so far includes C. S. Lee, H. B. Owen, T. S. Gibson, and H. M. Coombs, the pick of the outsiders. Gibson is playing again, but we are afraid it will be some weeks before we can be certain of the others.

The trial game brought out some promising players, especially A. Ferguson and C. Bilderbeck at three-quarters, Gilbertson at forward, but no good halves were discovered, although Brown might improve a lot if he played regularly.

At present R. Dobson is playing at half with Coombs, although he has not played in that position before. With a knowledge of the position he might be useful; at times he shows considerable dash.

Of the forwards there is not much to say, as there are six of last year's cup-tie team available.

For the remaining places, Oliver, Symes, Trevor-Davies, von Braun, and Gilbertson will all have to be well tried, and under our captain W. B. Grandage's able and aptly worded leadership, no doubt a good forward line will be the result. At present the great fault is in wheeling; almost invariably the wheel starts correctly, but ends in the opposing side getting the ball away.

We are very glad to notice a spirit of keenness throughout both the 1st and 2nd XV, and hope that it will continue through the season, whatever may be the result of the games.

October 7th.—v. R.M. College. Lost by 3 goals 1 try to nil. We were without Lee, Gibson, and Coombs; and Owen was injured early in the game. Team:

P. A. With (back); H. B. Owen, L. F. Way, R. Burn, B. A. Keats (three-quarters); R. S. Townsend, J. R. Dobson (halves); W. B. Grandage, C. R. Hoskyn, H. A. Harris, G. H. Almond, D. G. Pearson, M. W. B. Oliver, A. J. Symes, R. von Braun (forwards).  
October 14th.—v. Upper Clapton. Lost by 3 tries to 1 goal. Team:

H. Jones (back); C. S. Lee, L. F. K. Way, T. S. Gibson, A. Ferguson (three-quarters); R. S. Townsend, J. R. Dobson (halves); W. B. Grandage, C. R. Hoskyn, H. A. Harris, C. H. Ilott, G. H. Almond, M. W. B. Oliver, A. J. Symes, R. von Braun (forwards).  
Lee had to leave the field soon after half-time, or we might have won.

October 18th.—"A" team v. R.N. College. Lost by 3 goals 1 try to 2 tries and 1 penalty goal. In this game Oulton and Trapnell assisted the Hospital, and made a great difference to the side; but the forwards were weak.

#### HOCKEY CLUB.

ST. BART'S v. BROXBORNE.

Played at Broxbourne on Saturday, October 7th, and resulted in a victory of 8 goals to 2.

Our goals were shot by Griffin (5), Page (2), and Barton (1).

We were not quite at full strength. Team:  
F. Whitley (goal); L. L. Phillips, and L. G. H. Furber (backs); G. C. Grey, B. H. Barton, and P. Gosse (halves); J. Postlethwaite, W. B. Griffin, G. Viner, N. Whitehead-Reid, G. F. Page (forwards).

ST. BART'S v. STREATHAM.

This match was played at Norbury in glorious weather on Saturday, October 14th. We lost the toss and played up the hill in the first half. From the first bulley-off we gained their circle, but failed to score. Then Streatham put in a good run, and piercing our defence, scored the first goal of the game. Thus half-time was reached with the score 1—0 in favour of Streatham. After the interval we attacked strongly, and should have scored again if the shooting had been smarter. Fortunately, soon after, Barton shot two fine goals in quick succession, thus putting us one ahead.

However, Streatham again attacked strongly and scored a good goal. Nothing further was scored, and so a good game ended in a draw of 2 goals each.

Barton played a fine game. Team:  
F. Whitley (goal); L. G. H. Furber and L. L. Phillips (backs); P. Gosse, B. H. Barton, G. F. Page (halves); H. Gray, W. B. Griffin, G. Viner, G. H. Adam, L. F. G. Lewis (forwards).

### Reviews.

ESSENTIALS OF HUMAN PHYSIOLOGY. By D. NOËL PATON. Second edition, revised and enlarged, pp. 425, 1905. (Wm. Green & Sons, Edinburgh and London.)

This work aims at being a text-book specially for medical students, and in accordance with this "many parts of physiology which occupy considerable space in the ordinary text-books have been relegated to minor positions, while parts which have a direct bearing upon the study of medicine have been purposely given prominence."

On the whole this aim has been successfully carried out, though the treatment of digestion is rather summary, especially with respect to pancreatic digestion. And however logical the method of taking the nervous system early in the course may be, it is open to the

grave practical objection that the student is usually unable to appreciate such complex facts at this stage. In another popular text-book this order was abandoned recently "out of deference to the wishes of many teachers," and we are sure it is a wise step.

In a rapidly-advancing subject like physiology it is always a difficult matter to know when to introduce new work into elementary text-books, and on this point Dr. Paton has shown wise discrimination. Two other points call for special praise, the number of clear diagrams and curves, many of them new, and the brief appendix on the chemical relationship of organic bodies, always a stumbling-block to the student.

A MANUAL OF CLINICAL CHEMISTRY, MICROSCOPY, AND BACTERIOLOGY. By Dr. M. KLOPSTOCK and Dr. A. KOWARSKY, of Berlin. Translated by THEW WRIGHT, M.D. 8vo, pp. 296, 70 illustrations. Price 8s. net. (Rebman, Ltd., London.)

We are glad that the authors made a request for their book to be translated into English, because there is not in the English language any book that covers the same ground. It is essentially a laboratory book, but it is quite readable and interesting away from the laboratory. It was written as a concise manual for the students taking the course of clinical chemistry, microscopy, and bacteriology in the authors' "Institut" in Berlin; and it was also intended for practitioners.

The careful arrangement and the scientific detail of the book is typically German, but in such a subject, dealing with laboratory work, that is perhaps an advantage. From time to time the authors appear to emphasise the chemical and bacteriological, at the expense of the clinical, aspects of disease; but again that is perhaps a fault on the right side, as many of our so-called clinical methods are apt to become slovenly and inaccurate, and only call forth scornful comments from the chemist and the bacteriologist. On the other hand there is much in the book that is too advanced for the student of medicine, but it will be found useful to those working for the higher examinations, and to those who are taking a special course in chemical pathology and bacteriology.

One third of the book is devoted to the chemistry, microscopy, and bacteriology of the urine, which is treated admirably; but the chapters upon the gastric contents and the examination of the blood are cut rather short. These chapters only deal with thoroughly established methods and facts, and are not quite up-to-date. In this respect the book shows a lack of free preparation throughout.

The last chapter upon the technique of bacteriological methods with the formulae of stains and culture media will prove very useful for reference. The excellence of the seventy illustrations—including thirty coloured plates—many of which are reproduced from von Jaksch's *Clinical Diagnosis*, and from another large text-book of *Clinical Research Methods*, calls for special comment.

Unfortunately there is no index, but the table of contents is very clear and full, and most matters are found where they would naturally be expected.

A MANUAL OF SURGERY FOR STUDENTS AND PRACTITIONERS. By WILLIAM ROSE, M.B., F.R.C.S., and ALBERT CARLESS, M.S., F.R.C.S. 6th edition, pp. 1364. Illustrations 500, plates 30. Demy 8vo. Price 21s. cloth, 25s. leather. (Baillière, Tindall, and Cox, London.)

Although it is only one year since the last edition of this manual was reprinted, it has been found advisable to re-arrange the book, and to re-write it to a considerable extent, with the result that it has been brought up-to-date, and greatly improved.

In the first place thinner and better paper has been used, and the width of the page is somewhat increased, so that, in spite of the addition of 200 new pages, the book appears to be smaller in size. The large number of new plates and illustrations are mainly responsible for the increased number of pages, though, on the other hand, three new chapters have been added, viz. the examination of the blood in health and disease, by Dr. W. D'Este Emery, the general technique of modern surgery, and a short chapter upon the surgery of the female genital organs, in so far as it appeals to the general surgeon. The first chapter upon bacteriology, infection, and immunity has been entirely re-written by Dr. W. D'Este Emery, and now presents a very readable and interesting summary of these subjects. We notice also a good many improvements as regards the illustrations and text of the chapter upon abdominal surgery, and the re-arrangement of the chapters dealing with injuries and diseases of the head and brain.

For the rest, the book retains its many excellent qualities, and remains a thoroughly useful and reliable text-book for students and practitioners.



New and revised editions of four well-known manuals for students of medicine, published by Messrs. Cassell and Co., have been received.

CLINICAL METHODS: A GUIDE TO THE PRACTICAL STUDY OF MEDICINE. By ROBERT HUTCHISON, M.D., F.R.C.P., and HARRY RAINY, M.A., F.R.C.P.Ed., F.R.S.E. 10s. 6d.

MATERIA MEDICA AND THERAPEUTICS. By J. MITCHELL BRUCK, M.D., LL.D., F.R.C.P. Price 7s. 6d.

HYGIENE AND PUBLIC HEALTH. By B. ARTHUR WHITELEGGE, C.B., M.D., F.R.C.P., etc., and GEORGE NEWMAN, M.D., D.P.H., F.R.S.E., etc. Price 7s. 6d.

CHEMISTRY, ORGANIC AND INORGANIC. By ARTHUR P. LUFF, M.D., B.Sc., F.R.C.P., and FREDERICK J. M. PAGE, B.Sc. 7s. 6d.

These handbooks are too well known and popular to need more than a brief reference at our hands. All of them show evidence of thorough revision without much alteration in arrangement, and without material increase in the convenient size of the books.

As the result of the recent great advances in scientific methods of investigation at the bedside, CLINICAL METHODS, or some such book, has become almost an essential companion to the modern clinical clerk and the modern practitioner of medicine. In this edition we notice among the additions articles on the new method of "fields" in the enumeration of leucocytes, on cryoscopy, and on punimetry, while the section on the examination of feces has been considerably enlarged, and the chapter on clinical bacteriology has been specially revised. The many excellent illustrations and diagrams remain the same as in the last edition.

MATERIA MEDICA AND THERAPEUTICS shows in this edition many small corrections and additions throughout the text. An entirely new part has also been added, containing an account of the materia medica and therapeutics of the drugs in the Indian and Colonial Addendum to the British Pharmacopoeia, but whether this addition, which increases the number of pages by twenty-one, can be considered of much value to British students or practitioners is open to doubt. This edition brings the number of copies sold up to 47,000, and we have no hesitation in recommending it to students, if only for the excellent chapter on general therapeutics, which, in our opinion, fully justifies its claim to being "an introduction to the rational treatment of disease."

HYGIENE AND PUBLIC HEALTH has been brought thoroughly up to date, and we are glad to note the association of Dr. Newman's name with Dr. Whitelegge's as joint authors. The book differs from most new editions in the fact that it has been, for the most part, literally and carefully rewritten. There are several new chapters on subjects which were previously only treated in sections, such as "Schools," "Hospitals," "Tropical Diseases," while the Factory and Workshop Act of 1901 has necessitated a new chapter on this subject. There are new sections upon the bacterial treatment of sewage, infant milk depots, duties of M.O.H., Midwives Act, 1902, etc. etc. The judicious use of small type has made the increase of matter possible without altering the size of the book. The manual admirably fulfils its object of presenting a concise summary of the present position of hygiene and public health for the purpose of the medical officer of health and of the student. In our opinion, the book has no rival.

MANUAL OF CHEMISTRY.—It is a pity that this well-known and useful little Manual of Chemistry has not been revised more thoroughly. An example or two will show what is meant. On page 16 we read that three elements have monatomic molecules, while, on p. 24, two others are mentioned, and the argon group is not mentioned at all, but, on page 103, argon is given as having an atomic weight of either 20 or 40. Again, on page 16 sulphur is stated to have a hexatomic molecule at 500°. Who believes this now? On the same unfortunate page we are told that "the number of atoms in the molecule of a compound is unlimited"; nevertheless, a famous physicist has pronounced that the number of atoms in the universe as far as the nearest fixed star is certainly less than  $7 \times 10^{29}$ .

Santonine,  $C_{10}H_{15}O_6$ , is described as a glucoside, but it contains a naphthalene ( $C_{10}$ ) ring, and, as ten and six exceed fifteen, even he who runs can see that santonine is not a glucoside.

In the matter of figures the reviser has lacked courage, or he would have struck out the primitive sulphuric acid chamber shown on page 193 and the shamefully wasteful blast-furnace on page 301. Notwithstanding these and a few more blemishes, Conjoint Board

students will find the book extremely useful; it contains the revised syllabus of that examination, directions for making all the preparations, tables of analysis both for simple substances and mixtures, and a short account of volumetric analysis. Some very useful hints on the analysis of a mixture are given on p. 524.

INTRODUCTION TO CHEMICAL ANALYSIS. By HUGH C. H. CANDY, B.A., B.Sc., F.I.C. (J.), and A. CHURCHILL.

This book is not merely a book of analysis, it contains a description of the methods of melting-point and boiling-point determination, the methods of preparing salts and organic substances, and the process of fractional distillation. In fact, it is designed to completely cover the practical work required by the First Conjoint Board and the Preliminary Scientific (Part I and Part II) examinations. It differs from the usual text-book in containing a clear statement, after the manner of Ostwald, of the principles underlying analysis, both qualitative and quantitative. It also differs in another way, which we are not certain is to its advantage—many important reactions of metals and acids which serve as confirmatory tests are deliberately omitted; they are left as "an exercise for the curious student." What the author has written is extremely lucid, and will surely prove helpful to the class of student for whom it is written; the book, too, is beautifully printed. There is a curious slip in the description of the preparation of aldehyde, where we read—"The distillate contains the aldehyde, and will show the reactions"—followed by a single equation illustrating the oxidation of alcohol.

Reviews of the following books, published earlier in the year, have been kept back from several numbers of the JOURNAL, on account of pressure upon the space.

NEW METHODS OF TREATMENT. By Dr. LAUMONIER. Translated from the second revised and enlarged French edition by H. W. SYERS, M.D. Cantab. 8vo., pp. 321. (Constable & Co.) 7s. 6d.

The author says in his preface, "In writing this book I have endeavoured to furnish medical men, and those who are interested in the subject of therapeutics, with definite and complete, and at the same time short and clear, information concerning the new drugs and methods of treatment, whose worth has been established, and which are sufficiently well known to be described in a definite and practical manner." The author has succeeded in his difficult task, and on that account we are glad to see such a good English translation. But as to the practical value of the book we cannot speak with much confidence, nor are we tempted to recommend the book to students. The science of therapeutics, so far as drugs are concerned, admits of much theory, but little confirmation; consequently the value of this or that new drug is largely a matter of individual opinion; and therefore enthusiasm is the one thing to be deplored. And so it is with the book before us. Many enthusiasts will welcome it as an instructive volume, while others—the sceptics—will look upon it with suspicion. The chapters upon Opotherapy and Serotherapy furnish an admirable summary of the present state of our knowledge upon these interesting subjects. The book should prove invaluable to the practitioners who allow themselves to be asked questions concerning "New Methods of Treatment" by those patients who habitually study the medical literature in the daily papers.

MANUAL OF DISEASES OF CHILDREN. By JAMES BURNET, M.A., M.B., M.R.C.P. (Edin.). 8vo., pp. 406. Price 6s. 6d. net. (E. and S. Livingstone, Edinburgh.)

The general arrangement of this elementary book upon the Diseases of Children is good—if somewhat conventional in its plan—and there are a few excellent plates to illustrate some of the commoner diseases. But we do not find that it is superior—nor does the author claim this—to the other text books upon the subject. Evidence of the personal experience of the author may be seen throughout the book, but there is a marked inequality in the amount of space devoted to the different diseases and symptoms. Thus, appendicitis receives much more attention than convulsions or enuresis, whereas, in our opinion, the reverse should have been the case. We can recommend this book with confidence to beginners.

LARYNGEAL PHTHISIS. By RICHARD LAKE, F.R.C.S. Eng., and HAROLD BARWELL, M.B. Lond., F.R.C.S. Eng. (Baillière, Tindall & Cox.) Second edition.

The second edition of this book has been almost entirely rewritten. There are 120 pages with forty-five illustrations. The treatise is one which is deserving of careful reading, as it not only contains the views of many of the recognised authorities, but also an excellent statement of the opinion which is held by the author himself.

In the first two chapters, which have been devoted to the aetiology of the disease, there are a number of very carefully collected tables, which make the book useful for reference. The chapter on Pathology has been well written.

The symptoms and diagnosis have 27 pages, which leave the impression of being one of the best descriptions of the subject which exist. We notice that several of the older beliefs which have been printed in the text-books have been properly suppressed; for instance, pallor, which has been described as so distinctive of the disease, is said to be present only in cases where there is marked general anaemia, so common in the later stages of the disease, more especially amongst hospital patients. We agree that with patients in the ordinary aetiology, where there exists the best conditions for the disease, it is uncommon to find that the larynx shows any signs of pallor, rather that there is a tendency to redness.

In the chapters on treatment the authors lay great stress upon the value of active treatment in selected cases, both with drugs and by operation.

There is only a short reference to the method of treatment by injection of tuberculin as described by Dr. A. E. Wright. It is a little disappointing to find that the value of this method has not been more fully discussed by the authors.

The concluding chapters, which are devoted to the prognosis, to primary affection of the larynx, and to some illustrative cases, are all interesting.

We congratulate the authors on a very exhaustive description of the disease, especially as it has been founded to a great extent on original observations.

A HANDBOOK OF INTESTINAL SURGERY. By LEONARD A. BIDWELL, F.R.C.S. (Baillière, Tindall & Cox, 1905.)

Mr. Bidwell is in 160 pages given us a very clear and concise account of modern intestinal surgery. He describes very fully the varieties of suture and methods of anastomosis, and the illustrations are so clear that even the most complicated short circuit appears easy. The advantages and disadvantages of alternative operations are impartially given, and we note with satisfaction that the anterior operation for gastro-enterostomy is not trodden under foot, but receives very considerable support in certain cases. Mr. Bidwell is in favour of primary enterectomy when possible in carcinoma of the large intestine even in acute cases, and he prefers ileo-sigmoidostomy to colotomy in cases where the growth is not removable, and considers that the risks are about the same. We think that he must have met with more than his fair share of success in these acute cases.

Mr. Bidwell is able to detect ileum from jejunum by palpation of the valvulae conniventes from without; we confess that this excites our envy.

One chapter is reserved for the appendix; and this admirable handbook closes with an excellent account of the preparations for, and after-treatment of, abdominal operations.

DENTAL SURGERY. By ASHLEY W. BARRETT, M.R.C.S., L.D.S.E. (H. K. Lewis, 136, Gower Street, London.)

Mr. Barrett tells us a good deal that will interest and be useful to medical practitioners, for whom the book is specially intended. We think the chapter on Anesthetics very poor, and much concerning artificial teeth might have been left out with advantage. We should have liked to hear more of pyorrhea and of fractures of the jaw. The book is excellently printed and well got up.

RECURRENT EFFUSION INTO THE KNEE-JOINT AFTER INJURY. By SIR WILLIAM BENNETT. (London: Longmans, Green & Co.)

This reprint of a clinical lecture delivered at St. George's Hospital presents a concise analysis of 750 cases of recurrent synovitis of the knee-joint dependent upon injury. The writer's remarks on treatment are of great value to any practitioner who has to deal with these troublesome cases.

The following books have been received. Reviews will appear shortly.

VON JAKSCI'S CLINICAL DIAGNOSIS. Edited by A. E. GARROD. (Griffin.)

MATERIA MEDICA. MARSHALL. (Churchill.)  
GRAY'S ANATOMY. New edition. (Longmans, Green, and Co.)  
THE THEORY AND PRACTICE OF MEDICINE. 10th edition. 2 vols. ROBERTS. (Lewis.)

PRESERVATION OF ANTIQUITIES. Translated from the German by G. A. AUDEN. (Cambridge University Press.)

WITH THE ANYSSIANS IN SOMALILAND. Major J. W. JENNINGS and CHRISTOPHER ADDISON. (Hodder and Stoughton.)  
ORGANOTHERAPY. H. BATTY SHAW. (Cassell and Co.)

We beg to acknowledge the receipt of the following books, but pressure upon our space prevents us from publishing reviews.

THE DOCTOR SAYS. Published by Sidney Appleton. Price 3s. 6d.  
IN WATCHING OFTEN. LECTURES TO NURSES AND OTHERS. (Longmans, Green, and Co.) Price 2s. 6d.

A GUIDE TO THE ADMINISTRATION OF ETHYL CHLORIDE. BARTON. (Lewis.) Price 1s. 6d.

FIRST ANNUAL REPORT OF THE HENRY PHIPPS' INSTITUTE FOR TUBERCULOSIS.

AMBULANCE EXAMINATION QUESTIONS. (Wright and Co.) Price 6d.

## Correspondence.

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

DEAR SIR,—I have read with pleasure the letter of your correspondent "Alumnus," in which he condemns the publication of an article, entitled "The Keen Man," in the September issue of the JOURNAL. As the writer of that article I feel tempted to thank him most sincerely for his able defence of the type of student whom I have so cruelly attacked. There is something infinitely touching in the sneer which he casts at my anonymity from behind the shelter of his own suggestive pseudonym. Dare I cast a challenge at his feet? Yes, I dare. If "Alumnus" will emerge from obscurity, in all the glory of his broadcloth trousers, his unctuous smile, and his innumerable diplomat, I too will reveal my humble identity, and we will fight on equal ground. In the meantime I should like to remark that, in spite of my critic's thunderbolts, a marked improvement has already been noted in the bearing and conduct of the zealous youths whom I have pilloried. For the time of year there have never been seen so few stethoscopes at the Creamery, nor such a scarcity of blood-spotted white coats at the Express; and the Hall waiters inform me that they hear less about the hemorrhoidal arteries and nerves at lunch-time than they have ever done since they left their native lands. How poor an instrument may do a noble deed!

Yours, etc.,  
THE WRITER OF "THE KEEN MAN."

Rahere Lodge, No. 2546.



MEETING of the Rahere Lodge, No. 2546, was held at Oddeno's Imperial Restaurant, Regent Street, W., on Tuesday, October 17th, W. Bro. Samuel West, M.D., W.M., being in the chair. Mr. Stephen M. Lawrence, M.R.C.S., L.R.C.P., was initiated into Freemasonry; while Bros. Wilson, Weakley, and Hudson were advanced a step, and Bros. Young, Forbes, Etherington-Smith, Smith, and Coughtrey became master masons. The members of the Lodge and a number of guests subsequently dined together.



### Royal Army Medical Corps.

Major B. A. Maturin retires on retired pay.

Lieut.-Col. W. H. Starr has embarked for India. Capts. J. B. Cantley, E. F. Sewell, and R. F. Ellery are returning from India this troping season.

Lieut.-Cols. J. R. Forrest and F. W. C. Jones are in charge of the military hospitals at Ahmedabad and Nasirabad respectively.

Capt. C. H. Hopkins is at Neemuch. Major J. B. Anderson is in charge of the District Laboratory at Meerut, and Major H. W. Austin of that at Quetta.

Lieut.-Col. E. J. E. Risk is posted to Bloemfontein.

Capt. F. Harvey obtained six months' acceleration for promotion after the test course at the R.A.M. College. He also qualified as specialist in bacteriology, and has been recommended for research work in West Africa. Capts. M. Swaby and A. H. Morris are also on "The Coast."

Lieut. W. S. Nealer helped the R.A.M.C. Aldershot team to beat the Grenadier Guards in the Army Cup ties.

### Indian Medical Service.

Lieut.-Col. Lukis is appointed Medical Officer 1st Calcutta Volunteers.

Capt. W. C. Long is appointed to act as Fourth Physician, General Hospital, and Medical Officer, Penitentiary, Madras; also as Professor of Materia Medica, Medical College, Madras.

Capt. W. H. Cazaly is permitted to return to duty.

Captain Harold Boulton has taken the degree of M.B. at the University of Cambridge.

### Appointments.

BALDWIN, T. P., M.B., B.S. (Lond.), appointed House Surgeon to the General Infirmary, Hertford.

GRAY, LEONARD, M.R.C.S., L.R.C.P., appointed Junior House Surgeon at the Stafford General Infirmary (not at the Coventry Hospital as stated in error last month).

HAYDON, ARTHUR GEORGE, M.D., M.R.C.S., appointed Consulting Physician to the Torrington Sanatorium, Chesham, Bucks.

WYNE, G. S. A. S., M.R.C.S., L.R.C.P., appointed District Medical Officer and Public Vaccinator for the Penn and Coleshill Division of the Amersham Union.

### New Addresses.

RAIDWIN, T. P., General Infirmary, Hertford.  
 BETENSON, W. B., 58, Lansdowne Road, W.  
 BREWERTON, E. W., 84, Wimpole Street, W. (Tel.: 2452 Pad.)  
 COPE, R., 31, Highdown Road, Hove, Brighton.  
 ELSMIE, R. C., 81, St. Mary's Mansions, Paddington, W.  
 GASK, G. E., 84, Wimpole Street, W. (Telephone: 2452 Pad.)  
 GRAY, LEONARD, General Infirmary, Stafford.  
 GRÖNE, F., Alexandra Buildings, Hong Kong.  
 HOWELL, C. M. H., 53, Queen Anne Street, W.  
 JULIAN, Major O. R. A., R.A.M.C., Dewawur, India.  
 LADELL, E. W. J., 54, Canonbury Road, N.  
 LEDWARD, H. D., Norton Way, Letchworth, Herts.  
 LINDSAY, A. W. C., Bassingbourn, near Royston, Herts.  
 MAITLAND, C. R., 76, Park Road, West Dulwich, S.E.  
 MART, W. D., Rock Rise, Pitsmoor, Sheffield.  
 MAUNSELL, B. S. O., General Hospital, Kettering.  
 NOON, LEONARD, Queensbury Lodge, Elstree, Herts.  
 ROBINSON, G. H. D., 17, Seymour Street, W.

THOMAS, A. E. H., Town Hall, Chester.  
 THURSFIELD, J. H., 84, Wimpole Street, W. (Tel.: 2452 Pad.)  
 TWEDDIE, A. R., 17, Regent Street, Nottingham.  
 WEEKS, HAROLD, care of C. Stevens, Esq., Basca, Devonport, Auckland, New Zealand.  
 WILLIAMSON, H., 84, Wimpole Street, W. (Tel.: 2452 Pad.)  
 WOOD, F. H., Turner's Hill, Cheshunt.

### Marriages.

NAISH—WILLOUGHBY.—October 12th, at St. John the Evangelist, Penge, by the Rev. James Mason Willoughby, B.D., Vicar of St. Mark's, Tollington Park, London, brother of the bride, assisted by the Rev. William Smyly, M.A., Vicar of Penge, Dr. William Vawdrey Naish, of Upton-on-Severn, son of the late William Naish, of Wilton, Wilts, to Madeleine Sophia Mason, youngest daughter of Joseph Willoughby, of Eastbourne.

KNOBEL—OMMANNEY.—On October 11th, at St. Mary's Church, North Myms, Herts, Wm. Bernard Knobel, M.A., M.D. Cantab, of Imperial Lodge, Malvern, to Gladys Maude, only daughter of Charles Henry Ommanney, C.M.G., of Abdale, Hatfield, Herts.  
 URWICK—THORNTON.—On October 4th, at Holy Trinity Church, Clapham Common, R. H. Urwick, M.D. Cantab, to Thirza Beatrice, eldest daughter of Ernest Layton Thornton, formerly of Oporto.

### Births.

HORDER.—On October 22nd, at 141, Harley Street, W., the wife of Thomas J. Horder, M.D. Lond., of a daughter.

ROWE.—On September 19th, at Nottingham, the wife of W. T. Rowe, M.D. Lond., of a son.

### Acknowledgments.

The *Gazettes of Guy's, the London, St. Thomas's, St. George's, St. Mary's, and Charing Cross Hospitals; The Broadway; The Middlesex Hospital Journal; The Eagle; The Practitioner; The Hospital; The British Journal of Nursing; The Nursing Times; The Medical Review; The International Journal of Surgery; La Revue Internationale de Tuberculose; The New Zealand Medical Journal; The Brooklyn Medical Journal; The British Journal of Children's Diseases; The Clare Market Review; P'Echo Medical du Nord; University of Durham Gazette; Bulletin of the Johns Hopkins Hospital, and The Student.*

### NOTICE.

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

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

All communications, financial or otherwise, relative to Advertisements ONLY, should be addressed to ADVERTISEMENT MANAGER, The Warden's House, St. Bartholomew's Hospital, E.C. Telephone: 1436, 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. XIII.—No. 3.]

DECEMBER, 1905.

[PRICE SIXPENCE.]

### St. Bartholomew's Hospital Journal,

DECEMBER 1st, 1905.

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

### Calendar.

Fri.,	Dec.	1.—Clinical Lecture, Dr. Ormerod. "Cases of Enlarged Spleen," 1.30 p.m.
Sat.,	"	2.—R.F.C. v. Hamstead Wanderers (home). H.C. v. Enfield (home).
Mon.,	"	4.—Special Lecture, Mr. Harmer, 1 p.m.
Tues.,	"	5.—Students' Union Dance, Wharncleft Rooms, Hotel Great Central, 9 p.m.
Wed.,	"	6.—Clinical Lecture, Mr. D'Arcy Power, 2.45 p.m. A.F.C. v. R.E., at Chatham.
Thurs.,	"	7.—Abernethian Society, 8.30 p.m., Mr. J. Burfield, M.B. "Some Points in Post-Operative Treatment."
Fri.,	"	8.—Clinical Lecture, Dr. Herringham, 1.30 p.m.
Sat.,	"	9.—A.F.C. v. Old Cholemlans (home).
Mon.,	"	11.—Special Lecture, Mr. Cumberbatch, 1 p.m.
Tues.,	"	12.—Dr. West's Post-Graduate Clinical Demonstration, 3 p.m.
Sat.,	"	16.—Winter Session divides. R.F.C. v. Kosslyn Park (home). A.F.C. v. Old Foresthillians (away).
1906.		
Tues.,	Jan.	2.] Christmas Entertainment. "David Garrick," by
Wed.,	"	3.] members of St.B.H.A.D.C.
Thurs.,	"	4.—Winter Session resumes.

### Editorial Notes.

By the time this number is published Sir Dyce Duckworth will have resigned from active work as Senior Physician to St. Bartholomew's Hospital. For thirty-five years Sir Dyce has been associated with the Medical Staff, and by his retirement the Hospital loses one of its most distinguished members, both as physician and as teacher. It is impossible in the short space of an Editorial Note to do more than express the great regret with which this loss is regarded by Staff and students alike. In our next number we shall publish an appreciation of Sir Dyce Duckworth.

We are pleased to announce that a morning performance is to be given, by kind permission of Mr. H. Beerbohm Tree, in His Majesty's Theatre on Monday, December 11th, on behalf of the Rebuilding Fund of St. Bartholomew's Hospital. An attractive programme is being arranged, and the following artistes have already promised to appear:—Sir Charles Wyndham, Miss Mary Moore, Miss Marion Terry, and company, in an act from "Captain Drew on Leave;" Mr. Tree and company, in "The Man who Was;" Mr. George Alexander and company, in an act from "If I were King;" Mr. Charles Warner and company, in "Heard at the Telephone;" Mr. Arthur Boucherie and Miss Violet Vanbrugh, in "A Marriage has been Arranged." Mr. H. B. Irving, Mr. Edward Terry, and other leading artistes in London have also kindly consented to contribute to the programme. The prices range from guinea stalls to a two-shilling gallery, while the boxes may be had at optional sums, but at not less than £21. Seats will be allotted in priority of application. Letters should be addressed to the Secretary, Appeal Fund, St. Bartholomew's Hospital, E.C. An inset advertisement is sent herewith to subscribers residing in the London Postal District.

THERE was a large and enthusiastic audience on the evening of November 10th in the Anatomical Theatre, when Sir Robert Ball gave his most interesting and instructive lecture on "The Earth's Beginning." There can be no doubt that the Students' Union Council could not have chosen a more attractive lecturer for this, the first of the lectures on non-medical subjects to which we have referred in previous numbers of the JOURNAL. The organisation of the evening was no light task, and great praise is due to Messrs. Burra, Loughborough, and Miles for the excellence of the arrangements. In the unavoidable absence of Lord Ludlow, Sir Dyce Duckworth very kindly took the chair at the shortest notice. Among those present were many of the Staff, together with representatives of the Consulting Staff in the persons of Sir Thomas Smith, Dr. Gee, and Mr. Langton. A large number of ladies were in



the audience, including the matron and many of the sisters and nurses. The upper gallery, which we believe has not been used for several years, was chiefly occupied by those students who were not accompanied by visitors. Immediately after 8.30 Sir Dyce Duckworth introduced the lecturer in a few appropriate words, in which he referred to Sir Robert Ball's connection with St. Bartholomew's, and to his fame as a lecturer and as a man of science.

SIR ROBERT was greeted with much enthusiasm, and from the moment he began to speak till the end of the lecture he held his audience spell-bound. No one who has ever heard Sir Robert lecture needs to be reminded of his rare descriptive powers and his humour, or of the extraordinary lucidity with which he speaks of the discoveries and the problems of astronomy. "The Earth's Beginning" is practically an exposition, in the simplest and most entertaining language, of the Nebular Hypothesis; but it is as impossible to give an idea of the substance of the lecture to those who were not fortunate enough to be present, as it would be to reproduce the eloquence and the personality of Sir Robert Ball himself. The lecture was illustrated by a large number of beautiful lantern slides, showing the evolution of vast "fire mists" into solar systems. The hour and a quarter was all too soon over, and Sir Robert was accorded a splendid reception at the close of the lecture. Sir Dyce then thanked him briefly on behalf of the audience, and Dr. Herringham proposed a vote of thanks to the chairman, which was carried with great enthusiasm.

THE Thirtieth Annual Dinner of the Cambridge Graduates' Club of St. Bartholomew's Hospital was held on November 22nd at Frascati's Restaurant. Dr. J. H. Drysdale, as was expected, proved to be a most popular chairman, and there was a record attendance, eighty-nine being present as against a previous record of eighty-two. There were a good number of guests, including Sir Dyce Duckworth, Mr. Bowlby, Dr. Ormerod, Dr. Garrod, and Captain Rawling, who has recently returned from Thibet. One of the pleasantest features of the evening was the hand-ling round, in the form of a loving cup, of the famous Grand Challenge Cup, now in the keeping of Mr. R. B. Etherington-Smith, the captain of this year's victorious Leander crew.

At the conclusion of dinner the chairman, in proposing "Prosperity to the Club," referred to the many links between Cambridge and St. Bartholomew's, and offered a welcome to those members who have recently come down from the University; such a welcome being, in fact, as Dr. Drysdale pointed out, the *raison d'être* of the Club. The after-dinner speeches were all good, and the health of "The Guests" was, as usual, entrusted to Dr. Norman Moore, who was quite in his happiest vein. This toast was coupled with the names of Sir Dyce Duckworth and Captain Rawling,

to whom Dr. Moore made graceful references, and who each replied. After the remaining healths had been drunk a large number of those present reassembled at 98, Harley Street, and were there entertained by Dr. Morley Fletcher.

DR. NORMAN MOORE delivered his two Fitzpatrick Lectures at the Royal College of Physicians on Tuesday, November 14th, and Thursday, November 16th. The subject of the first was "John Mirfield, and Medical Study in London during the Middle Ages." Johannes de Mirfield was a contemporary of Chaucer and Bede, and studied at Oxford. In later life he was associated with the convent of St. Bartholomew, of which he became one of the Canons Regular. His principal work was the *Breviarum Bartholomei*, wherein he treated of a great variety of diseases and injuries. The second lecture was on "Dr. Edward Browne and the Education of Physicians in London in the Seventeenth Century." Edward Browne was the eldest son of the celebrated Sir Thomas Browne, and was educated at Cambridge and at a number of continental universities. He was elected President of the Royal College of Physicians in 1704.

In case any old Bart's men may not yet have heard or read of the forthcoming Annual Students' Union Dance, which is to be held on Tuesday next, December 5th, we have been asked to repeat the announcement which has already appeared in our columns. The dance will take place at the Wharfedale Rooms, Great Central Hotel; tickets 10s. 6d. each may be obtained of Messrs. W. G. Loughborough and A. Miles; and dancing will be from 9 till 2.30. An influential list of patrons and patronesses has been announced, and in addition to this there is a small sub-committee of ladies under the presidency of Lady Duckworth. Any further particulars, together with the names of the stewards, may be seen in the circular which has lately been published.

AN examination of candidates for not less than forty commissions in the Royal Army Medical Corps will be held on the 26th January, 1906, and following days.

THE Amateur Dramatic Club are performing "David Garrick" at the forthcoming Christmas Entertainment in the Great Hall. Rehearsals have been proceeding for some weeks past, and there is every prospect of a successful entertainment. The Dress Rehearsal will be on Monday, January 1st, and the two evening performances on Tuesday and Wednesday, January 2nd and 3rd.

MR. WARING has been appointed Hon. Secretary to the Faculty of Medicine of the University of London.

THE following additional subscriptions have been received from Bartholomew's men for the General Appeal Fund and for the Pathological Block:

GENERAL FUND.		£	s.	d.
Amount already acknowledged		8238	17	3
A. H. Donaldson, Esq., M.A.		52	10	0
A. F. Page, Esq.		1	1	0
Collected by H. Spitz, Esq.		0	10	6
" P. A. With, Esq.		1	11	6
" W. W. I. McLean, Esq.		7	16	0
Total		£8302	0	3

PATHOLOGICAL FUND.		£	s.	d.
Amount already acknowledged		1692	9	0
F. P. Weaver, Esq., M.D.		10	0	0
Anonymous (per Dr. Griffith)		75	0	0
J. F. Steedman, Esq., F.R.C.S. (2nd donation)		5	5	0
H. G. McKinney, Esq., W.A.M.S.		5	5	0
Capt. F. V. O. Bell, I.M.S.		2	2	0
The Earl of Powis (per Mr. Bowlby)		5	0	0
Miss T. W. Powell (per Dr. Herringham)		50	0	0
Rev. S. G. Collisson		5	0	0
Anonymous (per Mr. Bowlby)		5	5	0
" "		5	5	0
Total		£1860	11	0

WE beg to acknowledge the following handsome donations towards the Rebuilding Fund:

	£	s.	d.
Notwick Union Fire Insurance Society, Limited	105	0	0
The Delman Charitable Trust (per Messrs. Kerby & Co.)	105	0	0
Anonymous	100	0	0

### Andrew Bukerell.

By NORMAN MOORE, M.D.,  
Physician to the Hospital.

**A**NDREW FITZAILWIN, the first Mayor of London, lived on the left bank of the Walbrook, which still flows underground past the Mansion House, across Cannon Street, and into the Thames beyond the Skinners' Hall. His house was on the site of the Salters' Hall in Swithun Lane, and his land extended to the Walbrook below St. Swithun's Church. The succession of his estate has been carefully traced in a long series of legal documents, which may be studied in the interesting books of Herbert, of Stapleton, and of Lethbury.\* The first mayor, from the nearness of his house to the ancient monolith now fixed into the wall of the church opposite Cannon Street Station, was often called Henry of Londonstone.

The Walbrook was then an open waterway, and barges came up it from the Thames. On the right bank the house and land of the great family of Bukerell is said to be marked by the name Bucklersbury, an abbreviation for Bukerellesbyrig, Bukerell's residence.

\* W. Herbert. *History of the twelve great Livery Companies*, 1836; T. Stapleton. *De Antiquis legibus*, 1847; Lethbury, *London before the Conquest*, 1904.

Andrew Bukerell was Sheriff of London in 1172, the year in which Ireland was first invaded by the English. Thomas Bukerell was sheriff in 1217, Andrew Bukerell in 1223, Stephen Bukerell in 1227, and Matthew Bukerell in 1255. In 1272 Isabella Bukerell brought an action about some land in the City against the then mayor, Walter Hervey (*Chronica Majorum*, p. 159). The relationship of all the several bearers of the name is not certain, but it is clear that the family flourished in London from the reign of Henry II to that of Edward I. Bukerell and Boquerel are other forms of the name. The cartulary shows that Andrew Bukerell, who was sheriff in 1172, had granted a piece of land to the Hospital for a yearly rent of six shillings and after the receipt of one besant from the brethren of the Hospital for the concession. That the grant belonged to the reign of Henry II is indicated by the presence among the witnesses of Alulf, son of Fromund. A charter in the cartulary of the nuns of Clerkenwell shows that he was the father of Constantine, son of Alulf, who became sheriff in 1197, and was hanged without trial by Hubert de Burgh in 1222. Michael de Valencins, another witness, was a benefactor of the Hospital in Henry II's reign, while Jeremia, another witness, may have been the tenant of land in St. Nicholas Street, off Newgate Street, mentioned in the grant of Gilbert, prior of Butley, made between 1186 and 1189, and printed in a former number of this Journal.

Later in life Andrew Bukerell, having resolved to go on a pilgrimage, and being uncertain of his safe return, made a gift of this annual rent of six shillings to the Hospital. "Be it known," he says, "to you all that for the love of God, and for the welfare of the soul of my father, Stephen, and of my mother, Sabella, and for the welfare of my own soul, and that of my wife Ydonea, and of our children and of all our friends that I have granted and given in the days of my prosperity and before I start on my pilgrimage, to the Hospital of St. Bartholomew, and to the brethren of the same six shillings of rent in perpetual and free alms if I die in this journey of my pilgrimage, namely, I grant for ever those six shillings of rent which the aforesaid brethren used to pay me for the open space which they held of me in perpetuity in the east part between the aforesaid Hospital, and a certain small street towards the Church of St. Bartholomew."

The brethren are to remember him and his wife Ydonea, and their children in masses and public and private prayers, and are to admit them as sharers in the entertaining of strangers and the solace of poor patients. "When, moreover, I depart the way of all flesh they shall solemnly celebrate my anniversary every year. These being witness:—Henry, the Alderman; Richard, son of Reiner; John, the Alderman; John, son of Ilericun; Ralph Brand; Waleran."

The charter tells us that Stephen Bukerell and his wife Sabella were the parents of Andrew, and that Andrew had children. It is at least probable that the Andrew Bukerell,



who was sheriff in 1223, and the Stephen who was sheriff in 1227 were his sons, called respectively after their father and grandfather.

Richard, son of Reiner, the second witness, was sheriff in 1187, and died in 1191. His colleague as sheriff was Henry de Cornhill, and he may be the Henry the Alderman who is the first witness, but this is not certain, as Henry Fitzailwin, afterwards mayor, appears as an alderman in a charter in the Public Record Office.

Henry de Cornhill is the more probable because his name as a witness in charters generally precedes that of Richard, son of Reiner, while that of Henry Fitzailwin often follows that of the same Richard.

John, son of Herlicun was sheriff in 1189.

Waleran was janitor of the Tower of London between 1183 and 1186, but there is nothing to identify him with the witness, except the fact that he must have been living at the time of this grant.

It seems right to give the actual words of this charter, which contains such touching allusions to the uncertainty of life and of travel, to the family affection of three generations of the Bukerells, and to the sympathy of Andrew Bukerell himself with works of charity.

Omnibus sancte matris ecclesie filiis Andreas Bukerell salutem. Noverit universitas vestra me pro amore Dei et pro salute anime patris mei Stephani et matris mee Sabelle et pro salute anime mee et uxoris mee Ydonie et liberorum nostrorum et omnium amicorum nostrorum concessisse et dedisse in prosperitate mea priusque peregrinare profectus essem hospitali Sancti Bartholomei et fratribus ejusdem hospitalis sex solidorum redditum in perpetuum et liberam elemosinam si in hoc itinere peregrinationis mee decederem. Illum scilicet sex solidorum redditum eis perpetuo concessi quem michi annua pensione predicti fratres persolvebant de pomerio quod de me in orientali parte inter predictum hospitale et vicum quendam parvum versus ecclesiam Sancti Bartholomei jure perpetuo tenebant. Predicti vero fratres caritatis intuitu me et uxorem meam Ydoneam et liberos nostros specialiter in missis in psalmis orationibus publicis et privatis in refectone peregrinorum et solacio pauperum infirmorum participes admiserunt. Cum autem viam universe carnis incessero anniversarium meum singulis annis solemniter celebrabunt. Testibus his Henrico Aldermanno Ricardo filio Reineri Johanne Aldermanno Johanne filio Herlicun Kadulto Brand: Walerano.

### Clinical Lecture.

By Dr. W. P. HERRINGHAM.

Delivered November 3rd, 1905.

"A CASE OF TRANSVERSE MYELITIS, WITH LOSS OF KNEE-JERKS, FOLLOWED BY RECOVERY."



On April 21st of this year a labourer, named Allan Smith, twenty-nine years old, was admitted to Colston with complete paralysis of the legs.

He had not had any injury nor any recent illness, but had

been working in the wet. On April 12th he first noticed an aching in his legs and back. On the 14th he could not pass his urine. On the 15th he took to his bed, the pains grew worse, he lost the use of his legs, and found his arms weak also. On the 17th he passed a motion unconsciously, became short of breath, and had a slight cough. He had been ill, therefore, but nine days.

When admitted he had complete paralysis of his legs and of his intercostal muscles, so that he breathed with his diaphragm alone. There was also considerable weakness of the upper limbs, most marked in the hands, and decreasing toward the shoulder. He had complete anaesthesia as high as the ninth rib, which, in a few days, rose to the fifth rib. The upper limit was indefinite, and there was no zone of hyperaesthesia. He had also complete retention of urine and incontinence of faeces.

In any case of nervous disease the question we first ask is, what is the site of the lesion? Can we, in the first place, locate it in the brain, the cord, or the peripheral nerves? The broad rule of practice is that paralysis which divide the body longitudinally, which are, in other words, hemiplegic in distribution, are cerebral, while those which divide it horizontally, like a paraplegia, come from the cord or nerves. One exception is the spastic paraplegia of infants, which is caused by meningeal haemorrhage at birth, and others occur occasionally, but the rule holds good for the great majority of cases. It is an almost equally safe rule that where paralysis and anaesthesia occur together the lesion is not cerebral, because until the crus cerebri is reached the sensory and the motor tracts are too wide apart for one lesion to touch them. The present case was manifestly then not cerebral.

It is more difficult to decide between the cord and the nerves, for in both of them the sensory and motor tracts lie close together, and may be affected by the same lesion. But in the present case there was a symptom which hardly ever occurs with peripheral neuritis, namely, paralysis of the sphincter.

There was, therefore, no difficulty in saying that the man had disease of his spinal cord. But we want to settle the site a little more accurately than that. In the brain we should ask is the lesion cortical or central, and in what area of either part? In the cord we ask is the lesion systematic or diffuse, and at what level?

Systematic lesions are those which affect certain definite tracts, and affect them only. Tabes for the posterior columns, and infantile palsy for the anterior cornua are examples. But this lesion had clearly affected every tract alike, for motion and sensation, and even the visceral reflexes of the cord were all paralysed. Therefore the lesion was diffuse. A great injury might have caused it, but he had had none. The growth and pressure of a tumour might have caused it, but the symptoms came on too rapidly for that. A haemorrhage in the cord might have

caused it, but if so they would have come on in an hour, and not have taken four or five days to develop. Only one thing, therefore, was at all likely—an attack of myelitis. That fitted the case both in the way of its onset, in the diffusion of its effect, and in the antecedent circumstances, for working in the wet is known occasionally to cause inflammation of the spinal cord.

The next thing was to fix the level. The upper level was not difficult to settle. It was below the fourth cervical for the phrenic nerve was sound, and the weakness of the arms was not severe enough to correspond to the central part of a lesion. It was, probably, merely on the fringe. This opinion was confirmed when the arms, in a few days, began to recover power. Every intercostal muscle was paralysed at first, but in a fortnight the first two were beginning to work again. Motor symptoms pointed therefore to somewhere below the second dorsal nerve; sensory symptoms never rose higher than the fifth dorsal. The centre of the myelitis was probably somewhere below this.

Its lower level was much harder to fix. When all voluntary and motor passage is cut through there is really very little left to tell us whether the cord is diseased only for an inch or so below the upper level, or for the whole way down to the cauda equina. We have to trust first to the state of the reflexes, and secondly to the nutrition of the muscles.

Spinal reflexes are visceral and muscular. Of the visceral reflexes those of the bladder are always the most marked. Faecal incontinence generally ceases, as in this case, in a much shorter time. The bladder receives nerves from two sources, the first from the kidney region of the cord, the last two dorsal and the upper two lumbar, the second from the anal region, the second or third sacral. In sphincter paralysis there is at first usually complete retention, but later the bladder regains the power of emptying itself when it gets distended, though its owner has no power either to empty it or to check the impulse. It is not known how this takes place. We suppose that the brain restrains the natural spinal impulse, seen in the child or in the dog, to pass urine whenever there is any to pass, that the first shock of an injury to the cord blocks this reflex, causing complete retention, and that later, if, while the cerebral influence is still cut off, the cord below the lesion recovers itself, it will re-establish the local service on primitive lines, producing reflex incontinence. The cord is for the life of nature, the brain is for civilisation.

The recovery even of that doubtful blessing, a reflex incontinence, is some indication that the reflex arc is not destroyed, and that, therefore, at least the sacral level is intact.

The muscular reflexes are superficial and deep. In this patient all the superficial were abolished as far up as the thorax. And, more remarkable still, the deep reflexes, the knee-jerks, were likewise gone. This is, or was, a startling

thing. Twenty years ago Dr. Bastian stated that it occurred when the cord was so far diseased that the cerebral impulses were completely cut off. He was not believed. The physiologists said truly that it never occurs in animals. Transverse section of the cord in them, when the shock is over, always results in, not the abolition, but the increase of the knee-jerks. Upon this hung all the then current theories of reflex action, and it was not till 1890 that Dr. Bastian brought forward his cases, and was sufficiently supported by Mr. Bowlby and others to prove that the facts were as he said.

It would take too long to go into the explanations offered for this total abolition of the knee-jerks. All we are now concerned with is that implies either that the cord is so totally disorganised that its lower part is completely cut off from the brain, or that the piece of cord through which that reflex goes, the lumbar swelling, is itself disorganised. Either condition might produce it.

But to determine between these two possibilities we have nothing to fall back upon except the state of the muscular nutrition. If in an inflammatory lesion a piece of the cord is so diseased that it cannot transmit a fundamental reflex such as this, it is all but certain that the cells of the anterior horns would be destroyed, and that in consequence certain muscles would rapidly atrophy and lose their electrical reactions. This did not happen in this patient, and this, taken with the well-known fact that transverse myelitis is much commoner in the dorsal cord than in the lumbar swelling, made me confident that the lesion lay somewhere above the lumbar swelling and, as above shown, below the mid-dorsal region.

It is of interest to trace the course of this man's illness. So grave a lesion is very dangerous to life. The danger lies chiefly in the inflammation to which the paralysed parts are exposed. The first to appear, as usual, was a bed sore on the sacrum. It first showed itself on April 23rd, and spread until it was as big as my hand, and apparently extended right down to the aponeurosis over the spine. It was dressed throughout with Sanitas, and was completely healed by October.

Such lesions are usually said to be due to pressure. To lie long in one position will often make the part which gets most weight feel numb. It is quite easy then to believe that a paralytic, unable to move, and not feeling any pain to warn him, may so press on his sacrum as to destroy the life of the soft parts.

But this man on May 6th began a series of haemorrhagic bullæ on his feet and toes, many of which were in spots upon which nothing could have pressed. They completely convinced me that besides pressure, there must be some loss of trophic influence as well.

On May 12th he began to suffer with cystitis. His urine had to be drawn off daily by catheter, and though the catheter was always boiled before using and the penis washed,



it is, I think, impossible to prevent infection with certainty. On the other hand the dystrophy shown in the skin lesion may play a part in the cystitis too. It is, at any rate, a common symptom in these cases.

Whether from a general sepsis derived from these inflamed areas, or from some undiscovered cause, he was seized on May 16th with a hectic fever, profuse sweats, vomiting, and occasional delirium. I made no doubt he would die, for he was already greatly reduced, and had no strength to resist such an attack. But in ten days the fever began to sink, and on the 31st it left him.

His nervous symptoms have slowly improved.

He never had any optic neuritis as some of these cases have.

By May 8th his upper intercostals were working, and sensation had returned down to the iliac cords.

By June 2nd he could slightly flex his knees, ankles, and toes, and had begun to feel in his legs.

About the end of August feeling in the legs was complete, and he can now stand on his feet with assistance.

On May 22nd the previous complete retention gave place to reflex incontinence. He thinks he has some control of his bladder now, but the only reliable evidence, the power to stop in the middle of micturition, is not yet present.

His right knee-jerk was obtained for the first time on October 24th; the left has returned on November 10th, since this lecture was delivered.

What is the pathology of such a case as this? He has had no direct injury. He has no tumour pressing on his cord. He denies syphilis, and was not in the least improved by antisyphilitic treatment. Myelitis sometimes arises by direct extension up from peripheral nerves, but in him there was no previous neuritis. We are, I think, driven to believe that just as chill gives some a cold in the head, others nephritis, by lowering resistance, and allowing the ever-present microbe to attack what happens to be the weakest tissue, so in this man it laid open his spinal cord. No evidence was afforded by a cultivation of his blood, and a lumbar puncture would not be justifiable, so that this must remain a guess.

But what is not a guess, but a most surprising and cheering fact is that a cord so deeply disorganised as this must have been, can recover the power of transmission as his clearly has. Charcot describes a case in which a man completely paraplegic from Pott's disease recovered almost entirely the power of his legs. After death it was found that the cord at the site of the lesion was no thicker than a crowquill, and even this thin tissue was almost entirely fibrous. Such a case as that shows anatomically, and such a case as mine shows clinically, a power of adaptation, a power, I think, we must allow of joining up fresh connections and possibly even of laying down fresh lines, which we have hitherto thought beyond the capacity of so highly developed, so aristocratic, a tissue.

### A Case of Slight Transverse Myelitis with speedy Recovery.

**B**M—, æt. 27, a locksmith, was admitted to Luke Ward, under the care of Dr. Gee, on March 15th, 1904, suffering from inability to walk.

*History of present condition.*—Patient was in his usual health till March 10th, when he had pain in left shoulder lasting a day or two.

March 11th.—Pain in back and chest, continuing ever since. Vomiting also began, and has continued.

12th.—Could not get up on account of pain in back and chest.

13th.—Weakness came on in the legs, principally the right.

14th.—On trying to get out of bed to walk he fell down; had lost the use of his legs.

15th.—Had passed no urine for four days, but passed a little this morning with great difficulty. He has had no previous trouble with micturition. Bowels have acted once since March 10th, viz. on the morning of the 14th.

Some numbness—a cold sensation—has been present over the whole of both legs since 13th.

*Previous history.*—Two years ago smallpox. Six years ago primary syphilis.

*Condition on admission.*—A fairly healthy looking man, complaining of pain and tenderness round lower part of chest—just below right and left nipples in front, and below the angles of the scapulae behind. These areas are isolated, not spreading right round the chest. Temp. 97.4°; respiration 24, natural; pulse 76, natural. No paralysis of face, tongue, or muscles of mastication. No alteration of sensation in face. Fine tremors of the tongue. *Eyes:* Quite natural in all respects. *Chest:* Except for painful and tender areas mentioned above, it is quite natural. Heart and lungs natural. *Spine:* Nothing abnormal was discovered. *Abdomen:* Nothing abnormal discovered except the distended bladder, the level of which was three inches above the pubes. *Genitals:* Scar of chancre at external meatus. *Urine:* Twenty-four ounces drawn off by catheter; quite free from abnormal constituents.

*Upper extremities.*—Natural except for fine tremors of fingers.

*Lower extremities.*—No wasting or rigidity. All movements (as he lies in bed) can be performed, but are weak. Knee-jerks well marked, and there is a tendency to ankle clonus in left leg; more marked in the right. Plantar reflex is extensor in both feet.

*Sensation and electrical reactions* are natural.

*Joints* natural.

March 16th.—Still complains of pain in chest as above. No urine passed; thirty-seven ounces were drawn off by catheter.

17th.—Urine passed naturally.

18th.—Bowels open after aperients. Less pain round chest. Moves legs well. This evening, when no one was about, he got out of bed and walked to the lavatory and back.

22nd.—Feels quite well. Knee-jerks present. No ankle-clonus. No rigidity. There is still an extensor plantar reflex on both sides.

31st.—Nothing fresh to note.

April 8th.—Has been up for four days. Feels stronger. Walks naturally.

16th.—Is gradually regaining strength.

22nd.—Left hospital for Swanley.

### Camp Life on the Bahr el Gebel.

(Continued from Vol. xii, p. 180.)

**A**RRIVED at Gondokoro (1131 miles from Khartum) after thirteen days on a small steamer in the Tropics. It is daybreak, comparatively cool, the air is "balmy," and the delightful sensation of feeling one's feet on terra firma, and one's walking muscles returning to the duty allotted to them by nature, all combine to remove the depression caused by the heat, so common among white men in these regions, and to raise one's spirits.

A few natives already surround the boat to barter eggs, fowls, etc., for salt, which seems to be currency here among them. (Later, the licensed store-keeper objects to this method of passing the customs and infringing on his trade—the salt is seized by the authorities and thrown back on board.)

I get my donkey from the sandal and have him walked about for a few minutes to take a little of the stiffness off due to his long confinement, and the poor animal musters enough spirit to cut a caper.

Once mounted I wander through the few houses and offices, built one storey high with vast roofs of thick thatch which keep everything as cool as may be. I also ride through the lines of the Uganda Regiment stationed here—for we have entered Uganda and crossed the boundary dividing this colony from the Sudan.

The sun begins to show above the horizon, and I see two white men standing together in conversation, and move towards them; as I approach one recognises me, and much to my surprise I find a friend who I thought was many miles from here. He has changed his plans, and is in command of the black regiment. This makes everything easy and pleasant.

It is extraordinary how delightful it is after a long sojourn among strangers to pitch upon a friend by the merest fluke in this way. We breakfast under a tree by the river in front of his house, and later all goes smoothly in reference

to the importation of my goods and chattels, a duty having to be paid on all goods entering Uganda from the Sudan.

Gondokoro (fifth parallel of latitude) consists of a few hundred acres of dry land at a turn in the river which bounds it on two sides, while in the rear there is a khor and a swamp, so that in the rains it is practically an island, though the swamp is passable by wading—this continues for eight months out of the twelve. The unfortunate officials who join the Uganda service are often sent here first as being the least delectable spot, and the furthest from the capital Entebbe. They may be kept here for two years without leave,—an imprisonment which must be terrible. The white population consists of the collector, the doctor, and either one or two officers with the black troops.

However, now it is the hot season, and all is dry, and, seen under the circumstances I have described, Gondokoro appeared delightful. Here I secured an imported case of sleeping sickness in an early stage, and attached him to my caravan to study. Diagnosis was easy, a hypodermic needle thrust into a neck gland gave the actively wriggling trypanosome under the microscope. How he was successfully treated, is it not written in the book of the *Lancet*?

A few delightful days here were spent in arranging paraphernalia for a walk down the country parallel to the river, while the gyassas floated and sailed to an agreed camping place. A visit to the store was interesting.

The Greek is the pioneer in this direction, and he may be found in all sorts of out of the way places bartering with the natives, buying ivory and selling tinned provisions to the whites.

It is extraordinary what one may sometimes be able to buy, but his stock is small, and he is often "out of" mere necessities. He and his *confrères* are called "Greeky" by the white man, and "Abou Sardine" (father of the sardine) by the native who, of all his goods, loves this importation best—a curious commentary on the fact that the Nile is full of fish, which are easily caught. Fancy this Mediterranean luxury being a method of barter with the naked savage of Africa under the equator!

For the next few months while camping on the west bank (right) of the river my occupation consisted of search for all species of tsetse-fly (*Glossina*), collection of entomological and other specimens, in fact the hunting of every animal from a trypanosome to an elephant—varied, of course, by travel from camp to camp.

One of my duties was to shoot meat for the camp, and the following is my attempt to describe the process.

Overnight orders have been given to be awaked at "Fudga." This mysterious word means the first light of the sun that can be detected before dawn, and gives about an hour at most before the sun actually rises.

Whilst you are dressing various orders are shouted from within the mosquito curtains as to who is to come with you, and threats in the event of their not being ready to start.



If all this is not thought of and every item gone through there will be endless delay, the sun up, and the best time of day gone by. While you drink your cocoa you muster the party and try to implant in them what you want done. After about a month's training a few will comprehend, but in a moment of excitement they will forget everything.

You appoint, say, four men to follow at about a quarter of a mile, keep out of sight, and not come up till they hear shouting. This for the purpose of bringing home the meat. You also take two as rifle-bearers—the two you think the most likely of the whole lot.

You keep within a mile or so of the river and walk parallel, as the antelope have been down to drink and are now returning to their feeding grounds, which are usually where a few inches of green grass have appeared above the soil on a burnt patch.

After following a native path for half a mile, having adjoined your leader to keep his eyes open, you hear, to one side of you, a sound like a cross between a snort and a bark, and see a hushbuck go into the thick from behind a bush where he has been standing. You stop and make ironical remarks in a whisper as to your guide's hunting eyesight, and threaten to depose him from his position.

Again a start is made, and presently you descry a pair of horns, and then the neck and shoulders of a waterbuck feeding. You automatically make a motion to take your rifle, your leader wakes up, again having omitted to keep a look-out and sees the quarry too. Excitement seizes the worthless fool as he hands you the rifle with one hand; he violently gesticulates to call your attention to the buck, who sees us and gallops off. You have previously instructed him that on seeing game he is to kneel down slowly and get out of sight, and on no account to drop like a shot, especially if the quarry has seen him first, and leave you to spot him by yourself. However, all your plans are completely spoilt. You lose your temper, and say and do various things not to be repeated here. You depose the leader and give him the heavy rifle to carry behind you, and transfer his office to the other. Your new leader has seen the failure of the first and has begun to see that you are not to be trifled with. (Taking the measure of a white man is a favourite occupation.) He has learnt a little at any rate. The sun is getting hot and you are cross, but after another walk your leader stops and points, beginning to wave his arm. You seize him quietly and tell him to lie down, he does so with a jerk handing you the rifle. The result is that the herd of waterbuck have seen you, and stand at 400 yards looking at you (for there has been no one shooting here, and they are not at all wild), but the essence of a successful stalk is to see your beast before he sees you.

Stratagem is the only thing. You go down slowly as well, out of sight in the grass, and explain that your man is to rise quietly and stand stock still; this will give the animals something to keep their attention fixed. This is done,

and you crawl off, after ascertaining the direction of the wind, to get a shot. The ground is hard, the thorns many, and your garments thin, but your knee- and elbow-leathers assist. Thorns stick into you everywhere and have to be cautiously removed, and it takes you half an hour to gain the protection of a large bush about 200 yards to the left of where you saw your quarry. You rise cautiously and peer through a thin portion, but cannot either see the buck or recognise the ground. After some five minutes of looking about and thinking you feel sure that patch of grass that looks now so different from what you saw first is the one on which your quarry stood. Those men of yours have moved about and frightened the game off. Annoyed, you move on cautiously and find their spoor which you follow, after much time occupied in tracking and, yet keeping an eye open in front, you are just going to give it up when you spy a female looking at you some 600 yards off. This must be the rear-guard. You drop into the grass slowly, and creep off to a bush close by and reconnoitre.

The ground is very propitious, a line of thick bush down wind from the place you suppose the herd to be runs parallel to their direction. You see the female slowly walking on with her tail end to you. You get into the bush and walk as fast as you can noiselessly assisted by your indiarubber soles, and then make a turn towards where the herd should be. Yes, there they are walking on towards an open spot surrounded by bush. Again you retire, and walk so as to peer through a little ahead of where you think they will be. You approach cautiously, and after seeing nothing for a minute there appears, slowly walking in an interval between two bushes of about five yards and on the further side, another female waterbuck. She stops and looks round, does not see you standing quiet, and puts her head down to have a bite. You sink again prone, and watch at only 100 yards off.

You want that big buck you have spotted, not this poor female. Does she represent the first, the last, or the middle of the string? After a bit she moves on and you see nothing; you begin to think she is again the rear-guard, and proceed to move off, when another head appears from the side entrance of the stage—another female. A long wait and a small buck passes; why did you let him go? You have no meat, the sun is now hot, and it would have been better to take the bird in hand. So you reason, and consequently, when the horns of another small buck appear, you slowly raise your rifle into position, he pauses, and gives you a good side shot. Just as you begin to press the trigger you see, through the edge of the bush, something move, it might be a long horn, your heart beats, you do not pull the trigger, another moment, and the big head of the herd is in view.

The buck walks forward but does not stop, and the head looks twice its real size to your excited eye. Just as his head approaches the other bush, which will hide him, you

make a sort of low squeak with your lips which you have practised. He stops at once, head up, and, having made a mistake as to the direction of the sound, looks away from you presenting an easy shot. Bang! followed by that glorious sound of the bullet "telling." The buck makes a bound forward and is out of sight; the herd gallop across and you run to the opening. There you see your victim standing a couple of hundred yards off looking very sick, his companions waiting for him beyond. Almost at once he falls on his side—a few kicks and he is dead.

One is enough, as meat only keeps twenty-fours, so you do not try a long shot at another of the crowd waiting for their lord and master who's death they do not realise.

I have already exceeded my limit, and must fulfil my obligations in yet another number.

### Recent Books and Papers by Bartholomew's Men.

- A Clinical Lecture on some new lines of work in Electro-Therapeutics. (Hunterian Society, October 11th. *Lancet*, October 28th.) By H. Lewis Jones, M.D.Cantab., F.R.C.P.
- The Pathology of the Eye. By J. H. Parsons, D.Sc.Lond., F.R.C.S. (Hodder and Stoughton.)
- Clinical Lecture on Ocular Tuberculosis in Children. By J. Herbert Parsons, D.Sc.Lond., F.R.C.S. *Lancet*, November 4th.
- A Presidential Address on Medical Science Forty Years Ago; a retrospect and a forecast. (Medical Society of London, October 9th. *Lancet*, October 14th.) By Sir Lauder Brunton, M.D.Edin., F.R.C.P., F.R.S.
- A Case of Diver's Paralysis with Histological Examination of the Spinal Cord. *Lancet*, October 14th. By W. Hale White, M.D.Lond., F.R.C.P., and F. A. Bainbridge, M.D.Cantab., M.R.C.P.
- Case of Anencephalic Monster. *Lancet*, October 14th. By R. H. Paramore, M.D.Lond.
- A Method of Sterilising Sponges. *Lancet*, October 14th. By F. W. Andrews, M.D.Oxon., F.R.C.P.
- Experiments and Observations on the Vitality of the Bacillus of Typhoid Fever and of Sewage Microbes in Oysters and other Shellfish. By E. Klein, M.D., F.R.S.
- Observations upon the Importance of Blood-cultures, with an Account of the Technique recommended. By Thomas J. Horder, M.D., M.R.C.P. Practitioner, November, 1905.
- The Pathology of Dropsy. By F. A. Bainbridge, M.D., M.R.C.P. Practitioner, November, 1905.
- The Causes, Symptoms, and Treatment of Pyloric Obstruction. By D'Arcy Power, M.A., M.B., F.R.C.S. Practitioner, November, 1905.
- A Lecture entitled Chips from a Surgical Workshop. Delivered at the Medical Graduates' College and Polytechnic, on October 2nd, 1905. By Howard Marsh, M.C.Cantab., F.R.C.S. *Lancet*, November 11th, 1905.
- The Parathyroid Glands in Graves' Disease. By Laurence Humphry, M.D.Cantab., F.R.C.P. *Lancet*, November 11th.
- A Ready Method of Differentiating Streptococci, and some Results obtained by its Application. By M. H. Gordon, M.D., B.Sc. Oxon. *Lancet*, November 11th.
- Extraordinarily Rapid Diminution of Renal Dropsy under Citrate of Caffeine. By H. D. Rolleston, M.D.Cantab., F.R.C.P., and John Atlee, M.D.Cantab. *Lancet*, November 11th.
- Subtotal Hysterectomy for Fibroids, etc. By Alban H. G. Doran, F.R.C.S. *Lancet*, November 4th.
- A Case of Chronic Hyperplastic Tuberculosis of the Ascending Colon. By Arthur Hall, M.D.Cantab., F.R.C.P.
- Remarks on the After-Treatment of Supra-Pubic Cystostomy, etc. By G. H. Colt, M.B., B.C.Cantab. *Lancet*, November.

The FitzPatrick Lectures.—I. John Mirfield (1393) and Medical Study in London during the Middle Ages. By Norman Moore, M.D.Cantab., F.R.C.P. The *Lancet* and British Medical Journal, November 18th.

The Urinary Separator as an Aid to the Diagnosis of Kidney Affections. By W. Bruce Clarke, M.B., F.R.C.S. The Hospital, October 14th.

Nocturnal Enuresis. By H. Thursfield, M.D., M.R.C.P. Clinical Journal, October 11th.

### Literature and Etc.

#### I. WHAT WE SHOULD LIVE "UP" TO.

By A COUNTRY G.P.

THE following quotations from the classics of our language are jottings—the outcome of nights when care and anxiety have kept me wakeful, when no sweet sleep has lulled me to forgetfulness and refreshment. I would gladly have the—

"Sleepe after toyle, port after stormie seas,  
Ease after warre, death after life, does greatly please."  
(*Faerie Queene*, Bk. 1, Canto 9, 40.)

Here are extracts from a poem dedicated "To a great and good physician," perhaps founded on Ecclesiasticus (xxxviii):  
—"Honour a physician with the honour due unto him . . . for the Lord hath created him":

"The grace of God upon thee, may'st thou feel  
The shortened slumber and the hasty meal  
Refresh thee as a Sacrament;—thy sense  
Be quickened into rapture more intense  
Because thy joys are fewer;  
The first reviving smile from eyes awoke  
Out of Death's shadow unto life again—  
Be sweeter unto thee than other men.  
And because mortal sorrow needs must fall  
On all men, and the highest most of all,  
And some sharp struggle crown's each perfecting—  
Therefore when thou too stretchest out thy hand  
For help, when thy need cometh, doubt or pain,  
Or loss, or other anguish of this earth,  
. . . . May the one Higher One  
Do to thee even as thou to us hast done,  
O Soother of our Sorrows!"  
(H. E. HAMILTON KING.)

Ruskin (Unto This Last) thus helps us: "Five great intellectual professions, relating to daily necessities of life have hitherto existed—three exist necessarily, in every civilised nation:

The Soldier's profession is to defend it.  
The Pastor's to teach it.  
The Physician's to keep it in health.  
The Lawyer's to enforce justice in it.  
The Merchant's to provide for it.

And the duty of all these men is, on due occasion, to die for it.



'On due occasion,' namely:—

The Soldier, rather than leave his post in battle.  
The Physician, rather than leave his post in plague.  
The Pastor, rather than teach falsehood.  
The Lawyer rather than countenance Injustice . . ."  
etc.

Hear Ruskin also on fees ("The Crown of Wild Olive").  
"So of doctors. They like fees, no doubt—ought to like them;—yet if they are brave and well-educated the entire object of their lives is not fees. They, on the whole, desire to cure the sick; and, if they are good doctors and the choice were fairly put to them would rather cure their patient and lose their fee, than kill him and get it. And so with all other brave and rightly trained men; their work is first, their fee second, very important always, but still second . . . If your work is first with you and your fee second, work is your master and the lord of work, who is God. But if your fee is first with you and your work second, fee is your master and the lord of fee, who is the Devil . . . So there you have it in brief terms: work first, you are God's servants; fee first, you are the Fiend's."

Here is a passage from "The Black Dwarf," chap. xvi, of Sir WALTER SCOTT—one to be remembered ere we refuse to turn out for a feeless errand:—"But mankind—the race would perish did they cease to help each other. From the time that the mother binds the child's head till some kind assistant wipes the death-damp from the brow of the dying, we cannot exist without mutual help. All, therefore, that need aid have the right to ask it from their fellow-mortals. No one who has the power of granting can refuse it without guilt."

LORD BACON bids us honour our profession and ornament it too. "I hold every man a debtor to his profession, from the which as men, of course, do seek to receive countenance and profit, so ought they of duty to endeavour themselves, by way of amends, to be a help and ornament thereto" (Preface to *Maxims of the Law*).

CHARLES DICKENS (*Bleak House*) puts in the mouth of Mrs. Allan Woodcourt:—"We are not rich in the bank, but we have always prospered, and we have quite enough. I never walk out with my husband, but I hear the people bless him. I never go into a home of any degree, but I hear his praises, or see them in grateful eyes. I never lie down, but I know that in the course of that day he has alleviated pain, and soothed some fellow-creature in the time of need. I know that from the beds of those who were past recovery, thanks have often, often gone up, in that last hour, for his patient ministrations. Is not this to be rich?"

Neither Thackeray nor Dickens are, as a rule, sparing of ridicule to their doctors. Yet they, like our public, can scarcely speak too highly of their hero-doctor. To those who think us the exception to the general rule we are

indeed exceptions, and nought but sheerest folly will shake their faith in us. Let us endeavour to deserve it.

Thus THACKERAY in *Pendennis*, with Goodenough his hero:—"It is not only for the sick man, it is for the sick man's friends that the doctor comes. His presence is often as good for them as for the patient, and they long for him yet more eagerly. How we have all watched after him! What an emotion the thrill of his carriage wheels in the street, and at length at the door, has made us feel! How we hang upon his words, and what a comfort we get from a smile or two if he can vouchsafe that sunshine to lighten our darkness! Who hasn't seen the mother prying into his face to know if there is hope for the sick infant that cannot speak, and that lies yonder, its little frame battling with fever? Ah, how she looks into his eyes! What thanks if there is light there! What grief and pain if he casts them down and does not say, Hope! Or is it the house-father who is stricken? The terrified wife looks on while the physician feels his patient's wrists, smothering her agonies, as the children have been called up to stay their plays and their talk. Over the patient in the fever, the wife expectant, the children unconscious, the doctor stands as if he were Fate, the dispenser of life and death; he *must* let the patient off this time; the woman prays so for respite! One can fancy how awful the responsibility must be to a conscientious man; how cruel the feeling that he has given the wrong remedy, or that it might have been possible to do better; how harassing the sympathy with survivors if the case is unfortunate—how immense the delight at recovery." One is forcibly reminded here of Sir Luke Fildes' "Doctor," "Have I done the best possible?"

An ancient physician daily used to supplicate "Lord, lift up thine eyes, and behold the limitation of our art."

Finally, let me quote the beautiful passage from R. L. STEVENSON'S dedication in *Underwoods*, so well known to us all. It is enough to put us on our metal:—"There are men and classes of men that stand above the common herd; the soldier, the sailor, and the shepherd not unfrequently; the artist rarely, rarer the clergyman; the physician almost as a rule. He is the flower, such as it is, of our civilisation; and when that stage of man is done with, and only remembered to be marvelled at in history, he will be thought to have showed as little as any of the defects of the period, and most notably exhibited the virtues of the race. Generosity he has, such as is possible to those who practise an art, never to those who drive a trade; discretion tested by a hundred secrets, tact tried in a thousand embarrassments, and, what are more important, Herculean cheerfulness and courage. So it is that he brings air and cheer into the sick room, and often enough, though not so often as he wishes, brings healing."

And this is "a prayer" of the same:—"The day returns, and brings us the petty round of irritating concerns and duties. Help us to play the man; help us to perform them

with laughter and kind faces; let cheerfulness abound with industry. Give us to go blithely on our business all this day; bring us to our resting beds weary and content and undishonoured, and grant us in the end the gift of sleep."

Sleep! O gentle sleep!  
Nature's soft nurse, how have I frightened thee  
That thou no more wilt weigh my eyelids down;  
And steep my senses in forgetfulness.

*King Henry IV*, iii, 1.

W. H. M.

POSTSCRIPT.—I intended to draw my inspirations from authors not themselves in our ranks, but at this season I cannot refrain from including a passage from the *Religio Medici*. "Let me be sick myself, if sometimes the malady of my patient be not a disease unto me. I desire rather to cure his infirmities than my own necessities: where I do him no good methinks it is scarce honest gain; though I confess it is but the worthy salary of our well-intended endeavours. I am not only ashamed, but heartily sorry, that besides death, there are diseases incurable; yet not for my own sake, or that they be beyond my art, but for the general cause and sake of humanity, whose common cause I apprehend as mine own."

## The Special Departments.

### CHEMICAL PATHOLOGY.

Alliances are formed among sciences as well as among nations but with this difference—that the former are indissoluble while the latter are very soluble. Look in any work on pathology and you will see what a firm alliance has been formed between pathology and chemistry, or look in any work on physiology and you will see as firm an alliance between physiology and chemistry. To promote, by RESEARCH, the alliance between the former pair of sciences a laboratory has been equipped; and it will be safe to prophesy that a laboratory will some day be equipped in order that Bart's men may promote the alliance between the second pair of sciences. This new laboratory owes its existence to the recognition by Dr. Herringham and Dr. Garrod of the necessity for providing students of this Hospital with the means of doing research in chemical pathology; and as the results of their representations the Hospital authorities set apart a room (formerly used for anatomy, but now entered from the Chemical Department), and furnished it with benches, draught-cupboard, water-pump, combustion table, the ordinary glass apparatus of a modern laboratory, and the needful chemicals. The generosity of Mrs. Herringham has made what would have been a very ordinary laboratory into one such as the whole Hospital may justly be proud of—a delicate balance, a water still, a gas engine which works a shaking machine, a two-speed centrifuge, a spectroscope, a magnificent polarimeter reading to 0.005 degree of arc, are a few of the important appliances

which the laboratory owes to Mrs. Herringham. Dr. Garrod is Director of the Laboratory, and that questions on pure chemistry which may be asked by the researcher may not go unanswered the Demonstrator in Chemistry has been made Demonstrator in Chemical-Pathology.

Those students who have attended Dr. Garrod's lectures will be aware what fields for research await exploration. All can find material for research in the wards under their physician's guidance. But it should be remembered that time is required as well as material for research. He who goes to the new Research Laboratory provided with time and material, and with a real desire to do research in this branch of knowledge will find a willing Director and Demonstrator and a perfectly-equipped laboratory.

Active work has been carried on in the laboratory since it was opened, and papers embodying the first-fruits of this work will appear in an early number of the *Journal of Physiology* and in the next volume of the *Hospital Reports*.

It is much to be hoped that the grant of money which was voted by the Finance Committee of the Medical School last year to the new Laboratory will be continued.

## Clinical Pathology.



NEW edition of Prof. v. Jaksch's classical work\* serves to remind us how great and important a branch of medicine practical pathology has become. If we attempt to analyse the advances made in our art during the past fifty years we find that most of them are due to the introduction into medicine of methods adapted to the examination of morbid material supplied by the patient. The investigation of his tissues and secretions, as altered by disease, has come to be as important as the examination of the patient himself, and as often yields the clue to the nature of his illness. The new methods thus employed are bacteriological, chemical, and physical, and medicine to-day owes a debt to all the sciences which can only be greater in the future than it is at present. The successful physician or surgeon is he who is sufficiently liberal minded to accept the aid of any or all of these methods and to deliberately invoke such aid on behalf of his patient. It is not enough to trust to clinical acumen, however well supported by extended experience and close observation. We owe it to the sufferer who commits himself to our care to see that the culture-tube, the microscope, the test-tube, the spectroscope, and many other tools are, if necessary, employed to assist in the diagnosis of his complaint. For just as action, action, was said by the father of oratory to be the soul of

\* *Clinical Diagnosis*; by Rudolf v. Jaksch, M.D. Fifth English Edition, based upon the Fifth German Edition. Edited by Archibald E. Garrod, M.D. 172 illustrations, and 1 plate. Pp. 602. (London: Chas. Griffin and Co. 1905.)



his art, so diagnosis, diagnosis, diagnosis may be termed the essence of ours.

To teach these new methods which have become so necessary a part of the student's curriculum, and to carry out the numerous examinations entailed by the wards of a large general hospital, our Pathological Department is making a brave effort. He who would learn what is being done in the latter of these directions, need only visit the laboratory and look through the current records to be convinced of the number, variety, and importance of the investigations undertaken day by day. Yet how inadequate to the task is the present equipment of the laboratories only the demonstrators responsible for the work and their immediate predecessors probably know. There are instruments and methods valuable in the investigation of disease, which until the present have been crowded out of the laboratories either by want of room or, equally deplorable, by lack of funds. And, unless it is repeatedly brought to the attention of those who are ultimately responsible for the care of the sick of the hospital that these methods and instruments are essential to the proper treatment of the patients, matters will probably remain as they are. Meantime, there must be a very definite conviction upon the matter in the minds of the physicians and surgeons who attend the patients.

In the new Pathological Block promised for this Hospital we hope to see well-equipped laboratories in which the investigations and teaching of clinical pathology are conducted under some such division as follows:

1. *Bacteriological*, including cultures from the blood, throat, cerebro-spinal fluid, sputum, urine, pus, etc.; agglutination tests, etc.
2. *Chemical*, with the investigation of urines, faeces, blood, and various secretions and exudations.
3. *Histological*, covering the examination of tissues removed prior to, and after, operations.
4. *Physical*, comprising the use of a large variety of instruments such as the hæmacytometer, sphygmograph, blood-pressure apparatus, cryoscope, etc.

And these departments would deal with *post-mortem* material as well as with material obtained *intra vitam*. Each department would be under the control of a demonstrator who had working under him one or two qualified men or senior students. All materials from the wards, theatres, and *post-mortem* room with requests for special investigations would be sent to a common room, which would be used as a clearing-house. The clerks or dressers interested in the particular material should be enabled and encouraged to conduct the examination themselves under the supervision of the demonstrator or his assistant. The course of instruction in practical pathology should comprise a series of demonstrations in each branch of the subject. The whole organisation would be, as now, in the hands of the lecturer on pathology. We may yet see such an ideal accomplished at no very remote date.

The work now before us suggests very forcibly how large is the mass of facts already accumulated in the field of pathological diagnosis. The book also gives us many hints as to the lines along which future discoveries may be expected. Of the work as a whole we need scarcely speak; it has easily attained to the foremost place amongst books of its class by means of the earlier editions. To the present English editor, Dr. A. E. Garrod, we all owe a debt of gratitude for such a successful result of much care and labour. The reader is able to benefit by much wisely chosen information added by the translator to the fifth German edition, which thus becomes fuller and more up-to-date than the last available German copy. It is superfluous to remark how studied and forbearing are the paragraphs we owe directly to Dr. Garrod's pen; those who are acquainted with Dr. Garrod's work are led to expect no less. These paragraphs include an account of trypanosomata, a newly-written section on hæmatoporphyrinuria, much new material in connection with pentosuria, albumosuria and the xanthin bodies, besides innumerable shorter additions to the text throughout the book. The whole chapter on "The Urine" is particularly rich in these valuable contributions by the editor. In spite of the number of these additions the sequence of the paragraphs is not interfered with, and we have found no contradictory statements. Those who have suffered the necessity of studying other text-books, the translators of which have acted as joint authors, will realise how difficult a task Dr. Garrod's has been.

Of the actual text there are but few criticisms that we feel disposed to make. We think that Chapter X, dealing with the methods of bacteriological research, might perhaps be altogether omitted, as being much too general and too brief to be useful. That section of it, however, descriptive of the microscope and its methods of use, should be retained in another part of the book. In the part treating of the Parasites of the Blood a description of the technique of blood-culture might well find a place; in this same part the accounts of certain bacteria derived from the blood sometimes leave it quite doubtful whether the organism was obtained *intra vitam* or *post mortem*. In the account of the cerebro-spinal fluid, a description of the method of performing lumbar puncture, and the examination of the fluid for purposes of diagnosis, might have been inserted. Indeed, the page and a half devoted to this section is much less than the importance deserves.

A more extended bibliography, and many new illustrations, add to the value of this edition. The clear type, good paper, and careful spacing and numbering of the paragraphs, are old but none the less meritorious features. We congratulate both author and editor upon the production of a work of such great value to the student and the practitioner.

T. J. H.

### The Smoking Concert.

THE third smoking concert given by the Students' Union, on Tuesday, November 17th, was in every way a success. Mr. Bruce Clarke made an admirable chairman, and the King's Hall at the Holborn Restaurant provided comfortable accommodation for the large and appreciative audience. The programme was exclusively provided by Bart's men, and was sufficiently short to allow of the admission of several excellent encores, and yet to avoid the usual hurrying up of the later items—two important factors in the success of a smoking concert. Great praise is due to Messrs. Loughborough and Miles for the trouble they must have taken in bringing to light such a fine array of local talent, and in arranging such a successful evening.

The world-famed La Barta Girls, under the chaperonage of Mr. Waldo, were again in evidence, and their now familiar charms were once more the delight of an enraptured audience. The sensational exit at the close of their second appearance was a sight which will linger long in the memory of their admirers. On this occasion they were assisted by a fascinating "Tiger Lily" of somewhat less colossal proportions than themselves. Mr. Waldo was exceedingly funny in "I had to be cruel to be kind;" but perhaps his greatest success was in the new and original song, entitled "Bart's," which bristled with topical allusions, and placed him in the front rank of present-day poets.

Mr. J. M. Smith had another fine reception, and his feats of sleight of hand with cards were, if anything, more wonderful than ever. The instrumental performances, a trio by Brahms for violin, 'cello, and piano, by Messrs. Payne, Perl, and Blake, a banjo duet by Messrs. Coombes and Smith, and a piano solo by Mr. Perl, were all excellent, and the quartettes by members of the Choral Society were received with great applause. Mr. A. H. Muirhead gave amusing imitations of songs by Dan Leno and Harry Lauder, and humorous items were also provided by Mr. Basil Adams and Mr. Berryman, the former with a patter song, "The Nott-Shott Duel," the latter with "Oh, what a Happy Land is England." The more serious songs were all good, Mr. A. L. Yates giving "The Yeomen of England" early in the evening, and Mr. E. R. Evans's tenor voice being heard to great advantage in "Violet Eyes," and, as an encore, "I'll sing thee Songs of Araby." In the second part of the programme Mr. G. T. Very gave an excellent rendering of Leslie Stuart's "Bandolero," which was well suited to his fine bass voice.

The last item on the programme was to have been a song by Mr. T. B. Davies, but, as he was unfortunately detained at another entertainment, Messrs. Coombes and Smith very kindly filled the vacancy with another banjo duet. At the conclusion of this, Dr. Tooth, who together

with many others of the Staff was present at the concert, proposed the "Health of the Chairman" in a short and amusing speech. This toast was drunk with musical honours amidst great enthusiasm, and Mr. Bruce Clarke replied briefly in his own inimitable manner. "God Save the King" was then sung, and a very pleasant evening's entertainment came to an end. Any notice of the concert would, however, be incomplete without some appreciation of the share which the accompanists, Messrs. S. Gibson, R. L. Haines, and S. F. Perl, had in the evening's success.

### Bound the Fountain.

1893.



YOUNG Irish gent christened Pat  
He thought that corpuscles were flat;  
But Harris, who caught him,  
Immediately taught him  
The error of theories like that.

There was a young man of Dundee  
Who clinical-clerked under G—;  
Said he, "By the nation  
This here auscultation  
Will soon be the ending of me!"

T-mmy M—re was exceedingly clever,  
And said we were never, oh, never  
To smoke in the Square,  
And so poison the air,  
But we did, and we'll do it for ever.

FROM OUR CONTEMPORARIES.

A medical man wrote to the *Lancet* some time ago of a mother who described her son's fits in the following words: "He loses conscientiousness and can't speak to you, but he foments at the mouth."

"The pen is Nobler than the Sword" and than the *Lancet* too, if we judge by the latest addition to the number of our contemporaries, viz. the *Bloodless Phlebotomist*, from which we take the following extracts:

The physician who would become known beyond the limited confines of his own immediate neighbourhood must report his cases and have them published in some reputable medical publication. In no other way can he gain a national or international reputation.

Have you a desire to be recognised as a thoughtful, earnest, progressive physician by the medical profession outside of your own country? If so, jot down carefully and comprehensively a detailed report of some of your cases. Tell how you treat pneumonia, erysipelas, appendicitis, or any other ailment and send it to *The Bloodless Phlebotomist*. If of sufficient value your ideas will be placed in the hands of every English speaking physician in the world.

Make your article short, terse, original, instructive and to the point. Tell concisely just how you have done some one thing successfully. Make it so good that when the reader finishes his perusal of it he can say: "That is an excellent idea. I will make use of it at the very first opportunity."

Remember that you have the world for an audience and govern your contributions accordingly.



## The Clubs.

## ASSOCIATION FOOTBALL CLUB.

October 25th.—v. R.M.A., at Woolwich. This match turned out to be the most exciting game of the season. Our opponents played a spirited game, but we held our own comfortably. There was no score until within ten minutes of the end, when the Academy scored a simple goal. The Hospital replied with great pressure, and Hutt scored a magnificent goal; within a couple of minutes Holthusen scored again with a shot that quite beat the Academy goalkeeper, and then time was called amid the greatest excitement. We thus won 2-1. Team:

A. Downes (goal); F. L. Nash-Worham and A. T. W. Forrester (backs); W. H. S. Hodge, A. Miles (capt.), and A. W. Holthusen (half-backs); E. R. Evans, S. Upton, A. J. Cunningham, S. A. Tucker, and C. N. Hutt (forwards).

November 1st.—v. Casuals, at Winchmore Hill. Played in a storm of wind and rain, the ground being very slippery, and lost by 6 goals to 1. This result by no means represents the run of the game, as the Hospital extended their powerful opponents to the utmost. Their forwards were faster than our backs, the centre being a particularly fast and smart man. Gordon scored a very neat goal for the Hospital early in the game. Team:

A. Downes (goal); F. L. Nash-Worham and A. W. Holthusen (backs); L. T. Burra, A. Miles, and W. M. Glenister (half-backs); A. J. Cunningham, S. Upton, S. A. Tucker, F. J. Gordon, and C. N. Hutt (forwards).

November 8.—v. Eversleigh, at Upper Tooting. This was a very enjoyable game, and resulted in a draw of 4 goals each. Tucker got two, Upton and Cunningham one each, for the Hospital, all of which were very good points. The combination of these three men as inside forwards at times completely bewildered the opposing defence. The Eversleigh goalkeeper brought off a great save from a penalty taken by Holthusen. The goals obtained by them were rather lucky, one especially, which was the result of a *mille* in the goal-mouth. Team:

A. Downes (goal); F. L. Nash-Worham and A. W. Holthusen (backs); A. E. Jenkins, C. R. Woodruff, and W. M. Glenister (half-backs); E. R. Evans, A. J. Cunningham, S. A. Tucker, S. Upton, and C. N. Hutt (forwards).

November 11th.—v. Wellingborough Masters, at Wellingborough. The Hospital took practically a full team down, but lost a very good game by 5 goals to 3. This is one of the most popular matches owing to recurrence of excellent struggles, and also to the very great kindness extended to the team by the genial masters of the School. The game was somewhat interfered with by the apparent uncertainty of the referee with regard to the offside rule—a not uncommon difficulty with many referees; and so many movements of our forwards were frustrated when a favourable position for scoring was attained. Hutt scored a beautiful goal from a corner kick, and Gordon obtained two of his usual points. Team:

A. Downes (goal); F. L. Nash-Worham and A. T. W. Forrester (backs); A. W. Holthusen, A. Miles, and L. T. Burra (half-backs); E. R. Evans, A. J. Cunningham, S. A. Tucker, F. J. Gordon, and C. N. Hutt (forwards).

Up to date F. J. Gordon is, as he was last year, our most prolific goal scorer. His partner, C. N. Hutt, is the only Freshman in the team, and in time should be one of the best players. F. L. Nash-Worham and A. Downes are showing great improvement on last year's form, when they helped to retain the Junior Cup. A. Miles, who is captain for the second season in succession, plays as well if not better than of old.

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

This annual match was played at Hastings on November 15th before a good number of spectators. The "gate" was as usual devoted to the East Sussex Hospital. The Hospital started off with a few very good rushes, and for the first few minutes had most of the game, but Hastings soon got together and scored the first goal, to which another was added directly afterwards. Bart's then had a good run, which ended in Cunningham scoring the first and, as events turned out, the only goal for the Hospital. Hastings added four more by half-time, making the score then 6-1. Mr. Gabb

then came on the field and shook hands with the Hospital team. The second half did not prove very exciting, as Hastings added five more goals, and the game ended in a win for the home side by 11-1.

After the match the teams and also the members of the Hastings and St. Leonards Club were hospitably entertained at the Castle Hotel as usual by the old Bart's men residing in the district.

The chair was taken by Dr. Searlyn Wilson, who proposed the first toast, "Success to St. Bartholomew's Hospital A.F.C.," to which Mr. Miles replied in fitting terms. Mr. Gabb, the originator of this annual function thirteen years ago, then proposed "Success to the Hastings and St. Leonards F.C., Ltd.," in one of his most characteristic speeches, which was most heartily received. The captain of the local team, Mr. Shepherd, then replied in a short speech. Next Mr. Willmott proposed "Our Hosts," a toast which was received with much enthusiasm, and was responded to by the chairman. During the evening a very good concert was provided and much appreciated, but it came to a close at 8 p.m. in order to allow the returning team to catch their train after having once again thoroughly enjoyed the hospitality of their hosts.

## RUGBY FOOTBALL CLUB.

So far the 1st XI have done badly, but when the outsiders return they ought to be quite a good team. In the Wednesday matches, when assisted by Oulton, Trapnell, and Pollitt, they show glimpses of what they are capable of doing. The forwards have played fairly well throughout, but at half-back the team is weak, though T. Browne with a little more weight and experience might be good. He plays up well when he has Trapnell for his partner in the Wednesday matches.

The 2nd XV are a better side than last year, but suffer through the 1st XV outsiders being away. So far they have played seven matches, of which three have been won and four lost, and they have scored 124 points to their opponents' 79.

## ST. BART'S v. MARLBOROUGH NOMADS.

This was played on October 21st at Winchmore Hill, and resulted in a win for the Hospital by 15 points to 10. The Nomads had a good side out, but the Hospital played up well, being helped very greatly by Oulton and Pollitt. The game was very even throughout, our forwards playing well and packing very finely. In the first half both sides scored, the Hospital by means of Gibson. In the second half the Nomads got ahead by 5 points, but during the last five minutes Gibson equalised with a try and a fine kick, and just on time Hoskin scored with a somewhat lucky try, which was again added to by Gibson. *Grandage* was very conspicuous throughout the game, and kept the forwards going with great skill.

## ST. BART'S v. BECKENHAM.

Played on November 11th at Winchmore Hill, and lost by 26 points to *nil*. In this match the score does not represent the game well, but still we ought to have done better. L. Jones at back is showing great promise, and with a little more weight ought to be a very good back. Bilderbeck and Ferguson are fairly good at three-quarters, but their attacking powers lack sting.

## "A" TEAM WEDNESDAY MATCHES.

October 23rd.—v. R.E., Chatham, won 26 points to *nil*. The outsiders played well.

November 8th.—v. Aldershot Army Corps, won 12 points to 5. The Army Corps led at half-time by 5 points, but the Hospital pulled up in the second half, scoring four times. One try by Bilderbeck was especially good.

## 2ND XV MATCHES.

October 28th.—v. London Scottish. Lost. *Nil* to 2 goals 9 tries (37 points).

November 4th.—v. Upper Clapton. Won. 3 goals (1 dropped) 6 tries (32 points) to *nil*.

November 11th.—v. Catford. Lost. *Nil* to 2 goals (10 points).

November 18th.—v. Leytonstone. Won. 6 goals 4 tries (42 points) to *nil*.

## HOCKEY CLUB.

The most pleasing feature of the hockey up to the present has been the improvement shown by both 2nd and 3rd Elevens, which are now composed of keen and promising players. Turning to the 1st Eleven we see that no less than four of the six games played have been drawn. This is unsatisfactory, and points rather to a weakness in the attack than to a weak defence, although the latter was responsible for the draw with West Herts. However, they may console themselves with the fact that no match has yet been lost.

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

Played at St. Albans on Saturday, October 28th. The ground was rather lumpy, but a fast and vigorous game resulted in another draw, 1-1 goals. There was too much hard hitting, and "sticks" were given frequently by both sides. Adam and Page played well for Bart's.

## ST. BART'S v. WEST HERTS.

Played at Watford on Saturday, November 18th. Result: drawn, 4-4 goals. This was a disappointing game. We started splendidly, the halves and backs showing great form, and easily had the best of matters up to half time, when the score was 3-0 in our favour. On crossing over there was a remarkable change. Our opponents bucked up tremendously, and aided by good fortune scored 4 goals, whereas we could only score 1. In fairness to our backs and goal-keeper it should be stated that during the last ten minutes of the game the light was very bad. Phillips and Lewis were good for Bart's.

## Correspondence.

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

SIR,—I have just read Sir Dyce Duckworth's address, "The Present Decline of Art in Medicine," and have been much impressed by what he says. I, a humble and youthful general practitioner, would add to the protest which he, a great physician, makes, another more strongly worded, more personal one against the sort of medical education I received at St. Bartholomew's Hospital. Too much laboratory work, too little clinical work; too much theory, too little practice; too much preparing for examination, too little for one's life work. Of what use is it to me to know the course of the Vidian nerve when called to see a baby with its bowels out of order? Or to be familiar with the preparation of acetamide when urgently summoned in the night to see a child with croup? To understand staining sections of the spinal cord by Weigert's method when a young mother, with an eight months' baby in her arms, says, "How much ought baby to weigh, doctor?" Ninety per cent. of the work of ninety per cent. of the doctors consists of the treatment of minor complaints, and of these we are taught little or nothing at hospital—not for lack of material, for it may be found in abundance in the surgery every morning; but the student has no opportunity of studying it. And yet the casualty physician carefully sorts out the rarer cases and sends them to the out-patient department to "educate" the students.

I would like to write a lot more about this subject, but fear to take up your space too much. This letter is written in the hope that some member of the teaching staff may read it, and think to teach something of the practice of medicine to the students, and so turn out men better qualified for general practice than was

Yours faithfully,

EX-BART'S RESIDENT, M.D.(LOND.).

Nov. 10th, 1905.

## Reviews.

GRAY'S ANATOMY—DESCRIPTIVE AND SURGICAL. 16th edition. Edited by T. PICKERING PICK, F.R.C.S., and ROBERT HOWDEN, M.A., M.B., C.M. (Longmans and Co., London, 1905.) Price 31s. 6d.

A book, whose title is so well known, calls for but few words in the way of description. Other anatomy text-books have come, had their day, and gone, but *Gray's*, which has been one of the standard works for over fifty years, still retains its place in the student's library.

The present edition appears to have undergone careful revision, while additions have been made in the chapters on embryology, the

nervous system, and the special sense organs. There are, however, still traces of misconceptions which have not been eliminated.

The sections on surgical anatomy, as a rule, are excellent, but too much attention seems to be devoted to the description of obsolete operations, while insufficient reference is made to the surgical anatomy of important regions. Compare, for instance, the description of lateral lithotomy with that of the mammary gland from a surgical point of view; and yet the student will probably see many cases of mastitis or mammary tumour early in his career, while he will perhaps never see lateral lithotomy performed. Again, the sections on surgical anatomy are not always well proportioned; in the page of small print notes on the surgical anatomy of the nasal fossae no mention is made of the inferior turbinate or of the accessory sinuses. The descriptions of the tympanum and annexa fail to supply essential information, devoting too much attention to irrelevant matter.

Some of the illustrations in the book give false notions regarding the relative size or position of structures which they represent; for instance, this is true of most of the illustrations of the stomach, especially that displaying the muscular coats; and also of the illustrations of the diaphragm with the oesophageal opening, as if this were in the coronal plane. We noticed, too, that the adductor magnus is represented with muscular fibres extending below the opening for the superficial femoral artery.

With the rapid strides of surgery and of surgical technique there has come a demand for greater care in anatomical teaching. Topographical details and perspective have never been so important as they are at the present day. The recognition of these changes in anatomy has led to constant revisions and new editions. But we have said enough to show that it must have been no small task to keep such a book as *Gray* in the foreground for over fifty years.

ELLIS'S DEMONSTRATIONS OF ANATOMY. Twelfth edition. Revised and edited by CHRISTOPHER ADDISON, M.D., B.S., F.R.C.S.

We confess to some surprise at the resuscitation of this dissecting manual. Professor Cunningham's manual has taken such a hold on the student of the present day that it would require exceptional efforts to supplant it. Dr. Addison has done his best to put new wine into old bottles, and has done well, but it is doubtful if he has succeeded in producing a popular vintage.

There are many excellent new diagrams and some very useful tables at the ends of the various sections. The bones with their muscular attachments are very neatly drawn. In Fig. 139 the iliacus is called *iliacus internus*, presumably unintentionally. Dr. Addison has done excellent original work in the surface marking of the abdominal viscera, and these points have been prominently brought forward.

A TEXT-BOOK OF MATERIA MEDICA FOR STUDENTS OF MEDICINE, by C. R. MARSHALL, M.D., Professor of Materia Medica and Therapeutics in the University of St. Andrew's. J. & A. Churchill. Price 10s. 6d. net.

This book deals principally with the crude drugs, active principles and preparations of the British Pharmacopoeia, the pharmacology being mostly confined to the action of drugs on man, and a brief description of the action and uses of the various preparations. The classification of organic drugs differs from that usually followed. They are classified according to their active principles, *e.g.* drugs containing alkaloids as the main active constituents, those containing glucosides, those containing neutral principles, those owing their activity to tannic acid, etc.; the different kinds of active principles, alkaloids, glucosides, etc., being explained and discussed in the early part of the book. The author explains in the preface that "the weak spot of this arrangement is our ignorance of the chemistry of many important drugs, but it possesses the advantage of drawing the attention of students to this fact." The book is well printed and much care has been expended on it. The illustrations, from photographs of actual specimens, are excellent. The book should be useful to students of the Pharmacopoeia.

## Naval Medical Service.

Fleet-Surgeon W. Spry has retired from the service.

Surgeon G. M. Levick has been appointed to the "Victory" for disposal.



### Royal Army Medical Corps.

#### Gazette notification:

Capt S. F. St.D. Green to be major.

Lieut. C. H. Turner has embarked for India.  
Lieut. H. T. Wilson on arrival in India is posted to Rawal Pindi.  
Lieut. F. H. Noke is transferred from the Secunderabad Division to the Western command.

Captain A. L. Scott on return from South Africa is posted to Aldershot.

### Indian Medical Service.

Lieut.-Col. C. P. Lukis, M.D., F.R.C.S., is appointed ordinary Fellow of Calcutta University.

#### Promotions.

Capt. T. H. Foulkes, F.R.C.S., to be Major, dated January 30th.  
Lieuts. to be Captains:—R. A. Lloyd, M.B.; L. B. Scott, M.D.; J. W. Illius, F. P. Machire, M.B., F.R.C.S.; A. T. Pridham, M.B.; F. P. Connor, F.R.C.S.; W. W. Jeurwine, G. H. L. Whale, M.B.; H. M. H. Melhuish.

#### Appointments.

A. F. Hamilton, M.B., F.R.C.S.: A. D. White, N. M. Wilson. W. H. Hamilton, to be lieutenants.

Lieut.-Col. H. Hendley, M.D., Ph.D., is promoted to be a Civil Surgeon, 1st Class.

Major B. C. Oldham has been appointed to the charge of Banhurpo Gaol.

Capt. R. P. Wilson's services are placed permanently at the disposal of the Government of Bengal.

Capt. W. Selby, D.S.O., F.R.C.S., is posted to Sehapore on return from home.

Capt. H. B. Meakin is granted six months' extension of leave on medical certificate.

Capt. J. W. Illius is appointed to officiating medical charge of the 73rd Carnatic Infantry.

### Examinations.

#### CONJOINT BOARD.

##### FIRST EXAMINATION.

*Chemistry and Physics.*—G. E. D. Ellis, A. B. Wyman.  
*Practical Pharmacy.*—F. W. W. Griffin, W. J. Jago, G. F. Page, O. Teichman, P. A. With, R. A. Fuller, E. W. Lowry, H. L. Deck, B. A. Keats.

##### SECOND EXAMINATION.

S. T. Davies, T. M. Miller, F. J. Gordon.

##### FINAL EXAMINATION.

*Medicine.*—R. A. Fuller,\* J. D. Barris,\* H. D. Davis,\* P. L. Guiseppi,\* C. N. Le Brocq,\* J. J. Paterson, W. G. Loughborough,\* E. G. D. Milson,\* G. W. Lloyd,\* S. S. Rendall,\* F. J. Rees,\* H. E. Quick, A. K. Armstrong, B. H. Barton, E. T. Glennv, E. L. Wright, J. E. Smith.

*Surgery.*—P. L. Guiseppi,\* W. G. Loughborough,\* S. S. Rendall,\* C. S. Lee, J. R. Briscoe,\* W. B. Grandage,\* J. G. Watkins,\* A. C. Wroughton,\* M. B. Reichwald,\* C. W. C. Harvey,\* J. E. L. A. Turnly,\* E. B. Aylward,\* R. A. Bowling, F. P. Young, J. F. Trewby, N. Bennett-Powell.

*Midwifery.*—H. D. Davis,\* D. M. Keith, H. J. Gauvain, W. A. James, W. R. Kilgour, J. E. H. Roberts, E. S. Marshall, F. H. W. Brewer, J. Faulley.

\* Has now completed the examination and has received the diplomas of L.R.C.P. and M.R.C.S.

#### ROYAL COLLEGE OF SURGEONS.

*Primary Examination for F.R.C.S.* A. E. Gow, Major E. V. Hugo, D.S.O., J. L. Joyce, R. B. Price, R. B. S. Sewell.

### Appointments.

FROST, C. S., M.B. Lond., appointed Medical Superintendent at the Ochil Hills Sanatorium, Milnathort, Kinross-shire.

MILLS, H., M.R.C.S., L.R.C.P., appointed House Surgeon to the Teignmouth Hospital.

### New Addresses.

BAIRD, Capt. R. F., I.M.S., 18, Tiwana Lancers, Nowgang, Central India.

BENTHAM, ARTHUR, Alyn Bank House, Pontblyddyn, near Mold, Flintshire.

BURD, E. LYCETT, Church Stretton, Salop.

BURTON, B. F. V., Palsloe Road, Exeter.

COOKE, MARTIN, 15, Castlebar Road, Ealing.

FROST, C. S., Ochil Hills Sanatorium, Milnathort, Kinross-shire.

GARDNER, W. T., Netherhall, 27, Poole Road, Bournemouth.

HAWES, C. S., Hotel Victoria, Davos Platz.

KNOBEL, W. B., Imperial Lodge, Malvern.

JONES, T. C. LITLER, 1A, Rodney Street, Liverpool.

MILLS, H., Teignmouth Hospital, S. Devon.

OLDHAM, Maj. B. C., Bankipore, E.I.R., India.

SALT, A. P., Kempsey, Worcester.

TOMLINSON, J. H., 510, Birkbeck Bank Chambers, Holborn, W.C.

WEBBER, E. A., Lady Frere, Cape Colony.

WORTHINGTON, G. V., Kaldmo, N.W. Rhodesia.

### Birth.

MASINA.—October 7th, at Warden Road, Malabar Hill, Bombay, India, the wife of H. M. Masina, F.R.C.S., of a son.

### Death.

HAWKES.—November 14th, at Bognor, John Hawkes, M.D. St. And., aged 74.

### 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: 1436, Holborn.*

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

ST. BARTHOLOMEW'S HOSPITAL JOURNAL, JANUARY, 1906.



THE NEW OUT-PATIENT AND CASUALTY BLOCK  
DECEMBER, 1905

Adlard & Son, Engrs.



# St. Bartholomew's Hospital



## JOURNAL.

VOL. XIII.—No. 4.]

JANUARY, 1906.

[PRICE SIXPENCE.]

### St. Bartholomew's Hospital Journal,

JANUARY 1st, 1906.

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

#### Calendar.

Tues.,	Jan.	2.	Christmas Entertainment. St.B.H.A.D.C.
Wed.,	"	3.	" "David Garrick."
Thurs.,	"	4.	—Winter Session resumes.
Sat.,	"	6.	—R.F.C. v. Northampton.
Mon.,	"	8.	—Special Lecture, 1 p.m. "Ears," Mr. Cumberbatch.
Tues.,	"	9.	—Dr. West's Post-Graduate Demonstration, 3 p.m.
Wed.,	"	10.	—Clinical Lecture, Mr. Cripps, 2.45 p.m. R.F.C. "A" team v. Guy's Hospital "A" team.
Thurs.,	"	11.	—Abernethian Society, Mid-Sessional Address. Dr. Herringham.
Fri.,	"	12.	—Clinical Lecture, 1 p.m. Dr. Norman Moore.
Sat.,	"	13.	—A.F.C. v. Royal Veterinary College. R.F.C. v. Old Blues.
Mon.,	"	15.	—Special Lecture, 1 p.m. "Skins," Dr. Ormerod.
Wed.,	"	17.	—Clinical Lecture, Mr. Cripps, 2.45 p.m.
Thurs.,	"	18.	—Abernethian Society, Mr. G. H. Colt, M.B. "Supra-public Cystotomy."
Fri.,	"	19.	—Clinical Lecture, 1 p.m. Dr. West.
Sat.,	"	20.	—A.F.C. v. Old Forehillians. R.F.C. v. London Irish.
Mon.,	"	22.	—Special Lecture, 1 p.m. Dr. Lewis Jones.
Tues.,	"	23.	—Dr. West's Post-graduate Demonstration, 3 p.m.
Wed.,	"	24.	—Clinical Lecture, Mr. Bowly, 2.45 p.m. R.F.C. "A" v. R.I.E.C., at Cooper's Hill. A.F.C. v. R.N.C., at Greenwich.
Thurs.,	"	25.	—Abernethian Society, Clinical Evening. "Skins."
Fri.,	"	26.	—Clinical Lecture, 1 p.m.
Sat.,	"	27.	—A.F.C. v. Old Reptonians. R.F.C. v. Streatham.
Mon.,	"	29.	—Special Lecture, 1 p.m. "Orthopædics," Mr. McAdam Eccles.
Wed.,	"	31.	—R.F.C. "A" v. R.N.C., at Greenwich.

THE Manager of the JOURNAL, MR. W. E. SARGANT, M.K.C.S., is still prepared to receive the names of subscribers to future editions of the YEAR BOOK, price one shilling. Scarcely 200 names have been received, although the book was sent to 3000 Bartholomew's men.

\* \* \*

#### Editorial Notes.

IN this number—the first of a new year—it is our privileged custom to wish every subscriber to the JOURNAL happiness and prosperity through the coming year. It is vain for us to extend these wishes to all Bartholomew's men, because our thoughts can only be conveyed to them through the medium of these columns. Would that "every subscriber" was synonymous with every Bartholomew's man!

\* \* \*

THOUGH Sir Dyce Duckworth has retired from active work at St. Bartholomew's, as we intimated in the last number of the JOURNAL, we are glad to learn, firstly, that his connection with the Hospital will not be entirely severed, for he has been appointed one of the consulting physicians, and he is to be recommended for election as a Governor of the Hospital. And secondly, we are glad to learn that he has been appointed Physician to the Seamen's Hospital at Greenwich, where patients and students alike will continue to derive benefit from his vast experience in clinical medicine.

\* \* \*

THE vacancy caused by Sir Dyce's retirement was filled, by the newly-constituted Election Committee on 21st ult., by the selection of Dr. Tooth, C.M.C., as Physician to the Hospital. We congratulate Dr. Tooth most heartily upon his promotion, which he has earned by a long period of service among the out-patients. The vacant post of Assistant Physician will be filled by the same Committee at a meeting on January 18th.

\* \* \*

SIR DYCE DUCKWORTH was entertained at a complimentary dinner by his old House Physicians on Wednesday, November 29th, at Odeonino's Restaurant, and afterwards he was presented with a portrait of himself painted by Mr. Walter Horsley. Mr. James Berry, being the most Senior of the House Physicians present, presided at the dinner, and also made the presentation on behalf of all the



House Physicians, of whom, out of a total of forty, twenty-five were present.

\* \* \*

Two of the older generation of Bartholomew's men have recently passed away in the persons of Mr. T. C. Langdon, F.R.C.S., of Winchester, and Dr. J. H. Edwards, of Bedford. Perhaps some of our readers will remember that fifteen months ago we recorded the presentation of a service of silver plate to Mr. Langdon by the Authorities and Staff of the Royal Hants County Hospital at Winchester, on his retirement from office. His connection with the Hospital had extended over a period of forty years. We publish short obituary notices in another column.

\* \* \*

Two successful Hospital functions took place early in December—the Students' Union Dance and the Matinée at His Majesty's Theatre on behalf of the Rebuilding Fund. Short accounts of both these functions appear elsewhere in this issue of the JOURNAL.

\* \* \*

THE Ancient Priory Church of St. Bartholomew the Great was the scene of an interesting ceremony on Saturday, December 2nd, when the recent work of restoration reached its climax in the dedication and reconsecration service at which the Bishop of London officiated, and at which the City was represented by the Lord Mayor, the Lady Mayoress, and others, while Sir Dyce Duckworth, Dr. Ormerod, Dr. Champneys, Mr. Eccles, and many members of the nursing staff represented the Hospital. It was our intention to publish a short account of the restoration of the cloisters which contain remnants of perfect Norman architecture, though it is probable that the cloisters as a whole were rebuilt early in the fifteenth century. However, we must defer the account to some future date.

\* \* \*

WE have been asked by the Honorary Secretary of the Appeal Fund Committee to state that the task of preparing the subject matter for the *History of St. Bartholomew's Hospital*, which has been entrusted to Dr. Norman Moore, has proved much more arduous than was anticipated. It is hoped, however, that the book will soon be ready for publication.

\* \* \*

It is interesting to note that, out of a total of less than 100 medical practitioners who have been called to the English Bar, no fewer than eleven are old Bartholomew's men. Their names, in chronological order, are as follows: W. R. Smith, G. E. Yarrow, J. Oldfield, T. E. Saunt, F. J. Waldo, C. F. Rumbold, S. B. Atkinson, G. H. Coke, T. H. Chittenden, and Thomas Eastham.

\* \* \*

ON December 2nd the League of St. Bartholomew's Nurses held its annual winter meeting in the School Library, and we are glad to hear that it was even a greater

success than usual. A very large percentage of St. Bartholomew's nurses, thanks to their admirable training, continue to rise to a high degree of eminence in their profession, and this well-known fact was strongly emphasised at the meeting last month by the presence of many matrons of large London hospitals as members of the League.

\* \* \*

WE gratefully acknowledge a handsome Christmas gift of Messrs. Cadbury's cocoa and chocolates. These were distributed to the members of the JOURNAL Staff, and we have heard nothing but praise for the quality of the chocolates. For ourselves, we reserved the choicest box, and the excellence of the present number of the JOURNAL is wholly due to the excellence of the chocolates.

\* \* \*

A VERY inaccurate statement in last month's JOURNAL escaped our notice. In a reference to Dr. Norman Moore's Fitzpatrick Lectures, it was said that "Johannes de Mirfield was a contemporary of Chaucer and Bede, and studied at Oxford." Bede lived in the eighth century, and Chaucer in the fourteenth, and we have no reason for believing that "The Venerable" Bede was a second Methuselah.

\* \* \*

ARRANGEMENTS have been made to hold a German class for medical men in the College. Herr A. G. Haltenhoff (Berlin University) will visit twice a week at convenient times. The class will be conducted so as to enable pupils to read German medical books, and also to converse in German for travelling, visiting hospitals, clinics, etc., in Germany. The charge will be three guineas for a term of twelve weeks. Further particulars may be obtained from the Warden.

\* \* \*

THE International Medical Congress will be held at Lisbon this year during the Easter holidays, from April 19th to 26th. In connection with this the Orient-Pacific Line intend to send the ss. "Ophir," which will offer the advantages of a brief pleasure cruise, and at the same time will afford every facility for those whose chief business is concerned with the Congress. The "Ophir" will lie in port for six days, so that the passengers may make the ship their home. Further particulars may be obtained from the Company's offices.

\* \* \*

THE following extract from a letter of a venerable Bartholomew's man, Mr. W. H. Barfoot-Saunt, who qualified in 1851, is pleasing:

"From the Year-Book I gather that it is proposed to include in the rebuilding and reformation of the Hospital a Department for Pathological Research, and old pupils are asked to send contributions for this purpose. As I think at the present time every first-rate Medical School should have such a Department, I shall be glad to contribute to it."

Mr. Barfoot-Saunt forwarded £20 with his letter.

### Rebuilding Fund.

THE Matinée which was held at His Majesty's Theatre, kindly lent by Mr. Tree, on Monday, December 11th, in aid of the Rebuilding Fund, was a great success. Nearly all the tickets for the reserved seats had been sold, and though the fog did its worst the house was very well filled; the pit and gallery were the only parts which, as far as numbers were concerned, were seriously affected by the weather.

Many of the leading actors and actresses in London were generous enough to appear, and with a programme comprising such names as Sir Charles Wyndham, Miss Marion Terry, and Miss Mary Moore; Mr. Tree and Miss Constance Collier; Mr. George Alexander and Miss Lillian Braithwaite; Mr. Bourchier and Miss Violet Vanbrugh; Mr. Charles Warner, Mr. George Grossmith, Mlle. Genée, and many others, no audience could fail to be pleased, and certainly the audience on this occasion showed its appreciation with the utmost enthusiasm.

A beautiful souvenir programme was sold in the theatre by Sisters of the Hospital and other ladies. A few copies are still left, and may be obtained from the Appeal Office at a cost of two shillings each.

It is hoped that the sum of £500 or more will be realised for the Rebuilding Fund as the proceeds of the entertainment.

It may not be inopportune to remind our readers that it is by individual effort alone that large sums of money can be raised, and though a constant stream of small donations reaches the Appeal Office, we wish to appeal once more to those present students and old Bartholomew's men, who have up to the present done nothing for the Fund, to make strenuous personal efforts on its behalf, otherwise it will be a long time before the scheme for the complete reconstruction of a large part of the Hospital can be carried out. We would also point out that as £8000 are still required before any attempt will be made to commence the Pathological Block, all subscriptions raised by students, old Bartholomew's men, or their friends should be specially devoted to this fund, as this part of the rebuilding concerns them even more closely than the rest, and is certainly not less important.

The following are the additional subscriptions to the fund for the Pathological Block:

PATHOLOGICAL FUND.		£	s.	d.
Amount already acknowledged		1960	11	0
James Weir, Esq.		5	0	0
H. J. Manning Watts, Esq.		1	1	0
A. C. Warren, Esq., M.B.		2	2	0
J. F. Alexander, Esq.		2	2	0
A. J. Cudden-Fletcher, Esq.		1	2	0
"C. W." (per Dr. J. A. Willett)		10	10	0
J. Graham Forbes, Esq., M.D.		5	5	0
Total		£1888	13	0

Sir Dyce Duckworth, M.D., F.R.C.P.,  
1868 to 1905.

By SAMUEL WEST, M.D.

TIME has laid a heavy hand on the medical staff of St. Bartholomew's Hospital in the last few years. Sir William Church, Dr. Gee, Sir Lauder Brunton, Dr. Hensley, and now Sir Dyce Duckworth, it has removed one after another from the active staff, ruthlessly yet kindly, for all have left with health unimpaired and vigour unabated.

The retirement of Sir Dyce Duckworth, who on November 25th reached the age limit, takes from among us a figure that has been prominently associated with St. Bartholomew's Hospital as long as any of us can remember; indeed, I doubt if the memory of anyone now on the Staff can go back to the time of Sir Dyce's advent.

In 1861 he first entered the walls of St. Bartholomew's Hospital with an introduction to Mr. Paget. The next year he returned with an introduction from Rolleston to Dr. Burrows, who gave him a clerkship. After serving as house physician at Edinburgh he entered the Royal Navy, though he never served afloat; for while he was at the Plymouth Hospital the death of Dr. Kirkes created a vacancy at St. Bartholomew's. Applying for leave of absence he hurried up to confer with his friends, upon whose advice he stood for the vacant post of Medical Tutor, and obtained it. He then left the Navy, passing his cocked hat and sword on to a messmate, who was soon after wrecked on H.M.S. "Amazon"; the man was saved, but Duckworth's cocked hat and sword rest with that ill-fated vessel at the bottom of the sea. As Medical Tutor he came into close relation with Dr. Church; and they worked hard together in the slums surrounding the Hospital as physicians to the Royal General Dispensary. Soon after two more deaths occurred. Dr. Baly was killed in a railway accident and Dr. Jeaffreson died of typhoid fever. Thus vacancies were created on the Staff, one of which Duckworth obtained, and he thus became assistant physician to the Hospital at the early age of twenty-eight. In due course of time he became full physician, and held that post for twenty-two years.

Thirty-seven years is, as Sir Dyce once said, a long innings. To adopt his metaphor we may add that he played the game as it should be played, and made a good score for the honour of School and Hospital, and now that time declares his innings closed he leaves the pitch with his wicket still standing, and is welcomed from the field with applause and congratulation from those who have watched and enjoyed his play so long. He hit with a straight bat, and that was the secret of his success.

Uprightness and honesty were the great characteristics of his hospital life. He did his duty in a simple unaffected



and straightforward way, which was an encouragement and example, none the less powerful because unobtrusive, to colleagues and pupils alike.

Dignified and calm in bearing, he moved with an old-fashioned courtesy rare in these days; yet beneath that smooth and placid surface lay depths of feeling which could at times boil up. When deeply moved he spoke strongly, yet always with due consideration for others, and without anything in word or gesture which could irritate or wound his opponents.

Fatigue would more often than anything disturb his self-composure. For this a long out-patient afternoon was most often responsible, and as in those days out-patients began at 11 and often did not end till 4, fatigue was excusable. When after such an afternoon he came into the ward to change his coat he would blow off steam to the old sister, and pour down the vials of his wrath upon the stupid, ignorant, dirty, deaf (with copious other epithets of a similar kind) creatures for whose welfare he had worn himself out. With a cup of tea and a gentle joke he would soon recover his equanimity, finding himself relieved by the explosion, and with no one any the worse for it.

After a long afternoon, a deaf person was the last straw. It is dangerous for a teacher's little weaknesses to become known to his pupils. A deaf person was a certain draw for Duckworth, and I am afraid that out of a sheer love of mischief a deaf person was sometimes deliberately provided.

Intemperance was a vice for which Duckworth could make no allowance, especially if the patient persisted in attributing his illness to every other cause than his own evil habits. Then Duckworth's indignation would break forth, and overwhelm the culprit with a torrent of plain and vigorous language, which left him speechless and astounded.

Duckworth was a good friend to the students, as those appreciated most who knew him best. To this his old house physicians bore eloquent testimony in the complimentary dinner they gave to him a few days ago, when twenty-five of them assembled to do him honour.

As a clinical teacher he was precise and thorough, insisting that his clerks should take good notes, be accurate in their observations, and gain under his tuition a good grounding in general principles.

In his clinical lectures he gave himself greater freedom, and spoke wisely and well from his wide experience. These lectures were no compilation but what such lectures should be, a record of his personal experience and opinions.

Duckworth was the best of colleagues, considerate, loyal, kind, free from all petty jealousy, and ready to meet even the youngest of them on equal terms. He often invited them into consultation, either with the object of obtaining their opinion and advice or of sharing with them the study of a rare or interesting case. To his assistant physician he was always considerate, not only encouraging him to teach

in the wards, but expecting him to be so familiar with the cases as to be ready to take charge at any time when he might be absent, and as Duckworth enjoyed holidays and took plenty, these occasions were not rare.

A man's character is best shown by the relations in which he stands to those with whom he is brought into constant daily contact. Duckworth inspired respect and affection in them all—colleagues, sisters, nurses, and students.

The spirit of kindness, courtesy, and refinement reigned in his wards, and Duckworth was never guilty of offence against any of these virtues. Coarseness, vulgarity, and flippancy in the wards were abominable to him, and repressed by him if they ventured to obtrude with dignified disapproval. His patients he treated with that kindness and tenderness which true sympathy inspires.

Duckworth looked upon the wards as places where the poor sick patients lying free from the strain and harass of their daily struggle for existence were specially open to softening and refining influences, which might give many a new experience of life, and send them back into the world happier and stronger in mind as well as body.

With such high aims and ideals Duckworth's influence will be greatly missed in the Hospital and School.

There is a deepening tinge of sadness in every succeeding birthday as their numbers grow, and I think the saddest birthday Sir Dyce has yet spent was that which brought with it his superannuation at St. Bartholomew's, tempered though it was by his election as consulting physician. By a strange coincidence on that very day he received as if in consolation the news of his appointment as physician to the Seamen's Hospital at Greenwich, with charge of beds. Thus he can still indulge his taste for clinical work, and extend the advantage of his ripe experience to the students of that School.

There we will leave him, wishing him health and happiness with many years of active work, and assuring him of a cordial welcome whenever he revisits his old haunts at St. Bartholomew's Hospital.

### Miscellanies.

By DR. SAMUEL GEE.

#### I. PYLORUS RECTOR.

"Dum viget stomachus vigent omnia." Baglivi, *de Inappetentia*. Opp. (edit. Sept., 1710), p. 74.

"It seems to me that, in the cure of all chronic complaints, however distant their seat may be from the stomach, those will have the greatest success who attentively consider the present state of this organ."—John Fothergill: *Works*, edit. 1781, p. 265.

"The stomach is not only exposed to certain disorders peculiar to itself, but is likewise the great Sympathiser with most of the local and constitutional derangements of the system."—C. R. Pemberton, *Diseases of Abdominal Viscera*, 3rd edit., 1814, p. 99.

#### 2. ACUTE MILIARY TUBERCULOSIS OF LUNGS.

The key to diagnosis is found in the tubercular asphyxia (as Graves\* calls it), or what would be better called tubercular cyanosis; that is to say, lividity much greater than the concomitant bronchitis can account for.

#### 3. WEAK NERVES.

"It is a misfortune, indeed, to be born with weak nerves, but if rightly used and managed it may be the occasion of greater felicity; for at least it is (or ought to be) a fence and security against the snares and temptations to which the robust and healthy are exposed, and into which they seldom fail to run."—George Cheyne, *English Malady*, 6th edit., 1735, p. 20.

#### 4. IMAGINARY DISEASES.

A lady suffering from what she called a "spinal affection," which existed only in her fancy, once said to me, "You regular practitioners can do me no good; none but a quack can cure me." Most profoundly true: imaginary remedies for imaginary diseases.† Nature's children all partake her care, and she provides even for the fanciful and foolish. "Stern over each bosom reason holds her state." Were this true, were all patients disciples of Epictetus, ours would be a much less amusing profession than it is.

#### 5. HYPOGLOSSIS.

What is usually called acute glossitis is the hypoglossitis of Hippocrates, a disease akin to suppurating quinsy. A small abscess forms in the frenum lingue, and makes the whole tongue swell. "When hypoglossitis occurs the tongue swells, also the subjacent parts: externally there is hardness to the touch, and the patient cannot swallow his spittle. When these things are so, apply a sponge wrung out of hot water. Where there is swelling, put on a barley-meal poultice made with wine and oil; gargle with decoction of figs. No baths. When suppuration has occurred, incise. Sometimes the pus escapes spontaneously, and incision is unnecessary." Hippocrates, *De Morbis*, lib. ii, § 31. The spontaneous discharge of pus often occurs while the patient is asleep; he awakens to find himself much better and his tongue smaller. On lifting the tongue up it is easy to see the hole through which the pus has escaped. Recovery is speedy.

\* *Clinical Lectures*, 2nd edit., 1848, vol. ii, p. 89.

† Upon this topic nothing better can be read than Montaigne's essay on the "Force of Imagination" (vol. i, essay 20). See also Selden's *Table Talk*, chapter xxxiv.

## The International Congress of Gouttes de Lait. Paris, 1905.\*

By H. L. P. HULBERT, M.B. Cantab., D.P.H.

**I**N France an alarmingly small birth-rate, combined with the excessive mortality of infants under one year of age, has led to an important and wide-spread movement for the protection of child life.

It is acknowledged by medical men in all countries that the high death-rate amongst infants is, to a large extent, due to the neglect of breast feeding, and the imperfect methods of artificial feeding. To ameliorate these conditions the French, on the initiative of Professor Budin, Dr. Variot, of Paris, and Dr. Dufour, of Fécamp, have established institutions for free medical consultations to nursing mothers, and the distribution of sterilised milk for children, who are being fed artificially.

These ends are usually combined in the French Gouttes de Lait. At these institutions nursing mothers are encouraged to bring up their children regularly for medical consultation, and sterilised milk is provided for those children who are obliged to be wholly or partly fed artificially. The milk is usually provided in baskets containing nine bottles, one for each meal required during the twenty-four hours. Each bottle contains the exact quantity required for one meal. The bottle has only to be heated, uncorked, and the india-rubber nipple put on to make it ready for the child to suck. In this way both the initial risk caused by disease-producing organisms, often found in crude milk, and the further danger of contamination at the home of the consumer are prevented.

Gouttes de Lait have now been established in about a hundred towns in France. The movement has spread so rapidly in Europe and America that it was felt that the time had come for an International Congress for the interchange of ideas connected with these institutions and the protection of the lives of infants. Paris was the natural meeting place for the Congress; for it is to the skilful organisation and enterprise of the French doctors and philanthropists that the world owes this valuable addition to the methods of preventive medicine.

The members met at 10 o'clock on Friday, October 20th, in the magnificent lecture hall of the Institut Pasteur, and the Congress was formally opened by Madame Loubet and M. Merlou, Ministre des Finances.

The international importance which this movement has assumed may be estimated by the fact that ten nations (The Argentine Republic, Belgium, Cuba, Spain, Hungary, Holland, Norway, Portugal, Italy, and Sweden) sent official

\* Some of our readers will remember that an article of a similar nature, written by Dr. J. E. Sandilands, appeared in the *JOURNAL* for January, 1905, entitled "The Finsbury Infants' Milk Depot."—EDITOR.



delegates to the Congress. The towns of Berlin, Glasgow, and Rome were also officially represented. Desse, Margouliès travelled direct from Russia in order to make her communication on the development of Gouttes de Lait at St. Petersburg. Dr. Green attended from New York as representative of the Hon. Nathan Strauss.

The honour of making the first communication to the Congress after the opening ceremony was courteously granted to Dr. McCleary, Medical Officer of Health for Battersea. His paper dealt with the "History of Infant Milk Depôts in Great Britain." The Municipal Milk Depôt in Battersea under his charge was the first to be created in London, and has been the model for others in different parts of this country.

He was followed by Dr. Variot, who established the first Goutte de Lait in Paris, in connection with the Belleville Dispensary, in 1896. His paper pointed out the importance of Gouttes de Lait as affording a field for the systematic observation of growing children in health and disease. At the French Gouttes de Lait the mothers are required to bring their children once a fortnight to be weighed. They are then examined by the doctors, and advice is given with regard to both mother and child. On admission, for instance, to the Fécamp Goutte de Lait, Dr. Dufour gives each mother a book in which the main facts with regard to the child are entered, *e.g.* its weight and precise age on date of admission, the principal measurements and any peculiarities of the head, chest, body, and shoulders, together with the most important particulars relating to its father, mother, and family history. As time goes on the date of the appearance of the teeth is also recorded, together with the weight and difference in weight from week to week. The nature of the feeding is indicated by letters S = Sein (breast), P = pure cow's milk, H = humanised cow's milk. Most valuable anthropometric records are being formed in this way, and the great advantages of regular medical supervision to both mother and child are obvious. Errors in diet can be corrected for both mother and child, and many a mother can be made capable of suckling a child who would otherwise have been weaned.

It must be admitted that the English milk depôts are somewhat behind in this respect.

The love of liberty is often developed to excess in the British parent. She would refuse to submit to such regulations, and to attend regularly at the depôt for the weighing of her child and medical examination. This tendency of the British mothers to be a law to herself in these matters no doubt results in an enormous amount of insufficient and improper feeding. These errors of diet, which are corrected by the Goutte de Lait system, are doubtless responsible for the large number of the deaths of infants from atrophy, debility, and inanition (20 per 1000 births in England and Wales during 1901). It is to be hoped that if the movement in favour of infants' milk depôts spreads in this country, as

it has in other parts of the world, the difficulties in the way of systematic medical supervision, viz. the fear of hospital abuse and the obstinacy of the British mother, may be overcome.

The communications on October 20th were followed by an animated discussion as to whether the Consultation de nourrissons (école d'allaitement maternel) should be separated from the Gouttes de Lait (école d'allaitement artificiel), the former being confined to the Accoucheurs, the latter to the 'Pédiâtres.' The general opinion was that the two institutions should be amalgamated under the charge of the 'Pédiâtres.' Otherwise who would be responsible for the children only partially breast fed? The contest between the Accoucheurs and 'Pédiâtres' has been keen in Paris. Many of the latter contend that the Accoucheur's business with the child is over at its birth. They hold that he has usurped his function by establishing both Consultations de Nourrissons and Gouttes de Lait at the maternity hospitals.

On October 21st the members of the Congress had an opportunity of seeing Dr. Variot's Goutte de Lait at the Belleville Dispensary. This was established in 1896, the first of fifteen now organised in Paris. It is in connection with a charitable dispensary for sick children founded in 1892. The milk is sold at half the commercial price (*i.e.* 30 centimes the half litre) to necessitous mothers, in half-litre and litre bottles, hermetically sealed. It is sterilised "industriellement," that is to say, at the farm from which it is sent to Paris. The mothers are provided at a trifling cost with smaller graduated bottles from which the children are fed, and printed instructions are given regulating the quantities for each feed in accordance with the age of the child. These half-litre and litre bottles are given in place of the basket of eight or nine bottles, each containing enough milk for one feed (appareils de Soxhlet), in order to avoid the expense and the special staff which would be required to sterilise and cleanse the large number of small bottles. It was reckoned in 1897 that on Saturdays a thousand small bottles (*i.e.* 120 baskets of bottles) would have to be distributed at the dispensary for the two days, Saturday and Sunday. Dr. Variot claims that his bottles are superior to the apparatus of Soxhlet. They do not, however, appear to have gained favour in France or elsewhere. By providing each feed in a separate bottle all manipulation and consequent risk of contamination of the milk at the home of the consumer is avoided.

At the banquet at the Hôtel Continental, which concluded the meetings of the Congress in Paris, many interesting introductions took place. Amongst these was that of the Mayor of Huddersfield, Mr. Broadbent, to the Mayor of Villiers le Duc. These are probably the only two mayors in the world who are employed upon a novel scheme of munificence in order to encourage the careful nurture of children during the first year of life. Each has promised

to give a sum of money—£1 in the case of the Mayor of Huddersfield—to every child born within a certain area in his municipality during his year of office on its attainment of its first birthday. Mr. Broadbent has claimed a remarkable reduction in the infantile mortality in the area in which his scheme is in operation (*vide The Lancet*, December 9th, 1905).

On October 22nd, about sixty of the members of the Congress made their way by special excursion to Rouen. They were met at the station by Dr. Brunon, founder of the Rouen Goutte de Lait, to which they were at once driven in brakes. Here the milk is distributed, either sterilised and modified with one third water (lait maternisé) or unaltered (lait cru). It is supplied from a model farm, a couple of miles out the town. The sterilisation and bottling are done at the farm immediately after milking, and the bottled milk taken to the city in special carts. Desse, Marie Roussel, who directs the work at the Rouen Goutte de Lait, made an interesting communication to the Congress with regard to it. During the past year—October, 1904, till October, 1905—not a single child who has attended regularly at this Goutte de Lait has died from gastro-enteritis, although 70 to 80 per cent. of those enrolled on the books were suffering from this disease on admission. Madame Roussel considers that the milk has acted as a marvellous medicine (un merveilleux médicament). She has found that children entering the institution with diarrhoea and vomiting frequently begin to amend in from three to six days. She is convinced of the superior digestive and nutritive value of crude milk to modified. She hesitates, however, to give it, because the mothers do not understand the essentials necessary to render crude milk inoffensive to infants. "The cows," she says, "must be tested with tuberculin, specially fed, without brewers' grains or pulse, and the milk must be collected aseptically, and sealed in sterilised bottles like those in which we distribute it . . . The women think one crude milk as good as another, cease to come to us, and give their infants the 'crude milk' of the milk shop or fruit shop; and then diarrhoea begins to reappear more vigorously and intestinal tuberculosis begins to flourish better than ever! This is a real danger. It would be a terrible reaction, all the progress accomplished in fifteen years would be interfered with." Madame Roussel has published striking instances of infants who have failed to progress on modified milk or have had recurrences of diarrhoea and been put on "crude milk" almost in despair. The result has been that they have at once begun to mend and increase in weight normally, *i.e.* at the same rate as a healthy child when breast-fed. The visit to Rouen concluded with déjeuner at the Hôtel de France, presided over by M. Waddington, member of the French Commission on Depopulation, and an afternoon somewhat incongruously divided between the model cowshed (in which a wash-handstand for the milkers was a conspicuous feature rarely seen

in England) and the famous Cathedral and Palais de Justice.

From Rouen the members of the Congress went to Havre, where they were kindly met by Dr. Caron, the director of the Goutte de Lait there. The striking feature of the Havre Goutte de Lait is that pure sterilised milk is given unmodified to children of all ages. To the youngest babies and to those suffering on admission from diarrhoea and vomiting it is given at first in very small quantities. Dr. Caron finds that by gradually increasing the amount tolerance is gradually established, until the normal quantity of nourishment required by each child, in accordance with its age, is reached. This method of feeding would seem unphysiological, and therefore unlikely to succeed. Dr. Caron, however, claims that in his hands it has led to excellent results.

The excursions concluded with a visit to Fécamp, where the first provincial Goutte de Lait was established in 1894 by Dr. Dufour, who invented the term. The visitors were driven at once from the station to the Goutte de Lait, and received there by the Mayor of the Town, Dr. Dufour, and some of the ladies connected with the work. This institution, as explained in Dr. Dufour's pamphlet entitled *Comment on crée une Goutte de Lait*, has been the model from which most others in France and the infant milk depôts in this country have been moulded. The infants are divided into three sections: (a) section gratuite (les pauvres); (b) section demi-payante (les ouvriers); (c) section payante (les bourgeois, les gens établis et les riches). Two small workmen's cottages in a populous part of the town have been adapted for the institution. On the ground floor is a laboratory for the sterilisation, analysis, and preparation of the milk. The baskets containing the milk bottles are handed out to the mothers from this room through a window opening on the outside court. Communicating with this is a room for the attendant. Beyond these are Dr. Dufour's consulting room, where the mothers are interviewed, and the children examined, weighed, etc., and the waiting room and undressing room for the mothers and babies. The bottles are washed in a shed opposite the laboratory by mechanical bottle washers. On the first floor is a small bacteriological laboratory and library.

When these had been inspected, the visitors were courteously shown round the old Abbey Church by one of the priests, and were then taken to the Benedictine Distillery. The contrast between this and the Goutte de Lait was somewhat remarkable. You enter the one through a spacious courtyard into a lofty waiting hall and proceed up a magnificent staircase through sculptured saloons into spacious workrooms, the other opens on to a narrow court in a back street; one has a capital of 2,500,000 francs, the other has to be content to raise 13,104 francs for a year's expenditure. At the one 500,000 empty bottles may be seen, the other possesses perhaps 2000 bottles all told; one



has automatic fillers which fill 10,000 bottles a day, the other not enough milk to fill a thousand; one provides the world with flavoured sugar and 52 per cent. alcohol which it might be better without, the other provides the infants of Fécamp with the necessary of life which it is hard for them to get; men of science, under Dr. Dufour, superintend the feeding of these infants, while the Sisters of St. Vincent of Paul and their hundred orphan girls bottle liqueurs.

The Congress concluded at Fécamp with hearty votes of thanks to all the hosts of the visitors, especially Dr. Dufour, Dr. Variot (qui donne l'accolade à son collègue Dufour), and the energetic Secretaries, Dr. Paul Roger, of Paris, and Dr. Grasset, of Tours.

The following resolutions were passed:

- 1° Que les Pouvoirs publics prennent toutes les dispositions utiles pour diminuer le nombre des mères incapables d'allaiter.
- 2° Que les Gouttes de Lait soient propagées dans la mesure la plus large possible.
- 3° Que toutes les Gouttes de Lait aient une direction médicale.
- 4° Que les Pouvoirs publics encouragent et favorisent leur développement.
- 5° Que les Pouvoirs publics facilitent par tous les moyens la vulgarisation de l'hygiène infantile.
- 6° Qu'une législation rigoureuse soit instituée dans tous les pays pour la surveillance du lait destiné aux nourrissons.
- 7° Qu'il soit créé une Union internationale des Gouttes de lait avec Bureau permanent.

### Recent Books and Papers by Bartholomew's Men.

The Editor will be glad to receive reprints of any such papers for this column or even a post-card from the author with the title of his paper. Books which have been received for review are not included in this list.

- The Fitzpatrick Lectures II. Dr. Edward Browne (1644—1708) and the Education of Physicians in London in the 17th Century. By Norman Moore, M.D., F.R.C.P. British Medical Journal, November 25th.
- Portal Pyæmia and Pylephlebitis. By W. Langdon Brown, M.D., M.R.C.P. British Medical Journal, November 25th.
- Observations on the Opsonic Index of Patients undergoing Sanatorium Treatment for Phthisis. By H. Meakin, M.B., Capt. I.M.S., and C. E. Wheeler, M.D. British Medical Journal, November 25th.
- The Pathology of Dropsy (continued). By F. A. Bainbridge, M.D., M.R.C.P. The Practitioner, December.
- Treatment of Crushed Hands. By A. J. Fairlie Clarke, M.C., F.R.C.S. The Practitioner, December.
- A Note on Sleeping and Dreaming. By Stephen Paget, F.R.C.S. The Middlesex Hospital Journal, December.
- Diseases of Throat, Nose, and Ear. By Dundas Grant, M.D., F.R.C.S. Polyclinic, December.
- Drug Eruptions. By H. D. Rolleston, M.D., F.R.C.P. Nursing Times, December 9th.
- An Address on the Crystalline Lens in Health and in Cataract. By Sir Wm. Job Collins, M.S., M.D.
- The Treatment of Laryngeal Tuberculosis. By W. Jobson Horne, M.D., M.R.C.P. British Medical Journal, November 4th.
- The Bradshaw Lecture. Carcinoma is a Parasitic Disease. By H. T. Butlin, F.R.C.S. British Medical Journal, December 16th.
- The First Mitchell Banks Memorial Lecture delivered before the University of Liverpool by Reginald Harrison, F.R.C.S. British Medical Journal, December 23rd.
- Prognosis in Mental Diseases. By Robert Jones, M.D., F.R.C.S. British Medical Journal, December 16th.
- A New Treatment for "Housemaid's Knee." By T. A. Field, M.D. British Medical Journal, December 16th.

### Clinical Odds and Ends.

By SAMUEL WEST, M.D.

#### URÆMIC COMA AND DIABETIC COMA.



WRITER on granular kidney twenty-five years ago asserted that this disease was rarely diagnosed during life. That cannot be said now, and yet there is no doubt that it is still often overlooked. Many of those afflicted with it may believe themselves to be in good health until some sudden illness seizes them. An excellent instance of this was recently in Luke Ward. A man of fifty was suddenly taken ill in his office with vomiting and headache. He rapidly became semi-comatose, and had general twitchings. For this he was bled to the amount of ten ounces with temporary benefit, but as he soon relapsed, he was sent to the Hospital. On admission he was drowsy, half unconscious, but could be roused, vomited once or twice, and had slight twitchings. The condition of the arteries suggested the cause, and the presence of albumen confirmed the diagnosis of granular kidney. Being on the verge of uræmic coma, he was actively treated with hot air baths, subcutaneous injections of nitrate of pilocarpin, and a purge. Instructions were left that if fits recurred and coma threatened oxygen was to be freely administered as well—the treatment was sufficient. He improved, and in the course of a few hours the threatening symptoms vanished. Here was a patient, apparently in good health, struck down in a moment with uræmia, and in imminent danger of death.

At the very same time there was admitted a young man of about twenty years of age on the verge of diabetic coma. He was treated in exactly the same way, except that he was not bled, and he too recovered, though he was not out of danger for three days. The lad was known to have had diabetes for a few weeks only, and until the sudden onset of drowsiness was not supposed to be in an anxious state of health.

In strong contrast as the two diseases, diabetes and granular kidney, stand to one another, the attacks from which these two patients suffered present many points of resemblance. Both patients, without any warning, suddenly passed into a condition, in which they had a desperate struggle for their life, and were only rescued by prompt and energetic treatment. In neither case was there any sudden change in their general condition or in the characters of the urine which could explain the sudden attack. In both cases the quantity of urine passed was large, and indeed excessive. The granular kidney patient did not pass more albumen or less solids. In the diabetic patient the amount of sugar was not excessive, and the condition of the urine in all respects was the same during the attack and after it was over. Diacetic acid (iron reaction) was present in moderate amount only, and so was acetone (iodoform and

nitroprussate of potassium test), but these substances stand in no close relation with coma.

In both cases alike the only explanation possible seems to be this, that, in some unexplained way, there is suddenly produced an intensely poisonous chemical substance, which, if not rapidly eliminated or destroyed, produces coma, and ends in death. What the poison is in either case is so far unknown, the pathology of the two conditions being the same though the poisonous substance need not be. The treatment would be the same, viz. to assist elimination by diaphoresis and purging, and possibly by bleeding, and to endeavour to destroy it by the free inhalation of oxygen. I believe that in both these cases the active treatment to which they were without delay subjected saved life.

#### THE ADMINISTRATION OF PILOCARPIN.

It has been stated the pilocarpin is a risky drug in renal disease. That is not my experience. I have seen it do good in very many cases, and never harm in any. Something may depend upon the mode of administration and the dose. One twelfth or one sixth of a grain of the nitrate of pilocarpin may safely be given, and can be repeated after a short interval. All powerful drugs should be given in small doses at short intervals rather than in large doses. Take as another illustration a case of chorea that has to be got to sleep by chloral. No one would care to give a child a single dose of forty grains. Yet three or four times this amount may be safely administered in doses of five or ten grains according to the age and size of the child every hour if necessary till sleep is produced. The same is true of pilocarpin. A dose of one sixth grain subcutim will produce sweating and nothing more. Infusion of Jaborandi was a more uncertain remedy, no doubt because of its varying strength, but that preparation is rarely used now, and if given should be given in the way suggested, viz. in small doses frequently repeated.

### Opsonins.

By HAROLD MEAKIN, M.D. Lond., Captain I.M.S.,  
Nordrach upon Mendip Sanatorium.

IN the course of bacteriological research it often becomes necessary to create new words in order to describe new discoveries. The fate which attends these new words is very variable. Some words hardly escape from the laboratory in which they are born, while others travel rapidly to all the big laboratories in the world; and others again, generally by reason of their clinical importance, not only attract attention in the laboratories of the Continent and America, but are heard almost as soon in the wards and on the lips of "the man in the street."

It is to this last class that the word "opsonin" belongs, for within a few months of its birth it not only made

itself known wherever bacteriological research was carried out, but since it refers to a detail in the fight with every disease which is of the nature of a bacterial invasion it was soon frequently heard in the wards, and even secured to itself a whole column in one of the London daily papers.

In September, 1903, a paper was contributed to the *Proceedings of the Royal Society* (vol. lxxii), by Professor Wright and Captain Douglas, I.M.S. (the latter an old Bart.'s man), in which by a series of very conclusive experiments they showed that in the phagocytic experiments of Leishman the rate of phagocytosis is determined by the presence in the blood serum of some body which acts on the bacteria "in a manner which renders them a ready prey to the phagocytes."

It is important to keep in mind that the effect is produced upon the bacteria and not upon the phagocytes.

Wright and Douglas called this effect an "opsonic" effect (*ὀψώνιον, to cater for: to prepare vicinals for*), and employed the term "opsonin" to designate the elements in the blood fluids which produced this effect. In other words, they showed that a patient subject to an invasion by bacteria might have a powerful army of phagocytes capable of devouring the bacteria, but that the activity of this army would depend upon the extent to which the bacteria had been exposed to the action of opsonin.

It is clear from this that our efforts to enable a patient to combat a bacterial invasion successfully should include, if possible, an attempt to increase the opsonic power of the blood. There appears to be a separate opsonin for each variety of bacteria.

In some cases, and particularly when the invasion is a "local" one, as in boils or acne (due to staphylococci), in lupus, tubercle of the bladder, chronic tubercle of the lung, and many others, the opsonic power of the blood can be raised by an inoculation with bacterial vaccine—generally consisting of a sterilized suspension of bacteria in water—but as a rule this rise in opsonic power or *positive phase* is preceded by a *negative phase* of diminished opsonic power. This negative phase is, if the dose of vaccine is sufficiently small, usually very transient, but it is not at present possible in any case to foretell exactly either its degree or its duration, and it is therefore of absolute importance that no second dose of vaccine be given until the positive phase has supervened. If a second dose be given during the negative phase, one negative phase is superimposed upon another with a harmful result.

In an acute bacterial invasion of a general character, such as typhoid fever or pneumonia, the patient is probably absorbing poison continually and so inoculating himself, and it is on this account that injections of bacterial vaccine are contraindicated in these cases during the attack.

It is clear therefore that a knowledge of the opsonic power of a patient's blood may afford much information as to the progress of the fight going on, and is absolutely



essential if we propose to aid the patient by the inoculation of a bacterial vaccine. To inoculate without this knowledge is like firing a pistol at a couple of struggling men—one might with luck hit the enemy, but one is quite as likely to hit the friend.

The method employed by Wright and Douglas in order to estimate the opsonic power of the blood-serum consists in mixing together equal quantities of

(1) Blood-corpuscles freed from serum by washing first in 1 per cent. citrate of soda in normal saline, and then in normal saline.

(2) An emulsion of bacteria in salt solution; and

(3) The serum to be examined.

This mixture is incubated at 37° C. for twenty minutes, and a film is then prepared and stained in the usual way.

By counting the number of bacteria ingested by each polynuclear white blood-corpuscle an average is obtained. This average is compared with the average obtained in an exactly similar experiment in which the serum of a healthy man is substituted for the patient's serum. The average number of bacteria ingested under the stimulus of the healthy man's serum is taken as unity, and the patient's opsonic power expressed in terms of this. Thus, if the average number of bacteria ingested with the healthy man's serum be 5, and with the patient's serum be 4, the patient's opsonic value will be 0.8, and this is usually described as his "opsonic index." If the patient's serum gives an average of 6, his opsonic index will be 1.2.

The process is necessarily tedious, and this prevents any very rapid advance in our knowledge, but large numbers of observations are now being made every day, and there is every reason to hope that, with a fuller knowledge of opsonins, we shall be able to come to the assistance of patients suffering from diseases due to bacterial invasion in a much more effective manner than has hitherto been possible.

Already many cases have been successfully treated, and certainly in regard to chronic tuberculous disease wherever situated—in the lung, larynx, bladder, or elsewhere, it has become necessary for us to remodel our views as to prognosis since the introduction of this method of treatment.

### The New Out-patients' and Casualty Block.

DECEMBER, 1905.

THE erection of this block was begun in May last. The work has been carried on with great activity, and very satisfactory progress has been made, as may be gathered from the accompanying inset reproduction of a photograph of the site.

Perhaps readers of the JOURNAL will remember that a detailed account of the block, written by the architect, Mr. E. B. F. Anson, with illustrated plans and elevations, appeared

in the special number of the JOURNAL concerning the laying of the foundation stone, a few copies of which still remain, and may be obtained from the Manager. However, it is not out of place to recapitulate what the building will contain when it is completed. In addition to the Surgery and Casualty Department, there will be Out-Patient Rooms, with separate accommodation for each Special Department, with baths, etc., and all the modern fittings and appliances for each. There will also be decent and comfortable quarters for the Resident Medical Staff, and for the mid-wifery clerks; nor will the mere student be neglected, for a luncheon and dining-room, capable of seating 150 men, and a large "common-room," will be provided for the use of students. There will also be ample provision for a new Dispensary, and for the Hospital kitchens and other domestic arrangements.

The greater part of the Giltspur Street front is now built up to the level of the second floor, and the remainder of the building on that portion of the site of which the contractors have possession will soon be up to the level of the ground floor. This part of the building has included a great deal of work in connection with the heating and ventilating arrangements.

It may interest the readers of the JOURNAL, and it will give them some idea of the magnitude of the building, to be informed that the area of the site occupied by the block is nearly an acre, that the frontage next Giltspur Street is 162 feet, and that about 1700 cubic yards of earth had to be removed to form the basement and foundations. Up to the present time about 2500 square yards of concrete, half a million bricks, 4000 cubic feet of Portland stone, and 240 tons of iron and steel have been used in its construction, and 140 men are employed on the work.

The total cost of this block will be £125,000. Towards this amount £108,000 has, up to the present time, been received and promised, of which St. Bartholomew's men, past and present, have subscribed and collected £8302 05. 3d.

### Further Notes upon the Same Subject.

By A. WRANGLER.

THE above figures and details supplied by the architect of this vast undertaking may possibly interest the casual readers of this JOURNAL. The following useful information, however, is certain to please everybody, and will emphasise the importance of looking at all figures with the eye of a modern statistician.

"THE site occupied by the block is nearly an acre." Now an acre conveys no impression to the ordinary student of the Hospital. He will, however, appreciate the magnitude of the site much more accurately when he understands that

it is 397 times the size of the present night-dressers' room, or equal in expanse to 3006 dresser's white coats with the seams all unravelled and placed on the ground *inside out*.

\* \* \*

"THE frontage next Giltspur Street is 172 feet long." This is simply a round about way of saying that it exactly corresponds to the length of all the members of the Visiting Staff placed head to foot *plus* 9 feet 6 inches, which deficiency is accurately supplied by "the Long and the Short of it," or, in other words, by the tallest and the shortest Sisters of the Hospital *without their shoes*.

\* \* \*

THE 1700 cubic yards of earth removed for the foundations may be vividly represented as being three and a half times the amount of Winchmore Hill mud and dirt which is annually transferred from the field to the bath on the *knees* and hands of half the "oaves" who play Football and Hockey in the course of an unusually wet season.

\* \* \*

"HALF a million bricks" sounds well, but this important point must be borne in mind, viz. that if they were placed end to end, instead of being massed together, they would scarcely equal the total length of all the vermiform appendices which Mr. ....\* has removed by operation in the course of the last decade.

\* \* \*

ENTHUSIASTIC Londoners will rejoice to hear that the 240 tons of iron and steel used in the construction of this block have succeeded in making this city of ours the heaviest of its kind in the world by a matter of some 12 ounces 2 scruples and 3 grains.

\* \* \*

A WORD of consolation for all! The noise made by the crane in lifting these 240 tons of steel and iron and these half a million bricks, measured in footpounds per cubic centimetre by our latest "Bruitometer," is seventeen times less exasperating than a summation effect of all the *bruits de diable* which have been heard in the wards of the Hospital since pious Rahere laid the first foundation stone 800 years ago.

\* \* \*

THE Editor, after careful consideration, has decided not to reproduce the diagrams which accompanied these notes because, in the unavoidable absence of the author on a Christmas holiday, he has failed to discover which is the right way up, and, in point of fact, what they are meant to show.

\* For the scale of special advertisement charges kindly apply to the Editor, JOURNAL Offices, St. Bartholomew's Hospital, E.C.

### Round the Gountain.

1893.



HE Johnnies who clerked under W-st  
Were supposed to be dukes on the chest.  
But what with percussion,  
Palpation, succussion,  
They cried out "Oh, give us a rest."

A dresser he looked at his sleeve  
Well! perhaps he had reason to grieve  
For a baby upon it  
Had ventured to vomit  
Without even asking his leave.

### School Notes.

DR. GEORGE NEWMAN, M.O.H. for the Finsbury Borough, has been appointed Lecturer on Public Health. We understand that the course for the D.P.H. examination has been thoroughly re-organised, and new classes under Dr. Newman's direction will be commenced shortly.

MR. WARING has resigned the office of Dean to the Medical School, and Dr. T. W. Shore has been appointed in his place.

MR. HARMER has resigned the office of Warden to the College, and Mr. G. E. Gask has been elected to fill the vacancy.

WE offer hearty congratulations to Messrs. H. Balme, J. Burfield, E. W. Groves, G. S. Hughes, and Harold Walker on their success in the final examination for the Diploma of Fellowship of the Royal College of Surgeons. Fifty candidates in all entered for this examination, of whom nine were from St. Bartholomew's. As only twenty-two candidates altogether were successful, our percentage of passes was well above the average.

THE GOLD MEDAL for the M.S. degree of London University has again fallen to the lot of a Bartholomew's man. We congratulate Dr. E. W. H. Groves, F.R.C.S., most heartily on his success. At the same time we must offer condolences to Dr. E. G. Pringle upon being so near to, and yet so far from, the Gold Medal in Medicine at the M.D. examination of the same university. Our other two candidates, Drs. E. L. Martin and A. R. Neligan, were both successful in the same examination.

\* \* \*



MR. BRUCE CLARKE has been appointed an Examiner in Surgery for the Conjoint Board, and Mr. Harmer an Examiner in Surgery for the University of Cambridge.

THE first Luther Holden Scholarship will be awarded during the present month. Candidates must send in their applications to the Dean of the Medical School on or before January 15th. As was set forth in the JOURNAL for September, 1905, it will be given as a Research Scholarship in Surgery, and the electors 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 following are the regulations:

1. Annual value one hundred guineas.
2. The conditions of the award are as follows:
  - a. The holder must possess a British qualification entitling him to practise Surgery.
  - b. He must have spent at least three years in the Medical School of St. Bartholomew's before holding the Scholarship.
  - c. A Scholar cannot be elected for the first time later than three years after qualification.
  - d. The Scholarship shall be held for one year, but the holder may be re-elected for a second year, or for a third year.
  - e. The holder must prosecute work approved by the Electors in connection with Surgery either within the United Kingdom or abroad.
  - f. 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.
3. Candidates are advised in their applications to give particulars of any appointments they have held or any research in which they may have been engaged.

### Obituaries.

#### J. HAMMERTON EDWARDS, M.D. CANTAB.

**J.** HAMMERTON EDWARDS had just completed his forty-fifth year when he died. He was the son of the late Rev. J. Edwards, of Todmorden, in Lancashire, and of Mrs. Edwards, of Ashburnham House, Bedford. He was educated at Bedford Grammar School. In 1877 he entered at St. John's College, Cambridge, and took his B.A. in 1881 when barely twenty-one years of age. Shortly after this he developed some lung trouble and was ordered to Australia. It was during his stay there that his attention was first turned towards medicine, and on his return to England he entered at St. Bartholomew's Hospital, where he gained the Shuter scholarship, and soon became a distinguished student. In 1888 he became one of the late Mr. Marrant Baker's dressers, and in 1890 was nominated a house surgeon, the same year in which he took his M.D. degree, having passed his M.R.C.S., L.R.C.P. in the previous year. At this time he fully believed he had outgrown his weakness, and looked forward to a life of usefulness in the future.

A year later he began practice at Denmark Hill, and married his first wife, Miss Elizabeth Bissett, daughter of

the late Mr. Thomas Bissett, of Barrow-in-Furness, by whom he had a son and daughter, who survive him. After a year or two he moved to Bedford, where he took an active part in the town council, and was elected Assistant Physician to the Infirmary. After a few years his health again failed; he relinquished his practice and took a voyage to India to visit two brothers, who are well-known as civil engineers. Feeling himself much better on his return, he married his second wife, Mrs. McCallum, widow of the late James Braddon McCallum, of Blackburn, M.Inst.C.E., by whom he leaves one daughter. He went to live at Brighton, but owing to a further breakdown he was unable to remain there. For the last few years he has acted as Medical Officer on one of the large steamship lines. Though he well knew that his life could not be a long one, he went on working till within a few months of his death, which occurred from uræmia on November 1st. He leaves many friends to mourn his loss.

#### T. C. LANGDON, F.R.C.S.

**T.** HE death of Mr. T. C. Langdon, of Winchester, which occurred on December 18th, our Hospital has lost one of its ablest sons, who will be remembered only by the older generation of Bartholomew's men.

He was the son of the late Mr. T. Langdon, Surgeon, of Bampton, Devon, and was educated at Crewkerne Grammar School. He was House Surgeon for Mr. Stanley during the year 1859-60, and afterwards held a similar appointment for three years at the Royal Hants County Hospital. He relinquished this post to enter into practice in Winchester, and was soon appointed one of the honorary surgeons of that hospital, a position for which his sound knowledge of anatomy, his manual dexterity, and his never-failing presence of mind eminently fitted him.

In April, 1904, when he severed his active connection with the hospital, he was the senior honorary surgeon, and had been connected with that institution for forty years. Such lengthened service constituted a record, which neither the governors nor his colleagues on the staff could pass over without recognition, and he was presented with a service of plate, and was appointed Consulting Surgeon.

Mr. Langdon, who was just over seventy years of age, had for some years suffered from attacks of cardiac asthma, but the end was totally unexpected, and came as a great shock to his family and friends. He died in harness, and was in work practically up to the time of his death. He will be remembered by all classes for his engaging personality, and his long and valuable services for the public weal. Those who had the privilege of his friendship cherish his memory as that of a true friend, a man with the highest sense of honour, and one whose happiness and object in life consisted in honestly doing the duty which lay clear before him, without any ostentation or love of display.

### The Clubs.

We congratulate Messrs. Candler, May, and Woodruff on helping the United Hospitals Hare and Hounds Clubs to inflict such a severe defeat on the Dublin University Harriers. All our representatives finished "in good time"

\* \* \*

Congratulations also to Messrs. E. R. Evans, F. J. Gordon and A. Holthusen on playing for the United Hospitals A.F.C. against Dublin University. Messrs. Downes, Gordon and Holthusen have played in previous matches, but Mr. Miles has unfortunately been prevented from playing in any of the matches.

\* \* \*

MR. W. B. GRANDAGE, who gained his Middlesex County Cap last year, has been playing regularly for the County XV, while Messrs. E. V. Oulton and C. R. Hoskyn have played against Kent and against the Eastern Counties.

\* \* \*

THE following members of our Hockey Club have played for the United Hospitals on various occasions this season:— Messrs. G. F. Page, L. L. Phillips, E. T. Glenn, M. R. Coalbank, G. Viner, F. Whitty, and L. F. G. Lewis.

\* \* \*

THE Editor regrets to say that he has received no communications from the Secretaries of the Association or Rugby Football Clubs for publication in this number of the JOURNAL.

### HOCKEY CLUB.

The following are the results of the three teams up to Christmas:

	P.	W.	L.	D.	Gls. for.	Gls. against.
1st Team ...	12	5	3	4	42	35
2nd " ...	10	6	3	1	50	20
3rd " ...	7	5	2	0	21	24

#### ST. BART'S v. BERKSHIRE GENTLEMEN.

On Saturday, November 25th, we journeyed to Reading for the annual fixture. We arrived with only ten men, and received the first defeat of the season. However, we gave our opponents a good game, the final score being 4-5 goals.

Page and Gaskell were conspicuous throughout. Goals were shot by Gaskell (2), Lewis, and Sylvester. Team:

A. L. Yates (goal); L. L. Phillips and E. Hardy (backs); G. Viner, B. H. Barton, and G. F. Page (halves); G. Sylvester, G. H. Adam, J. F. Gaskell, L. F. G. Lewis (forwards).

#### ST. BART'S v. ENFIELD.

Played at Winchmore Hill, on Saturday, December 2nd, and won after an exciting game by the narrow margin of 1-0 goals.

Gaskell scored about five minutes from the end. Postlethwaite played cleverly in goal, while both Lewis and Page were in good form. Team:

J. M. Postlethwaite (goal); L. L. Phillips and L. G. H. Furber (backs); K. Wollerstan, G. C. Gray, G. F. Page (halves); G. Sylvester, N. C. Davis, G. Viner, J. F. Gaskell, L. F. G. Lewis (forwards).

#### ST. BART'S v. R.N.C.

Played at Greenwich, on Wednesday, December 6th, and lost by 2-7 goals. Bart's were poorly represented, and had the worst of the play. Page shot both goals. Team:

L. G. H. Furber, E. Hardy, and R. C. P. Berryman (backs); K. Wollerstan, G. C. Gray, F. Gosse (halves); W. T. Gibson, D. Whitehead-Reid, G. Viner, G. F. Page, and L. F. G. Lewis (forwards).

#### ST. BART'S v. OLD AUGUSTINIANS.

Played at Malden, on Saturday, December 9th. Won easily by 6-1 goals. The forwards were excellent in the first half, but became disappointing after the interval. Griffin was good, but should pass quicker than he does instead of waiting till he is tackled. The defence was not severely tested. Team:

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

### THE CHRISTIAN ASSOCIATION.

#### THE BAPTISM OF JOHN.

(Being a summary of an address given before the Christian Association by FRANK LENWOOD, Tutor of Mansfield College, Oxford.)

The speaker took as his text: "I will also ask of you one question and answer me, and I will tell you by what authority I do these things. The baptism of John, was it from heaven, or of men?" Mark xl, 29, 30.

The ordinary interpretation of this passage, he said, was inadequate. Christ did not merely wish to silence the Pharisees by putting them in an awkward position, but a deep meaning underlay his words. Had the Pharisees been honest in their judgment of John? Only men who would live up to the truths they knew could understand his authority. And is this not fundamental in considering the claims of Christianity? Further, dishonesty is not merely the refusal of truth seen. Dishonesty may lie also in the failure to see truth for want of ordinary efforts. A man must live the right life, as he knows it, before he can appreciate a higher ideal.

"Religion is based upon life and conduct." "We live in an age that suffers from obsession of intellect." Scientists and philosophers bring everything to one test—can it be proved by intellectual statement to the reason? Now, there is a point where attempt at further reasoning is unreasonable. It is then that the intellect becomes tyrannical. "It is absurd to expect reason to supply any of the central facts of life. Reason is a critical and not a creative faculty. We are governed by instincts for whose presence we have no explanation; love, the sense of beauty, the desire for truth, and many others. "Life" is to follow these instincts. Pascal has well said, "The heart has its reasons of which the reason knows nothing." Reason can take us just so far, and where reason ends life begins. It is only granted a man has all knowledge that he can arrive at all facts by pure reasoning. Our forefathers by no intellectual process could have conceived the nature of electricity.

The man who sets out to become an art critic, and begins by examining the *raison d'être* of the sense of beauty will probably not proceed much further. The man who is falling in love, and who arrests himself to inquire why he should want to love, will probably die a bachelor. The man who on picking up a hot coal falls into an abstraction on the meaning of heat will probably burn his fingers. No amount of doubt will prevent the professor from dropping the coal; the lover from indulging his love; the artist from gratifying his desire for the beautiful. Why, then, should an ill-controlled reason meddle with a man's moral instincts? The speaker finished with some practical conclusions.

1. "Do not let purely intellectual arguments alone control your thought." He told a story of an earnest suppliant at a prayer meeting who cried out, "Lord, deliver the victims of modern thought, and, indeed of any thought." The speaker continued, "He prayed better than he knew. Don't be the victims of your intellects. Follow the line of your highest moments, and I venture to say that that line produced will lead to God." Follow Christ the man and I believe you will find Christ the God.

2. Attend more to positive than to negative arguments. "I am not a Christian because there is no evidence against Christianity, but because there is so much for it."

3. Be honest. It remains to ask, What is it that Christianity demands of us? Honest thought. And has Christianity, the religion of our forefathers, the religion of the greater part of the civilized world, the religion of many a man and woman whom we know in our heart of hearts to be living noble and true lives, no claims upon our consideration?



### The Students' Union Dance.

**T**HE dance at the Great Central Hotel on Tuesday, December 5th, was in every way a great success. Last year's dance was good, but this year's was better, and there can be no doubt now that this annual function is an institution that has come to stay. By nine o'clock there was a large gathering in the Wharnclyffe Rooms, and it was quite clear from beginning to end that all present were thoroughly enjoying themselves. On this occasion not only were the numbers greater, but they were also nearly equal, which is a most important element in success. The floor was good, the music was good, and the conductor of the band was magnificent. The staff and their families were well represented, and many brought parties; while Lady Duckworth, as president of the Ladies' Committee, very kindly received the guests on their arrival in the ball-room. The secretaries of the dance, Messrs. Loughborough and Miles, and the other stewards were indefatigable, and if there was any programme which was not full—which seemed improbable—it certainly was not through want of help from those in authority. Dancing was kept up till three o'clock, and it would undoubtedly have continued longer, had the many enthusiasts who remained been able to persuade the weary musicians to exceed their contract time still further by yet another half-hour. The supper, and the buffet, and the other arrangements were all most satisfactory, and everyone concerned is to be congratulated on having provided such an excellent dance.

In spite of the numbers present—140 couples in all—there was one thing wanting, and that was a greater number of junior students. This function is not a Hospital ball, it is a dance given by students for students and their friends. It is very cheap, but it is good; therefore let those students who dance, but were not present, be warned. Let them come next year. They will not lack partners, even though they do not bring their own party. The dance partakes more of the nature of a family gathering than of a grand Hospital ball.

### Recent Additions to Library.

von Bergmann's System of Practical Surgery, translated by Drs. Bull and Martin. (Five volumes.)  
Rawling's Landmarks and Surface Markings. (Second edition.)  
Hutchison and Rainy's Clinical Methods. (Third edition.)  
Rose and Carless's Manual of Surgery. (Sixth edition.)  
Green's Introduction to Pathology and Morbid Anatomy. (Tenth edition.)  
Osler's Principles and Practice of Medicine. (Sixth edition.)  
Starling's Elements of Human Physiology. (Seventh edition.)  
Report of Inter-departmental Committee on Physical Deterioration.  
Dr. Klein's Experiments and Observations on the Vitality of the Bacillus of Typhoid Fever and of Sewage Microbes in Oysters and other Shellfish.

### Christmas Festivities.

**A**S luck would have it, we were prevented at the last minute from visiting the Hospital on Christmas Day; so we asked several dear friends to write us a detailed account of the events of the day. In response we received one letter, which we were expected to elaborate and transcribe into modern journalese. Again, as luck would have it, the recent important turn of affairs in Russia stands in the way of our doing this, so we feel we cannot do better than publish the letter in its nakedness, and, at the same time, we leave it for our readers to elaborate and transcribe for themselves.

THE LIBRARY;  
Wednesday, December 27th.

DEAR MR. EDITOR,

I think the best thing for me to do is to give you a few facts, as I do not yet feel capable of any literary effort.

There were present:—Dr. and Mrs. Herringham, Dr. and Mrs. Calvert, Dr. and Mrs. Ormerod, and Dr. and Mrs. Morley Fletcher; Dr. West and Dr. Champneys, Mr. Cripps, Mr. Jessop, Mr. Rawling—and possibly others.

(1) *Variety entertainers*.—Especially note shadowgrapher, card tricks, etc. (N.B. Probationer's remark on conjurer: "Ma word! it was like going into Cowgate; it was rëe-al uncanny.")

(2) *Gramophones galore*; heard with mixed effect in the Square.

(3) *Punch and Judy* and poor dog Tony.

(4) *Henry Burroughes' white niggers*.—Playing on old banjo with great gusto; also carols. (N.B. Great trouble taken by H. N. B. and W. B. G. Result really first rate, and, from artistic point of view, the best thing of the day.)

(5) *The all Blacks*.—Messrs. Glenny, Furber, and others. Excellent.

(6) *Father Xmas*, attended by *Red Riding Hood*, who escaped from "the very jaws of the wolf," with her basket intended for granny.

(6) *Rival Father Xmas*.—(N.B. They did not meet.)

(7) *Christmas trees*.—Special note on the two fairies of "Faith" tree.

(8) *Waggons* loaded with gifts.

I don't know of any other shows or things worthy of mention.

There were midnight orgies in the Square (perhaps to excess!), regattas, and what not.

Decorations, festoons, coloured light effects, fairy lamps, etc., magnificent!

I think you will have enough to go upon.

Yours ever,

POOR DOG TONY.

We offer no apologies to anybody for giving this interesting peep behind the scenes.

### Reviews.

THE PRESERVATION OF ANTIQUITIES. A handbook for curators. Translated by permission of the authorities of the Royal Museums from the German of Dr. FRIEDRICH RATHGEN, Director of the Laboratory of the Royal Museums, Berlin, by GEORGE A. AUDEN, M.A., M.D. Cantab., and HAROLD A. AUDEN, M.Sc. (Viol.), D.Sc. (Tubingen). (Cambridge, at the University Press, 1905.)

Drs. George and Harold Auden are to be greatly praised for the excellent manner in which they have translated Dr. Rathgen's manual on *The Preservation of Antiquities*. The state of many museums in England shows the need for a book containing directions for the preservation of antiquarian specimens, and this book should find a ready sale throughout the kingdom. It deals first with the chemistry of decay as it occurs in every variety of "find," from limestone slabs to such comparatively perishable substances as skins, leather, and wood. The rust on iron and the patina on bronze are particularly well treated. The section dealing with the preservation of antiquities gives in detail the processes required to free specimens from the accretions of ages, to prevent decay when they have been isolated, and to restore details of workmanship which have become obscured by lapse of time. The illustrations show how marvellously Finkener's method of electrolysis will restore a shapeless bronze implement to some semblance of its former beauty. The translators have not contented themselves with merely rendering the German text into readable English, but they have added numerous notes and references to English work in the same direction. The book is well illustrated, has a table of literature, and is provided with a full index.

"LANDMARKS AND SURFACE MARKINGS ON THE HUMAN BODY." By L. B. RAWLING, M.B., B.C. (Cantab.), F.R.C.S., 2nd edition, with 31 illustrations. (H. K. Lewis. Pp. 96. Price 5s. net.)

The author is to be congratulated on the well-deserved success which this book has achieved. Within a year of its publication the supply of the first edition has been exhausted. The present edition has been carefully revised, both in the letterpress and in the illustrations. The photographs of a skull, showing the chief landmarks in crano-cerebral topography, have been greatly improved by the reproduction beneath them of photographs of a shaven head correspondingly marked out, and the illustrations throughout are very clear and well reproduced. To the appendix has been added a short table of the ossification and epiphyses of the bones of the extremities. The second edition of "Landmarks and Surface Markings" can be thoroughly recommended as an attractive and useful work on an important subject.

WITH ABYSSINIANS IN SOMALILAND. By Major J. WILLES JENNINGS, D.S.O., R.A.M.C., and CHRISTOPHER ADDISON, M.A., F.R.C.S. 8vo, pp. 265, with 65 illustrations from photographs, and a map. (Hodder and Stoughton, London.)

To anyone who takes an interest in adventure, big-game shooting, anthropology, folk-lore, or military expeditions this book will prove a source of delight. It is well written and well printed, and is plentifully illustrated with excellent photographs.

The narrative gives a most interesting peep behind the scenes, so to speak, of one part of the expedition against the Mad Mullah in the winter of 1903-4. Of course, we read the despatches in the morning paper, and perhaps thought we knew all about it. However, it is a fact that very few of us are able to read between the lines, or even to obtain any true insight into camp life from the accounts of the special correspondents. It is, therefore, to such books as these that we turn for the more interesting and humorous incidents of such expeditions. There are many delightful little touches, which will appeal particularly to members of our profession, for the authors are themselves both medical men.

An account of the authors' first night in a native hut is very amusing; it ends with the following remarks: "The sand-flies were a bit waspish for a while, but failed to keep me awake for long; in fact, except for about five minutes, when the baby squealed for its early morning feed and the sand-flies disturbed me, I slept soundly the whole night. The interruption referred to occurred about 2.30 a.m., when Mrs. Somali got up and piled fresh faggots on the fire,

whilst Mr. Somali droned a lullaby. Then the mother gave the baby its natural anodyne, and it bleated gently off to sleep."

The description of the camel and the method of breaking it in will be novel reading to most of us; but it is impossible for us to give any extracts in the small amount of space at our disposal. No one who buys the book will repent the outlay.

SANATORIA FOR CONSUMPTIVES—a critical and detailed description, together with an exposition of the OPEN AIR OR HYGIENIC TREATMENT OF PHTHISIS. By F. R. WALTERS, M.D., M.R.C.P., F.R.C.S., etc. 3rd edit. (Swain, Sonnenschein and Co., London). Pp. 389. Price 12s. 6d. net.

The strong recommendation which we gave to the first edition of this valuable work has been thoroughly endorsed by the demand for new editions. Therefore the present edition calls for little further comment; but for those who do not happen to know the book we may point out that it consists of two parts. The first deals with the general aspect of Sanatoria, and the outlines of the open-air and hygienic treatment of phthisis, and a very large amount of useful and critical matter on these subjects has been compressed into sixty-three pages. The second part is descriptive, and contains either detailed notices of, or brief references to, all the world's Sanatoria for consumptives. There are, in addition, many excellent photographs. It seems to us that the book will prove invaluable to any medical practitioner who has to advise his patients in the choice of a Sanatorium.

### THE USE OF GAS-FIRES.

There appears to be a feeling that a gas-fire is unhealthy. So it may be if it is not properly fitted and ventilated, but with the present perfection of stoves and the excellent manner in which they are arranged and ventilated by the Gas Light and Coke Company this objection must entirely fall to the ground. Personal experience of various forms of stoves over a considerable length of time has proved their efficiency, healthiness, and comfort. We can thoroughly recommend them. There are also other advantages over the ordinary coal-fire. The amount of dust is reduced to a minimum, and the hard labour of carrying coals upstairs is avoided.

### Acknowledgments.

*The Gazette of Guy's, the London, St. Thomas's, St. George's, St. Mary's, and Charing Cross Hospitals; The Broadway; The Middlesex Hospital Journal; The Eagle; The Practitioner; The Hospital; The British Journal of Nursing; The Nursing Times; The Medical Review; The International Journal of Surgery; La Revue Internationale de Tuberculose; The New Zealand Medical Journal; The Brooklyn Medical Journal; The British Journal of Children's Diseases; L'Echo Medical du Nord; University of Durham Gazette; Bulletin of the Johns Hopkins Hospital; The Student; U. C. L. Magazine; The Stethoscope; and The Health Resort.*

### Royal Army Medical Corps.

An examination of candidates for not less than forty commissions in the Corps will be held on January 26th and the following days. Application for details should be made at 68, Victoria Street. The latest date for names to be received is the 16th inst. Copies of papers set at the previous examination for admission, in July last, will be found in the *R.A.M.C. Journal* for December.

Lt.-Col. G. H. Sylvester, F.R.C.S., has embarked for Ceylon, and Major J. E. Brogden for Hong Kong.

On arrival in India Major O. R. A. Julian, C.M.G., is posted to Peshawar, and Lieut. C. H. Turner to Sialkot.

Lieut. H. C. Sidgwick has embarked for Jamaica, at which station Bart.'s is already represented by Majors E. M. Hassard and F. D. Mangin.



### Indian Medical Service.

Major T. H. Foulkes, F.R.C.S., has been appointed second physician to the Madras Hospital, Professor of Physiology to the Madras Medical College, and to act as surgeon Third District.

Capt. R. P. Wilson has been appointed second surgeon, General Presidency Hospital, but will continue to act as officiating first surgeon.

Major E. V. Hugo, M.D., B.S., is granted seven and a half months additional furlough.

Captain H. Whale is stationed at Delhi with the 28th Punjaubis. During the recent earthquake he was at Lahore, and was among the first to render assistance to the injured at Dharmasala.

### Examinations.

#### OXFORD UNIVERSITY.

*B.M., B.Ch. (whole Examination).*

I. T. Barra, H. D. Davis.  
*Forensic Medicine and Hygiene.*—G. H. H. Almond.

#### UNIVERSITY OF CAMBRIDGE.

*M.B., B.C. (Final Examination).*

C. N. le Brocq, S. L. Harke, W. F. Lee, W. H. Orton, H. B. Owen, G. C. E. Simpson, J. M. Smith, C. H. W. Page.

#### UNIVERSITY OF LONDON.

*M.D.*

*Branch I: Medicine.*

E. L. Martin, E. G. Pringle.\*

*Branch IV: Midwifery and Diseases of Women.*

A. R. Neligan.

*M.S.*

E. W. H. Groves, *University Medal.*

*M.B., B.S. (whole Examination).*

*Honours.*—A. D. White (with distinction in Surgery).  
*Pass.*—F. B. Ambler, W. H. Barnett, S. M. Lawrence.  
*Group I only.*—J. Ferguson, J. E. Robinson.  
*Group II only.*—C. N. Davies, W. C. Pickering, R. J. Waugh.

*B.S. Examination.*

E. E. Maples (previously graduated in Medicine).

### Appointments.

BOYLE, H. EDMUND G., M.R.C.S., etc., has been appointed Honorary Anaesthetist to the Paddington Green Children's Hospital.

JORDAN, A. C., M.D. (Cantab.), has been appointed Medical Officer to the Electrical Department of the Metropolitan Hospital.

WATERHOUSE, RUPERT, M.D. (Lond.), has been appointed Assistant Physician to the Royal United Hospital, Bath.

\* Obtained number of marks qualifying for University Medal.

### New Addresses.

BURROUGHS, H. N., 3, Hertford Street, Mayfair, W.

FARNCOMBE, E. L., Fairlea, Chudleigh, Devon.

HAKKER, T. H., 49, Kenilworth Avenue, Wimbledon, S.W.

NIALL, E. M., 4, Bladon Terrace, Streatham Common, S.W.

POPE, C. A. W., The Somerset Hospital, Cape Town, South Africa.

SALE, J. C., Inglewood, Skegness, Lincolnshire.

SMITHSON, Major A. E., R.A.M.C., 21A, Hough Green, Chester.

TURNLEY, J. E. L. A., care of Dr. Long, Ivy House, Chesham, Bucks.

WARREN, A. C., 15, Lansdowne Crescent, W.

WETHERED, E., 18, High Street, Maidenhead.

WOOD, W. V., Glencairn, Wrington S.O., Somerset.

### Births.

FORBES.—On December 27th, at 1, Oakwood Court, Kensington, W., the wife of J. Graham Forbes, M.D., M.R.C.P., of a daughter.

THOMAS.—On December 10th, at 13, West Southernhay, Exeter, the wife of Dr. Raglan Thomas, of a son.

TUCKER.—October 30th, at Fordsburg, Johannesburg, the wife of Dr. A. B. Tucker, of a son.

### Marriage.

BAINBRIDGE—SMITH.—On December 13th, at the South Croydon Wesleyan Church, by Rev. C. E. Mees, B.A., assisted by Rev. Walter Hawkins and Rev. W. R. Dent, Francis Arthur Bainbridge, M.A., M.D., D.Sc., M.R.C.P., son of R. R. Bainbridge, Esq., of Stockton-on-Tees, to Hilda Winifred, daughter of Rev. Edward Thornton Smith, Wesleyan Minister.

### Deaths.

EDWARDS.—On November 1st, at Bedford, J. H. Edwards, Esq., M.D.

LANGDON.—On December 18th, at Winchester, T. C. Langdon, Esq., F.R.C.S.

### 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: 1436, 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. XIII.—No. 5.]

FEBRUARY, 1906.

[PRICE SIXPENCE.]

### St. Bartholomew's Hospital Journal,

FEBRUARY 1st, 1906.

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

### Calendar.

- Thurs., Feb. 1.—Abernethian Society, Mr. Elmslie, M.S., F.R.C.S., "Acquired Deformities of the Hip-joint."  
 Mon., " 5.—Special Lecture, 1 p.m. Mr. McAdam Eccles.  
 Tues., " 6.—Dr. Herringham and Mr. Lockwood on duty.  
 Wed., " 7.—Clinical Lecture, 2.45 p.m. Mr. Bowly, "Renal Calculus."  
 Thurs., " 8.—Abernethian Society, 8.30 p.m. Mr. Bradribb, M.B., B.Ch., "Treatment by Baths."  
 Fri., " 9.—Clinical Lecture. Dr. Tooth, "Caisson Disease."  
 Mon., " 12.—Special Lecture, 1 p.m. Mr. Harmer.  
 Tues., " 13.—Dr. Norman Moore and Mr. Cripps on duty.  
 Wed., " 14.—Clinical Lecture, 2.45 p.m. Mr. Lockwood, "Tuberculous Arthritis."  
 Thurs., " 15.—Abernethian Society, 8.30 p.m. Mr. W. G. Ball, M.R.C.S., "Some Cases of Rectal Tumour."  
 Fri., " 16.—Dr. West and Mr. Bruce Clarke on duty.  
 Mon., " 19.—Special Lecture, 1 p.m. Dr. Ormerod, "Alopecia."  
 Tues., " 20.—Dr. Ormerod and Mr. Bowly on duty.  
 Wed., " 21.—Smoking Concert, Holborn Restaurant, 8.30 p.m.  
 Wed., " 21.—Clinical Lecture, 2.45 p.m. Mr. Lockwood, "Displaced and Movable Kidneys."  
 Thurs., " 22.—Abernethian Society, 8.30 p.m. "Clinical Evening."  
 Fri., " 23.—Clinical Lecture, 1 p.m. Dr. Samuel West, "Treatment of Granular Kidney."  
 Mon., " 26.—Dr. Herringham and Mr. Lockwood on duty.  
 Tues., " 27.—Special Lecture, 1 p.m. Dr. Lewis Jones.  
 Wed., " 28.—Dr. West's Post-graduate Demonstration.  
 Wed., " 28.—Clinical Lecture, 2.45 p.m. Mr. D'Arcy Power, "The Symptoms and Treatment of Cancer of the Large Intestine."  
 Thurs., Mar. 1.—Abernethian Society, 8.30 p.m. Mr. C. M. H. Howell, M.B., M.R.C.P., "Intra-Cranial Tumours."  
 Fri., " 2.—Clinical Lecture, 1 p.m. Dr. Ormerod.  
 Tues., " 6.—Dr. Norman Moore and Mr. Cripps on duty.  
 Wed., " 7.—Dr. West and Mr. Bruce Clarke on duty.  
 Wed., " 7.—Clinical Lecture, 2.45 p.m. Mr. D'Arcy Power, "The Causes, Symptoms, and Treatment of Duodenal Ulcer."  
 Fri., " 9.—Dr. Ormerod and Mr. Bowly on duty.

### Editorial Notes.

We beg to offer hearty congratulations to Dr. P. Horton-Smith Hartley upon his election to the Medical Staff of the Hospital as Assistant Physician. We take it for granted that most of our readers are fully aware of his distinguished career at St. Bartholomew's, though many may still not know that he has recently assumed the additional surname of Hartley. He entered the Hospital from Cambridge in 1890, having gained both the Shuter and the Senior Entrance Scholarships. He has held many of the principal teaching appointments in the Medical School, and was for a time Fellow of St. John's College, Cambridge. He has contributed largely to the leading medical and scientific journals, and was elected Fellow of the Royal College of Physicians in 1899, and delivered the Goulstonian Lectures to the College in 1900.

FRIDAY, March 2nd, is the appointed day for the second of the series of lectures arranged by the Students' Union. It will be remembered that the series was most auspiciously inaugurated last November by Sir Robert Ball, who addressed a large audience upon "The Earth's Beginning." Mr. T. Clinton Dent, F.R.C.S., late President of the Alpine Club, and author of "Climbing" in the Badminton series, has kindly consented to give the second lecture. We have not yet heard the title, but it will doubtless relate to Mountaineering, and it will be illustrated with lantern slides. It will take place at 8.30 p.m. in the Anatomical Theatre. No tickets will be issued, but students are invited to bring friends.

The Students' Union will give the next Smoking Concert in the King's Hall of the Holborn Restaurant, on Tuesday, February 20th, at 8.30 p.m. Mr. W. D. Harmer, one of the Honorary Treasurers of the Union, will preside. From our previous experience of these functions we are confident that this concert will be a success, and there is no reason



why every student of the Hospital should not put in an appearance during some part of the evening. Old Bartholomew's men will be gladly welcomed, and they are certain to meet some of their contemporaries. Tickets, price 1s. 6d. each, may be obtained from the Secretaries of the Students' Union.

WE congratulate Dr. W. H. Hamer upon his election as Milroy Lecturer at the Royal College of Physicians for this year. He will lecture on March 1st, 6th, and 8th upon "Epidemic Disease in England: the Evidence of Variability and of Persistency of Type."

SIR WM. JOE COLLINS, M.D., M.S. LOND., F.R.C.S., is the only old Bartholomew's man who has been returned to the House of Commons during the present General Election. He represents the constituency of West St. Pancras. We beg to offer him our most hearty congratulations, although he will take his seat on, what many may think, the wrong side of the House. Professor W. R. Smith, M.D. ABERD., D.P.H., is contesting the representation of Aberdeen University.

MR. E. H. E. STACK, F.R.C.S., who was House Physician to Dr. Gee in 1893, has been appointed Honorary Surgical Registrar to the Bristol Royal Infirmary. He was recently presented with a testimonial and a handsome roll-top desk by past and present students of the Infirmary for the good work which he has done on behalf of the Institution during the last seven years. St. Bartholomew's is also represented at the Infirmary by Dr. J. A. Nixon.

THE Cinderella of the London Volunteer Companies of the R.A.M.C. will take place at Headquarters on 15th inst. Tickets may be obtained from Mr. Langford at the Hospital. 4s. single, 7s. 6d. double.

WE are delighted to see that the response to our constant appeals on behalf of the Pathological Fund has been more generous lately. The additional list of subscribers will be found on the opposite page. Nearly £3000 are still required before the building will be commenced. Will not some of the recently joined students take a collecting card, which can be obtained at the JOURNAL Office? If not, they will soon be reaping where others, so to speak, have sown.

WE beg to congratulate Dr. Henry Jackson on his election as Regius Professor of Greek in the University of Cambridge. He is the son of a Bartholomew's man, and our readers will remember that it was through the Professor's courtesy that we were able to publish, in the last volume of the JOURNAL, extracts from his father's letters, which afforded an interesting insight into the life of a medical student both at Dublin and at St. Bartholomew's, 1829-30. We hope to publish further extracts shortly.

THIS month again we have to record the deaths of two more of the older generation of Bartholomew's men, namely, Mr. John Abernethy Kingdon, F.R.C.S., late Surgeon to the Bank of England, and Dr. W. W. Wingate-Saul, of Lancaster. Short obituary notices appear elsewhere in these columns.

WE are glad to have seen an interesting Memoir of Miss Catharine Grace Loch, R.R.C., Senior Lady Superintendent of Queen Alexandra's Military Nursing Service for India, which has been recently edited by Surgeon Major-General A. F. Bradshaw, C.B. It was opportune that an old Bartholomew's man should have been Principal Medical Officer—at first of the Rawal Pindi Military District, and subsequently of His Majesty's Forces in India—at the time when a Bartholomew's nurse was working in India as chief pioneer of the Indian Nursing Service. Full advantage has been taken of the opportunity, and the Editor has given an account of the early years of the Service, for the most part in Miss Loch's own words.

ST. BARTHOLOMEW'S has reason to be proud of its great men, but it owes much to its nurses also, not a few of whom become great women; and Miss Loch was one of these. She was appointed Night Superintendent at St. Bartholomew's in 1882, though she came with only one year's experience. She was appointed because Mrs. Bedford Fenwick, who was at that time Matron to the Hospital, was "impressed with her personality," and observed that she was "wonderfully inspired with the *spirit of nursing*." The soundness of this first impression is particularly emphasised by the following extract from an address, presented to Miss Loch by Mr. Morratt Baker's Past *v.* Present house surgeons when she resigned her duties as "Sister Darker" in order "to go to India, which had been the wish of her life."

"... By your departure the Hospital loses a Sister who has ever been identified with all that is best in a nurse—a high sense of duty, coolness of judgment in emergency, thorough appreciation of the necessities of every case, and a bright and cheerful spirit that is never damped under the most trying circumstances, with that tact in the management of patients which is so essential to the well-being of a ward. We are sure that in India, as at St. Bartholomew's, you will gain great honour and the deep respect of all whose good fortune it may be to work with you, and we wish you God speed."

OF her life's great work, while it was still in prospect, she had said "It must and it will succeed; nothing which is wanted so much could fail." The prophecy soon became reality, and the Government of India was "justified in adding to the *personnel* of the Indian Nursing Service and in extending the areas of usefulness"; and as Earl Roberts says in the introduction to the book, "The

fruits of the work are to be seen in the military hospitals of India to day."

MISS LOCH was awarded the Royal Red Cross for services in connection with the Black Mountain expedition in 1891.

THOUGH ill-health compelled her to return to England in 1902, she became a member of a Committee at the India Office, and so was able to maintain her affectionate interest in the Service to the end. "Many are they by whom she was truly beloved, and in their memory and in that of all who knew her she surely will never wholly die!"

The following are the additional subscriptions to the fund for the Pathological Block:

	£	s.	d.
Already acknowledged	1888	13	0
R. W. Johnson, Esq.	1	0	0
Mrs. Ernest Waggett	26	3	0
M. W. Coleman, Esq., M.D.	1	1	0
H. E. Montgomery Baylis, Esq., M.D.	50	0	0
Mrs. H. Morley Fletcher	52	10	0
Anonymous (per G. L. Ranking, Esq.)	5	0	0
Colonel H. C. Vetch	5	5	0
Miss Eleanor G. Powell (per Dr. Herringham)	105	0	0
W. P. Herringham, Esq., M.D.	52	10	0
Total	£2187	4	0

### Miscellaneous.

#### PART II.

By Dr. SAMUEL GEE.

#### 6. BARBEIRAC AND SYDENHAM.

"Ils n'étoient pas savans mais ils étoient sages." Bordeu *Hist. de Méd.*, chap. iv, § 4.

#### 7. RESTITUTIO AD INTEGRUM.

Few diseases, if any, end in perfect recovery; even chicken-pox leaves its scar.

#### 8. THERAPEUTICS.

"I wish it was easy to write upon the digitalis. I despair of pleasing myself or instructing others in a subject so difficult. It is much easier to write upon a disease than upon a remedy. The former is in the hands of nature, and a faithful observer, with an eye of tolerable judgment, cannot fail to delineate a likeness. The latter will ever be subject to the whims, the inaccuracies, and the blunders of mankind." Wm. Withering: *Miscellaneous Tracts*, vol. ii, p. 118.

"Make haste to use your new wonder-working remedy as much as you can, lest it turn out ere long to be good for

nothing." Dumoulin, quoted by Bordeu, *Hist. de Méd.*, chap. iii, § 2.

"Almost all drugs are noxious to the stomach." This was a saying of Asclepiades (quoted by Celsus, *De Medicina*, lib. v, præfat.) who relied mainly upon regimen in the treatment of diseases.

#### 9. EFFECT OF ALCOHOL UPON THE STOMACH.

"St. Martin has been drinking ardent spirits pretty freely for eight or ten days past. Inner membrane of stomach unusually morbid; considerable erythema and livid spots, from the surface of some of which exuded small drops of grumous blood; large and numerous aphthous patches; the mucous covering thicker than common, and the gastric secretions much vitiated, being mixed with thick ropy mucus and much muco-purulent matter, slightly tinged with blood, and resembling the discharge from the bowels in some cases of chronic dysentery. Yet he complains of no symptoms except an uneasy sensation and a tenderness at the pit of the stomach, and some vertigo with dimness of vision on stooping down and rising again, has a thin yellowish brown coat on his tongue, and his countenance is rather sallow, pulse regular, appetite good, sleeps as well as usual." Wm. Beaumont, *On Gastric Juice*, etc., Edin., 1838, p. 249. By far the best book for a physician, upon the physiology of the stomach.

#### 10. REGIMEN OF DISEASE.

"At the beginning of disease, rest and abstinence are the best remedies." Celsus, lib. iii, cap. 2.

"Si qua tamen res sit communiter utilis ægris  
Est panchresta quies sorbitorumque cibis."

Dr. Patrick Black, quoted by Rob. Bridges, *De nosocomio Sti Bartholomei*, v. 511.

#### 11. TEMPERANCE.

When we have prescribed that continual temperance in all things which is necessary to the cure of most disorders, how often do we find that our patient reckons the loss of pain to be purchased too dear by the loss of pleasure.

#### 12. CONTAGIOUS DISEASES.

"It certainly is a curious fact that for the first dawnings of information concerning contagion we are indebted, not to Hippocrates or Galen, but to ancient poets and historians." Geo. Gregory, *Theory and Pract. of Medicine*, 6th edit., p. 111. He refers to Thucydides, Lucretius, Virgil, Livy, and Plutarch.

"The pestilence doth most rifest infect the clearest completion." Lyly, *Anatomy of Wit*, edit. 1868, p. 39. Ex. gr. smallpox, syphilis, measles, invading uncontaminated peoples.



### The Incubation Period of Morbilli.

By C. F. LILLIE, M.D., San Remo, Italy.

THE following two cases are of interest :

The first was that of a lady who was a nurse at one of the London hospitals. In February of last year (1905) she contracted "German measles" while in hospital. The rash came out on the 19th, and she was sent off at once to the Fever Hospital. The same afternoon she was put into a ward with cases of morbilli. She was there about two hours; afterwards she was moved into a private ward. She had never had morbilli in her life. Her "German measles" rash disappeared on the 20th, and she felt well. As soon as she could leave the Fever Hospital she went abroad at once to look after her brother, who was suffering from enteric fever. On the evening of March 5th she began to feel unwell. This was exactly fourteen days from the time she was directly exposed to the infection of morbilli. On the 6th she was worse, and thought she had got influenza. On the 7th her evening temperature was 103°. On the 8th 102.2° a.m., 103.6° p.m. On the 9th a typical morbilli rash came out, and she had a severe attack with well-marked bronchitis.

The second case was that of her brother. His sister sat with him in his room for an hour or two on March 4th, 5th, 6th, and 7th. After that she was isolated in quite a different part of the house, and had a separate nurse, and there was no communication between them. His attack of enteric fever ran its usual course, and his temperature became normal on March 12th. On the evening of the 21st it rose to 99°. On the 22nd it was 98.2° a.m., 99° p.m. On the 23rd 97.8° a.m., 98.6° p.m. On the 24th 98.4° a.m., 99° p.m. On the 25th 98.4° a.m., 100.2° p.m., and the same evening a typical measles rash developed. The temperature rose the next evening to 103.2°, but by the morning of the 29th it was normal, and remained so.

These cases then appear to suggest the probable duration of the incubation period. The first is perhaps the better of the two in this respect. It is almost certain that infection was conveyed on the afternoon of February 19th. Exactly fourteen complete days elapsed before there were any symptoms. In the second case incubation may have occupied fourteen, fifteen, or sixteen days. In view of the wide limits given in text-books these cases are instructive. It is, of course, possible that there may be different brands of morbilli germs requiring different lengths of time for incubation.

There are one or two other points of interest worthy of mention. In the sister's case, when the rash came out it was very profuse and pronounced, and at the same time, for more than twenty-four hours, there was an intense feeling of suffocation, and respiration was very rapid. Examination of the chest revealed a complete absence of

the respiratory sounds all over the back. In the place of the inspiratory murmur there was at the commencement of inspiration a short coarse rale. The percussion note was normal or slightly hyper-resonant. When the feeling of suffocation passed away the air could be heard to enter the lungs in the usual manner. The explanation seemed to be that the rash affected not only the skin, but also the respiratory mucous membrane, the congestion of the smaller bronchioles practically occluding them. I have not hitherto met with a case in which this was so pronounced.

The brother's case afforded an opportunity of watching the development of a case from the very beginning, as there was no exposure during the prodromal period. Beyond sneezing once or twice each day on the 22nd, 23rd, and 24th there were no symptoms at all. There was no coryza, and at no time were any abnormal physical signs in the chest discovered, nor was there any sputum. He had never had measles. The trifling rise of temperature during the whole prodromal period was noteworthy, especially since the rash which followed was well marked. Such as it was it showed the usual fall after the initial rise. The first and second evenings it was 99°, and on the third day it did not rise above 98.6°. On the fourth evening it was again 99°, and it rose on the fifth evening to 100° when the rash appeared. Both rash and fever had disappeared after three and a half days. Koplik's spots were not seen at any time. One might ask whether the mildness of the attack was due to any antagonism between the poison of enteric fever and that of measles, or to the fact that the patient was in bed free from exposure from the first, or to the climate, which is not favourable to the development of respiratory affections.

January, 1906.

### Some Points in Post-operative Treatment.

Being part of a paper read before the Abernethian Society on December 14th, 1905.

By JOSEPH BURFIELD, M.B., B.S.(Lond.), F.R.C.S.

THE primary object of all treatment after operations is to secure quick and satisfactory healing of the tissues which have been divided or injured. Rest to the injured part is therefore the first thing to be ensured; if it is a limb it is immobilised by splints or sandbags; if the abdomen the patient is placed on his back, or propped up on his side by pillows, and is not allowed to attempt to move himself. If the operation has dealt with some special sense organ rest is then obtained by shutting off, as far as possible, all influences which affect that organ. Thus, after an operation for cataract, both eyes should be bound up to exclude light. If the brain has been exposed

the patient should be nursed in a darkened quiet room, and nothing which might cause any mental excitement should be allowed. Thus, whatever the operation may be, rest to the affected part of the body should be the first point to be secured.

Vomiting after operations is often a troublesome symptom, and though generally not dangerous in itself, always upsets the patient and his friends a great deal, and adds much to his discomfort. Vomiting is generally due to one of two causes: either to the action of the anæsthetic, or to the mechanical disturbance of the stomach or cœliac plexus during the operation.

Anæsthetic vomiting usually stops within two or three hours of the completion of the operation, and so does not call for any special treatment. If, however, it persists, the best way of treating it is to give the patient a warm drink of water 3x with Sod. Bicarb. 3j, the whole to be drunk as quickly as possible. He will probably vomit this in a few minutes, and it has the effect of washing the remains of the anæsthetic and swallowed saliva out of the stomach. If this fails, it may be repeated, with often a good result. If the vomiting still persists 11j doses of Tinct. of Iodine in a little iced water every half hour should be tried.

Anæsthetic vomiting is sometimes stopped by passing a stomach tube and washing out the stomach with warm boracic lotion. This should be done if it is very distressing or persists after twenty four hours.

Change of posture will often check vomiting. The best position to try is to slightly raise the head and place the patient on his right side with a pillow at his back. By so doing the pyloric opening of the stomach is placed in the most dependent position, and the stomach tends to empty itself naturally.

Vomiting due to interference with the stomach or cœliac plexus at the operation usually stops in a few hours. It is generally accompanied with a varying amount of shock from the same cause. As a rule it disappears when the shock is recovered from. It is sometimes due to a drainage-tube or plugging pressing on the stomach or its surroundings. These should be removed if the vomiting does not stop by other treatment.

iced champagne will sometimes check intractable sickness.

Vomiting occurring later (after the second day) may be due to abdominal distension or peritonitis. In this case, of course, the cause of the vomiting should be treated.

Shock is a condition caused by exhaustion and paralysis of the vaso-motor mechanism. It is difficult to tell whether the centre in the medulla is affected or the nerves themselves. It usually occurs during or after severe or prolonged operations, and is caused either by section or interference with large nerve trunks, or with viscera richly supplied by nerves, or by loss of blood when the preceding stage of collapse is not recovered from. The patient becomes cold

and clammy, often sweating profusely. The features are pale and often dusky. The respirations are hurried and shallow, often 40-50 per minute; the pulse gets steadily more frequent, 120, 130, 150, until it cannot be counted, whilst its volume and tension decrease as the frequency rises. This condition calls for energetic treatment.

Until a few years ago all shock, no matter what its cause, was treated by administrations of strychnine and brandy and similar drugs. But these drugs not only do no good, but actually do harm. Alcohol, while it stimulates the heart, is also a vaso-dilator, and so increases the shock already present, while strychnine, by stimulating the heart, makes it pump more blood into the already engorged arteries and veins.

The only effectual method of treating shock is by raising the general blood-pressure. This may be done in two ways—either by increasing the amount of fluid in the circulation, or by the administration of a vaso-constrictor drug, such as adrenalin and ergotine.

It is difficult to say definitely what is the actual cause of death from shock, but it is probably due to anæmia and want of oxygen in the medullary centres or in the heart muscle.

I shall now outline what I think is the best treatment in a case of severe shock. Of course, if the shock is due to hæmorrhage, this must first be attended to, *always remembering* that there will be a greater tendency to bleed when the patient is recovering and the blood-pressure is rising. Shock is one of nature's ways of stopping hæmorrhage, and if we artificially stop the shock we must take care to stop the hæmorrhage also.

The patient should be kept warm, or rather, in most cases should be made warm. This is best done in an adult by the application of hot dry blankets and water bottles, and by placing the bed in front of a fire. Flannel bandages around the legs and abdomen do a great deal of good if the shock is severe. These act in two ways by keeping the patient warm, and also by pressing the blood out of the parts where it is not wanted into those where it is wanted. Of course the legs should be bandaged from the toes upwards. The foot of the bed should be raised about twelve inches above the head; more than this only gives the patient discomfort, without doing any equivalent amount of good.

In a child the best way to start the treatment is to put it into a hot mustard bath, a tablespoonful of mustard to the gallon. The temperature of the bath should be 95° F. when the child is put in, and gradually raised to 100° F. The pulse should be carefully watched. In most cases it will be found to improve for a certain time, usually twenty to thirty minutes, when it will begin to get weaker again. The child should then be taken out, not dried, but wrapped up in hot blankets. After a few minutes the wet blanket next the skin is changed. In this way the chill and reaction



caused by the evaporation from the skin is to a great extent obviated.

If the above remedies are not sufficient, treatment should now be directed towards putting more fluid into the circulation. There are many ways of doing this. Nature's way is by absorption from the stomach, and it is one of the best. All patients suffering from shock or collapse are thirsty, yet, while the medical man is trying, often unsuccessfully, to increase the fluid in the circulation by a difficult and complicated apparatus, if the patient asks for a drink it is refused without a thought. Patients are very seldom sick if fluid is given in small quantities at frequent intervals. It is wonderful how readily patients will absorb water from the stomach when their condition is desperate. I have seen a woman who was too weak to speak or move, and who had no pulse to be felt at the wrist, drink and absorb 3xx of water in an hour.

The best way of introducing fluid into the circulation artificially is by rectal infusion. The fluid should be saline solution—common salt 5j to a pint of water at a temperature of 100° F. A No. 12 English rubber catheter is passed into the rectum while the patient is on his side, and the foot of the bed is raised. This is passed slowly and gently as far as it will easily go—it should be passed at least ten to twelve inches. This is connected with a rubber tube ending in a glass funnel. The salt solution is poured into the funnel, which is held never more than one foot above the level of the rectum. The slower the fluid runs, the more likely it is to be absorbed. On withdrawing the tube the buttocks are pressed together for a few minutes, and the patient kept as still as possible for some time.

One often hears the remark made that rectal salines are not much good, because if the patients are bad enough to need them they are rarely able to retain them. I would reply to this, that in all probability the people who raise this objection have not sufficiently persevered with this method of treatment.

I have several times noticed in the wards here that a patient will retain nutrients or salines at night, but return them by day, or *vice versa*; and I am convinced that there is a great deal of care needed in their administration. One nurse is successful where another, who is less patient, fails.

Children often will not retain salines *per rectum*. They do not understand what is being done, and are constantly straining, with the result that the saline is immediately returned. In such cases I should pass a nasal tube and introduce the fluid into the stomach.

A child in Lucas, aged three, who had a perforated appendix with general peritonitis owed its life to nasal feeding. The feeds first consisted of whey and water, and afterwards peptonised milk and water. About six ounces were given at a time, and the child was never sick after them.

I have described the method of giving rectal salines at

some length, at the risk of being tedious, because I am sure that the majority of men leave this Hospital without being able to give a rectal injection themselves, or to instruct a nurse how to do so.

When rectal injections are returned, or are insufficient, there are two other ways in which the fluid in the circulation may be increased. The first is by injection into the veins, and the other by subcutaneous infusion.

In the former method there is danger in injecting too much saline, and in running it in too fast. If the blood becomes too diluted the patient is liable to have convulsions which are often fatal.

Great results were expected from subcutaneous infusion when first introduced. It was claimed that it is simpler than intra-venous infusion, that it can be kept going longer, and that more fluid can be passed into the circulation. All these points are true in a few cases, but in shock and collapse I prefer the intra-venous method.

The subcutaneous method does not require any operation, it is simpler to start, but it is not, by any means, so simple to manage afterwards, especially if the patient be restless. With the intra-venous method, although there is a small incision necessary, yet the whole business is over in one half to three quarters of an hour, and the patient can then be made comfortable and nursed more efficiently. Then, too, there are patients who are too ill to absorb fluid from their subcutaneous tissues, but who will do so when the fluid is put into their veins. The subcutaneous method sometimes causes sloughing, but I have never seen any ill results from the intra-venous method. On the other hand I have seen subcutaneous infusion do good in toxæmic conditions, especially those due to peritonitis and typhoid.

With regard to the administration of vaso-constrictors, I have very little experience. It has been proved, by experiments on animals, that they are very effectual. I have tried saline solution with adrenalin chloride, 1 in 50,000, on two occasions. It was injected into the veins, and the results were encouraging. Ergotine is said to have the same effect—I have never seen it used.

*Pain* after operation often requires treatment. Surgeons, as far as this symptom is concerned, are divided into two classes—those who never allow their house surgeons to use morphia, and those who never wish anything else given.

Of course, like every other controversy, there is right on both sides, and I should steer a middle course, and use Tinct. Opii. I have never seen this drug do any harm, and I always gave it in every case after operation, in which a sensible patient complained of pain. The dose for a child is m̄j per year, and I have never seen children any the worse for it, when given judiciously. After opium, bromidia is, I believe, the most useful drug, dose 5j—5jss for an adult. A useful prescription for pain in children between two and six years of age is the following:

℞ Ammon. Brom. ... .. gr. v.  
Syrup Chloral ... .. m̄ v.  
Infus. Auran. ad 5j, given in 5j of port wine.

Pain can often be lessened by position. Patients are usually more comfortable on their sides, with one pillow at their back and another under their knees, than flat on their backs.

I now propose to mention some special points of treatment after operations in different parts of the body.\*

The most important region of the body with regard to post-operative treatment is the abdomen, and no part of surgery has undergone such a complete change in the last ten years as this.

Vomiting and shock occur more often in abdominal cases than in any others. These complications have already been considered, so nothing more will be said about them.

How should an abdominal case be fed? is a question which has troubled me, and seems to trouble us all when we first have to look after these cases.

It is almost impossible to answer this question on paper. Every case must be treated on its merits, and no hard or fast rules can be laid down, but the following outline of treatment has proved most satisfactory in my experience.

No abdominal case ever needs solid food for forty-eight hours after operation. The nourishment patients need during the first two to three days is fluid, and an adult should get about two pints in the twenty-four hours. If this cannot be taken by mouth it must be given *per rectum*. No patient should, as a rule, be given anything by mouth while he is vomiting, though this symptom is not infrequently stopped by giving food. The best fluid to begin with is cold water, and during the first twelve hours a patient is best without anything else. Peptonised milk (made by heating milk to 70° C. with peptonising powder for eight minutes and then bringing it to the boil), diluted with water or soda-water in equal parts, is the next food a patient who has had an operation on the intestinal tract or is liable to be sick should be given.

On the fourth day the patient should be taking thin bread and butter, custard, and jelly, etc. On the fifth day fish or chicken should be given if the patient has had no complications since the operation. A case which is in any way unsatisfactory should be kept on fluids until the disquieting symptoms have disappeared.

Distension is often a troublesome complication after abdominal operations, especially in elderly stout women with bronchitis, or in patients whose operations have been hurriedly performed without the usual aperient treatment beforehand. It needs to be energetically treated on its

\* The Editor regrets that pressure upon the space has compelled him to omit several paragraphs, noticeably those dealing with operations upon the head and neck, thorax, kidney, and bladder.

first appearance, and even then not infrequently ends fatally.

Any abdominal case in which there is any complaint of flatulence should have a rectal tube passed several times during the night following the operation. It should be passed, if possible, twelve to eighteen inches, and left in place for quarter to half an hour.

A patient who is at all likely to suffer from distension should be given m̄ij of strychnine sub cutem four-hourly, beginning directly after the operation, and continuing for three to four days if necessary. This stimulates the peristaltic movements of the intestine, and helps to counteract any paralysis present due to manipulations. A soap and water enema, run in through a funnel, should be given as a routine treatment twenty-four hours after the operation. If the distension is not relieved by the above remedies, an enema consisting of castor oil ʒj, turpentine ʒj, in soap and water, often affords relief, and, if not successful, ought to be followed by another in about an hour. Aperients by mouth should now be tried. Calomel, I think, is the best, Calomel 3 grs., Hyd.-Per.-Chlor. gr.  $\frac{1}{10}$ , is a suitable dose to begin with, followed up by Calomel 1 gr., Hyd.-Per.-Chlor. grs.  $\frac{1}{10}$  every hour for four or five doses. This usually opens the bowels in a few hours. If the patient, however, is still unrelieved the propriety of making a fecal fistula must be considered.

An abdominal case need very seldom be nursed on its back. As a rule patients much prefer being propped on one side, usually the side of the wound, with a pillow behind their back. If an abdominal abscess has been opened a patient should lie as much as possible on the side of the abscess so as to afford the best drainage. Some cases of peritonitis drain best if they are placed on their faces, and this is not nearly such an uncomfortable position as might be imagined, and after the first two or three hours patients do not generally complain of discomfort. Certain cases, usually children with peritonitis, are best treated with iodine baths, one or two a day.

### A Case of Cancer of the Oesophagus with Peri-Oesophageal Abscess. Death from Asphyxia.

By C. HAMILTON WHITEFORD, M.R.C.S., L.R.C.P.

Read before the Plymouth Medical Society, November 25th, 1905.



MAN, æt. 59, a patient of Dr. R. H. Clay, had, for the past five months, increasing difficulty in swallowing, and latterly could only take liquids. Bougies were arrested eight and a half inches from the incisor teeth.

At 6 a.m. on October 12th, 1905, the patient had a severe attack of dyspnoea, lasting half an hour.



I saw him in consultation with Dr. Clay in the afternoon, when it was decided to perform tracheotomy, although the probability that the obstruction might be situated, either partly or entirely, in the lower trachea was fully recognised.

While preparation for the operation was being made two more severe attacks of dyspnoea took place.

Administration of chloroform was attempted, but, owing to dyspnoea, insufficient was inhaled to produce anaesthesia.

The operation was commenced with the nurse holding down the patient's arms. As soon as the trachea was exposed the dyspnoea and struggling became most acute. The trachea was at once incised and held widely open, but, in spite of vigorous and persistent attempts at artificial respiration, not a breath of air could be made to enter or leave the chest.

*Autopsy.*—The œsophagus was infiltrated with malignant growth which commenced three inches below the cricoid cartilage, and extended downwards to within two inches of the stomach. On the left side of the œsophagus, four inches below the cricoid was an abscess cavity, which communicated with the œsophagus. The capacity of this cavity was half an ounce.

The trachea was patent in its whole length, and was not markedly narrowed by the growth.

Secondary deposits were found in the ribs, roots of lungs, mediastinal glands, and lymphatics surrounding the left common carotid and subclavian vessels.

*Comments.*—The dyspnoea was induced by attempts to swallow liquids, a portion of which possibly passed into and distended the abscess cavity which either mechanically narrowed the trachea or caused spasm of the larynx by pressure on the vagus.

The autopsy furnished no satisfactory explanation of the complete obstruction to the entry and exit of air, which was found to exist after opening the trachea.

It is possible that the peri-œsophageal abscess cavity was distended with liquid and compressed the trachea, but against this theory is the fact that, as soon as it was found that no air entered or left the chest, I passed first my finger and then an œsophageal rubber tube quite easily down the trachea.

The perforation of the œsophagus was due to either (a) passage of a bougie, or (b) ulceration of the growth, or a combination of these two factors.

The low position of the growth, its softness, and the length of œsophagus involved would have rendered futile any attempt to pass a Symonds' tube through the stricture. If the patient had lived gastrostomy would have been inevitable.

There is a not unnatural inclination to explain dyspnoea coming on in a patient known to possess an intra-thoracic tumour, either malignant or aneurysmal, as chiefly due to paralysis of the vocal cords caused by involvement of the vagi or recurrent laryngeal nerves. This, in my experience,

is unusual, the obstruction to respiration being nearly always caused chiefly by direct pressure of the tumour on the trachea or bronchi. Consequently tracheotomy frequently fails to relieve the dyspnoea. Theoretically a tube, passed along the trachea through the stenosed portion, might be expected to give relief, but practically this procedure is often a failure.

In a case of dyspnoea, due to aneurysm of the aortic arch, I have seen a tube passed from the tracheotomy opening along the whole length of the trachea into a main bronchus without affording the slightest relief.

Given a patient with an intra-thoracic tumour, who is on the verge of suffocation and admitting that the chances of relief from tracheotomy are but small, what is to be done? The surgeon ought shortly to explain to the patient and his friends the great uncertainty of relief from the operation, and then be guided by the decision of the patient, who will usually (and naturally) decide in favour of operation. To make the smallness of the chance of relief, or the risks or difficulties of the operation, an excuse for not operating when the patient has expressed a wish to have any chance of relief, however slight and temporary, is unjustifiable.

A word as to the operation, which in a half-asphyxiated patient with a bull-neck is none of the easiest.

In many instances general anaesthesia may be replaced by local infiltration anaesthesia by means of a solution of adrenalin and eucaine. In this particular case it was hoped that the chloroform might diminish such portion of the dyspnoea as might be the result of spasm.

In elderly patients the tracheal rings sometimes become so completely calcified that their division with a knife is impossible. In the above case I had a pair of bone-cutting forceps in readiness, but just managed to force the knife through the partly-calcified rings. If the tissues had been a few years older division with a knife would have been out of the question.

### School Notes.

THE value of the Anatomical Department has been greatly increased by the conversion of the gallery surrounding the dissecting-room into a museum for anatomical preparations and specimens. Until quite recently all these specimens were on view in different parts of the Pathological Museum, and the general inconvenience of such an arrangement was obvious. Some 600 preparations and fifty regional dissections have now been transferred to the gallery of the dissecting-room, and by this means an efficient museum, in aid of the study of anatomy, has been instituted, and the excellence of many of the specimens renders the collection of the greatest value not only to younger students, but also to those who are candidates for the higher examinations.

## OBSERVATION AND IMAGINATION.

*The Mid-Sessional Address delivered before the Abernethian Society on January 11th, 1906.*

By W. P. HERRINGHAM, M.D. Oxon., F.R.C.P.,  
Physician to St. Bartholomew's Hospital.

YOU cannot open a page of any medical writing nowadays without finding a reference to somebody's observation, or to the work of such and such an observer. I confess that I am heartily sick of the phrase, and I should not wonder if you are somewhat weary of the thing itself. I can imagine you saying "Of what use is all this countless detail? Why should I daily repeat the same string of silly questions, daily count the pulse, daily determine the percentage of albumin?" Or you may point to those vast volumes of notes that load the library shelves, and ask "Of what use was all this immense labour either to patient or physician? Did it really advance practice? Will not many a man be just as good a practitioner who never takes a record in his life?" Or you may take a wider view and say, "Of what advantage to the human race is the enormous mass of observations daily heaped together by every observatory, every laboratory, every hospital, every museum in the world. The mass is too great for any human mind to handle. The forest is too thick for anyone to see the trees. Do we really, for all this toil, know much more of the nature of disease than did Hippocrates, or of the nature of things than did Aristotle?" Such, I can fancy, may be your criticism in moments of depression or revolt.

The immediate answer to such complaints is both easy and obvious. The first law of science is that a man shall notice what he sees, and the second that he shall record it faithfully.

Nor is this task so easy as it seems. Let me illustrate by another art than our own. Many of you have learnt to draw, and you know that there is no difficulty in handling a pencil, and that anyone can copy what another person has drawn. The difficulty begins when you try to draw from nature, and especially in rendering the idea of solidity. Set a child to draw a square box, and the result will hardly be satisfactory to anyone beside his mother. We laugh, and say he does not know perspective. But what is perspective? It is no revelation. It is not even an obvious truth, and in some ways it runs directly contrary to common sense. Stand in an ordinary room and you know that the

lateral walls are of the same height, and the floor and ceiling of the same width throughout. But draw them so, and your drawing will not be like a room, nor will it reproduce the idea of a room in the mind of any other person. To do this you have to obey the rules of perspective. You have to draw the lateral walls higher, and the floor and ceiling wider as they approach you. This is contrary to your knowledge, and nobody draws naturally in perspective. Yet if you look at a photograph or at the reflection in a mirror you will find that the same rules are followed. If evidence were needed this would be sufficient to show that this is what you actually see. Yet it is not what you think you see. Your first impulse is to misrepresent your perception. It is not until after careful analysis that you recognise what it really is.

This is not the error of a child alone. It has been the error of men and of great men. Before the sixteenth century there were many great painters, men whose knowledge of line and colour and mass were as good as, or superior to, our own. Yet, to us, their drawing is often ridiculous, because they did not know perspective. Doubtless they recognised that it was not satisfactory. Doubtless they puzzled over the reason why. Yet it was not until about that time that, after many experiments and many failures they learnt to analyse their own perception, and to realise what they actually saw.

There is no such difficulty in medicine, at least for sight and touch. Yet even in sight and touch how often have you not been deceived? How often have you not said that one side of the chest was flattened when it was the other side that bulged? How often have you not been wrong in your description of the pulse, or in the mapping-out of the lower edge of the liver? But it is in auscultation that the great difficulty lies. It is not that you cannot hear the sounds. You hear them as well, I am convinced, as I. But you cannot split up what you hear into its component parts. You cannot analyse your own perceptions just as the old painters could not analyse theirs.

This then, the inherent difficulty of the matter, and also



because, as I can assure you, the great majority of mistakes in practice arise, not from ignorance of pathology or of therapeutic, but from sheer and simple failure in observation—these are the reasons for which we urge you and compel you to incessant practice in this task.

Well but, you will say, granted all this, yet there are hundreds of observations daily made which are of no practical use to either patient or physician. Why should we be made to practise these? The statement is true. Perhaps you will smile when I say that its defence and apology lie in the realm of faith. What on earth has faith to do with science?

What is science? It is the search for explanations; the passion for the search, which we call inquisitiveness when it is inconvenient, is innate in the human heart, and is as strong in the child or in the savage as in the most learned man alive. There is not one of us but hourly asks the reason why and loves to hear the answer. The passion is much akin to that of sport, and, indeed, the most brilliant chemist I know once told me that he thought of science as the grandest of all forms of sport. If I might compare it to a sport I love, I should liken the dawn of an idea within the mind to a big rise, the pursuit and working out of it to the playing of the fish, and the joy of proof to that first moment when the fish is on the bank. The feelings seem to me the same. It is this intense satisfaction which incites men to the labour which science involves. All life is but effort, and pleasure and pain are the two sides of the medal.

But this is not the only force which drives the wheels. Somehow and from somewhere science has found another motive to impel men to the hunt for explanation, or, as it sounds better to call it, the search for truth.

In our own branch such a motive is easy to find. Each advance in the science is so rapidly applied in the art of medicine that Pathology has won a good name as the handmaid of Therapeutic. The admiration that men have for deeds of mercy is transferred to Demonstrators of Morbid Anatomy, and has won for Pathology a halo that fits her rather badly, and an exiguous amount of cash.

But the same thing obtains in sciences which are not useful. No immediate advantage arises to mankind from astronomy or pure mathematics, and yet they are regarded as almost consecrated by their devotion to research. We do not look upon their professors as men living for their pleasure, but as the devotees of truth. Scientific men undoubtedly share this feeling. The sacred cause of truth is a phrase so common that it tinges all our thoughts. When, again, a man publishes an account of a thousand operations, of which we feel convinced he has only performed ten, we think of him and speak of him in terms applicable only to a sinner. Yet sin is not a conception known to science.

Evidently, then, science has borrowed the phraseology, and uses the ideas of religion. In fact, though she does not confess it, science preaches a religion of her own. Just

as, if you will allow me to speak for a moment without irreverence, religion teaches us that God is Love, so science declares that God is Truth, and, to complete the triad, Art, by the mouth of poet, painter, and musician, proclaims that God is Beauty, and that it again is sin to offend against perfect loveliness.

The Greeks, who first received these three great sisters on their way from Asia—for all religion is Asiatic, Greek science and philosophy came from the East, and Greek art had its roots in Asia too—the Greeks had a saying in their learning that man is the measure of all things. They meant what Hamlet says that “nothing is, but thinking makes it so,” that the pathway to reality is through the mind of man. And in the little wardrobe of man’s mind there is not often more than one dress befitting a divinity. In that he clothes whichever of these three, Love, Truth, or Beauty, best fulfils his needs. He worships each with the same passion and almost in the same terms.

And this renders the more amusing the perennial quarrels between the three. They are not the quarrels of the gods, but of their worshippers. We say, perhaps, that each is blind of an eye, that science will not allow any other inlet for truth, but that of the senses of which alone she takes account, or that religion, covered by the shield of faith, neglects and despises the weapons of science. It is not so. It is not science, but professors, it is not religion, but religious men, who are at fault. And they always will be so. For to see these three as one is not given to the mind of man. Of course, we profess it with our lips; and religion openly claims that the God of Love is the God of Truth and Beauty too. But to defend this she has to maintain that nothing is beauty but what she approves, nor truth but what she believes. Since she is in blissful ignorance of science, and possesses an appalling taste in art, it is hardly fair that she should be the judge in her sisters’ courts. And if you make each arbiter in her own, then you must confess that to follow beauty is not to follow goodness, nor are the truths of science the evidences of love. Priest, poet, and philosopher will each follow his own worship, and will each persecute the others if he can. Persecution is the natural Hosannah of every creed. Mr. Spurgeon once told his audience that the Baptists were pre-eminent in that they had never persecuted. When the applause had subsided he added that this was because they had never had the chance. We have never seen artists in power, but I doubt if they would build hospitals for Philistines. When religion ruled the world we know what befell science. And now that science has her vogue she pays her debts. Watch the medical officer of health dealing with the parson, and you will derive both amusement and instruction.

We need not regret all this. Persecution is a sign of vigorous faith in the persecutor, and it does the persecuted good. I have never suffered persecution myself, and don’t intend to, but I would not refuse it for my friends. I know

that it is one of the beatitudes, and I think it would chasten and improve them.

So, you see, science thinks, speaks, and acts like a religion, and, like other religions, she has both faith and precepts. What is her faith? She believes first that observation corresponds with fact, and that our perceptions are the reaction to a world of reality outside us; secondly, that cause and consequence have a real relation, and are not a mere sequence of events, and thirdly, that the whole universe is the realm of law and order which may conceivably be appreciated by the mind of man. All these are assumptions, unproved, and, as I think, unprovable. They correspond to the fundamental dogmas of religion. And her precepts, what St. Theresa would call her way of perfection, inculcate first a complete sacrifice of personal prejudices, which correspond to selfishness in morals; secondly, a resolve to attain the truth and to be satisfied with nothing less; and thirdly, and this is the point from which this digression arose, a determination conscientiously to gather observations, even though another may reap the profit of the harvest.

This is the aim of our teaching here, and this is the model we hold up, however feebly, before you. And this the more because in no science is the truth so hard to reach, and in none, I may add, is it so difficult to tell. The oracles of Delphi had this in common with the oracles of Harley Street, that to both come ignorant worshippers with offerings of gold and silver, and each questioner must be satisfied whether the answer to his question be truly known or not.

But you are not to consider that to make observations, and to record them faithfully, are your only tasks. Observation alone will never furnish the answer to the problems of life. The answer, the explanation, the theory, these can only be given by another faculty, the greatest and the highest that men have. We call it fancy or imagination.

If I were asked to rank my fellow men, I should give my first class in life’s tripos by two great tests—delicacy of perception and force of imagination. They are quite different gifts. The sensitives, those whose taste, whether for port or for poetry, for there are all kinds, is better than the common, form a band of acknowledged superiority. There is no appeal from their judgment, for there is no standard that they do not set. If their acuteness is for art, they form, like Ruskin, the taste of a generation. It is still more exquisite if it takes the form of appreciation of human nature. Then we call it sympathy, or, in practice, tact. We must all have met some of so delicate a taste in this, that what we say or do seems clumsy in their presence. Our boots are too thick to be tolerated in the dainty parlour of their minds.

The training of this taste in human life is good breeding, and culture is the training of the taste in art. There is

room for the same faculty in medicine too. The *tactus eruditus*, the educated finger of the physician which tells him more than any instrument can teach, is the same thing on the lower physical plane. But the highest example that we can show is that sympathy with our patients which enables us to order so their lives as may be best for each. Much of our work is that of a spiritual adviser, and I am sure that no physician and no surgeon can be truly great without this power of sympathy. Even men like Abernethy, whose roughness was proverbial, have been, I believe, masters of this knowledge, and have used it to teach them what would impress the patient when they only seemed to be venting their sarcasm and ill-humour.

This, then, is one way of getting a first class. But the other gift by which it may be won, imagination, is a higher and a rarer thing. The world is full of critics, but the men of great imagination, saints, artists, or philosophers of science, are few and far between. They stand a head and shoulders above the crowd, and form the scanty ranks of the world’s great men.

Medicine does not give much room for great conceptions. It is, after all, but a branch of biology, and affords little scope for men like Darwin or Pasteur. But even the little generalisations that we make, the petty theories we put forth, need more imagination than falls to the lot of all. Most of us collect statistics. It is the few who start ideas.

But medicine is a treacherous thing. In no study is it so easy to suggest explanations, and in none are they so difficult to prove. And this leaves its mark upon our minds. Contrast the lawyer who rigidly excludes from his purview all that does not lie within the four corners of his brief, and is not essential to his case, with the doctor, who in each instance must allow for many factors whose existence he cannot verify, and must form a working hypothesis which he knows to be provisional. The former becomes dry and hard, but his intellect is accurate and keen. The latter does not, indeed, dwarf his imagination, but his whole mind too often runs to seed, and either becomes like an overgrown schoolboy, slovenly and weak, or else omits to control by verification the exuberance of its fancy, and lives content in a world of diagrams of reflex action. Theories are a drug in the market, but the vigorous mind that is needed to theorise aright is only to be gained by the discipline of accurate and conscientious observation.

Can, then, nothing be done for imagination but by discipline? Can it not be directly strengthened and nourished?

This seems to be the hardest task in the whole of education. Everywhere you will hear the complaint that modern teaching turns men out excellent indeed for examinations, but unwilling to take responsibility, and unable to think for themselves. This is simply due to failure of imagination. They have never mastered the principles of what they have been taught, and they have not realised the positions which



they will be called upon to fill. They have the minds of copyists, not of artists.

I know no way of training imagination save by making men imagine. And medicine stands alone in this as the type of what all education should be. In no other science, or in none other to the same degree do master and scholar together approach the problem, and together puzzle out the answer. Each new case is a problem, both to the physician and his clerks. He hears their observations, asks their diagnosis, helps and corrects both. And medicine is peculiar again in this, that it is not fancy problems, but actual work that we combine to do. It is living flesh that you handle, and actual disease that is the subject of your exercise. The inferences you draw here, the diagnoses we train you here to form, are the very same that you will be forming in a year or two when the responsibility rests on you alone.

Every such diagnosis is an effort of imagination, and in our teaching here we do our best to train your imagination by this practice. But the highest office and the hardest task of the faculty lies in the formation of new theories. Think what it must have meant to grasp, for the first time, the idea of septic infection from the changes which occur in vegetable infusions. Think what it meant to catch the clue which has led to the cure of myxedema. You know the story. Fifty years ago Schiff knew that dogs deprived of their thyroid fell into a curious ill-health and died. Thirty years ago Kocher found the same in man. Then it was discovered that a small remnant of the gland was enough to keep off these consequences, and next that for a time at least even the transplantation of a gland from another animal sufficed, and lastly, first by injection and then by simple feeding the knowledge was turned to the cure of man's disease. Or think of the discovery of the antitoxin treatment of diphtheria. To form the conception that the microbe that caused the disease might also produce some substance destructive to itself; to invent the experiments, to apply them first to one animal and then to another, until

they took on the features of a general law, and lastly, to see it applied to the relief of man. What must this have meant to the men who did these things, and what an astonished admiration does it not compel from us? This is imagination at its best in medicine, the highest and the greatest power we can show.

I have spoken hitherto of medicine, but medicine is a part of life, and the part is an illustration of the whole. Imagination plays the leading part in the great world as she does on our small stage. In the long roll of history the greatest names by one consent are those of the men of great imagination, saints, artists, and men of science. One gift ennobles them all, the vision of the ideal. St. Francis teaches us what life may rise to when inspired by love. The painter shows us a beauty hitherto unseen, and the poet sings the song of life so that life bears henceforth a meaning which it had not borne before. We call their gift creative. Yet it is not so. We did not see what they show us, yet since they saw it, it lay as truly hidden in the facts as were the great laws of physics and of life before the days of Newton and of Darwin. Saints and artists, just as much as philosophers, are the great explainers of life, the high priests of its mysteries.

What is true of medicine and true of the great world is true of the little world of individual life. The strength and hope of each of us lies in his own imagining, in the ideal vision that he bears within him. It is there he finds his rest and comfort, it is there he really finds himself. For himself is not that outward semblance which wears his clothes, it is not talent, that is only the intellectual machinery he is here set to tend, it is not even character, that is but the form his soul takes on when conscience has forced it through the mould of circumstance. The spirit of a man lies deeper still than this. It is, I think, that in him which looks beyond the outward veil of things into that infinite spiritual world, which is only imaginary, and which alone is real.

THE general arrangements are now complete, but no special catalogue will be issued till all is definitely settled, and each specimen relegated to its correct and final position. In the meanwhile the old catalogue, fully descriptive, is available. "Keys" of all the regional dissections are also in the course of preparation, each structure being separately and carefully labelled. Such "keys" are absolutely essential for the proper understanding of the dissections, and Mr. Rawling would gladly welcome any volunteers to aid in the preparation.

\* \* \*

It is greatly to be hoped that the value of this radical change will be fully appreciated, and that many will pay a visit to the new museum. Latent memories of past dissecting days can be revived with far greater facility by careful and systematic reviews of the preparations than by any amount of reading in the Library or at home.

\* \* \*

MR. RAWLING earnestly solicits the help of all past and present Bart.'s men in the furtherance of this scheme to supply a long-felt want. Any additions to the Museum will be thankfully received and acknowledged.

\* \* \*

THE vacant offices of Medical Registrar and Demonstrator of Morbid Anatomy (Medical) and of Junior Resident Administrator of Anaesthetics will be filled at a meeting of the House Committee on February 8th.

\* \* \*

HERR A. G. HALTENHOFF commenced his tutorial classes for instruction in German during last month. The class meets in Mr. Slade's room (No. 12) in the Resident Staff Quarters, on Tuesday and Thursday mornings, at 9 o'clock. It is permitted to join the class at any time.

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MR. J. BURFIELD, M.B., B.S.Lond., F.R.C.S., has been appointed Senior Resident Administrator of Anaesthetics for one year.

\* \* \*

THE following gentlemen have been nominated to act as House Physicians, etc., during 1906-7:

DR. NORMAN MOORE	April	J. R. Briscoe.
	October	N. G. Horner.
DR. WEST	April	R. I. Douglas.
	October	G. C. E. Simpson.
DR. ORMEROD	April	L. I. Burra.
	October	C. A. Stidston.
DR. HERRINGHAM	April	J. G. Priestley.
	October	R. Wade.
DR. TOOTH	April	C. N. Le Brocq.
	October	W. B. Grandage.
OPHTHALMIC HOUSE SURGEON	April	A. W. D. Coventon.
INTERN MIDWIFERY ASSISTANT	April	J. K. Willis.
EXTERN MIDWIFERY ASSISTANT	April	W. I. Cumberlidge.
	July	H. P. Gibb.

We congratulate Mr. H. W. Wilson upon his election to the Luther Holden Scholarship for research work in Surgery.

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COMPETITORS for the Bentley Prize, which will be awarded for Reports of Surgical Cases, must send in their reports before March 27th to the Dean of the Medical School.

\* \* \*

THE Examination for the Hichens Prize will be held on March 1st. Names of candidates must be submitted before February 26th.

\* \* \*

ESSAYS for the Wix Prize must be sent in before March 27th. The subject for this year is "The Life of Sir William Savory, Bart."

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CLASSES for the Final F.R.C.S. Examination will begin on Thursday, February 15th, in the Museum at 9.55 a.m.

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WE have already called attention to the classes for Practical Pharmacy, which are held in the Dispensary under the direction of Mr. Langford Moore. We are glad to notice from the examination lists last month that his efforts are repaid by a very high degree of success. Ten of his class entered for the recent Pharmacy Examination of the Conjoint Board and ten passed. Great praise, therefore, is due to Mr. Moore for the excellent way in which he prepared his class.

### Recent Books and Papers by Bartholomew's Men.

The Editor will be glad to receive reprints of any such papers for this column or even a post-card from the author with the title of his paper. Books which have been received for review are not included in this list.

- Physiological Action of Tea as a Beverage. By Sir Lauder Brunton, M.D., D.Sc., F.R.S. The Practitioner, January, 1906.
- A case of Ochronosis. By Frank M. Pope, M.D., F.R.C.P., with a Note on the Relationship of Alkaptonuria to Ochronosis, by A. E. Garrod, M.D., F.R.C.P. Lancet, January 6th.
- Hill Diarrhoea. By Major F. P. Maynard, M.B., F.R.C.S. British Medical Journal, January 20th.
- Retrospect of Otolology. By Dundas Grant, M.D., F.R.C.S., and Cichele Nourse, F.R.C.S. The Journal of Laryngology, etc., January, 1906.
- Clinical Lecture on Hydrocele. By Harold F. Mole, F.R.C.S. The Stethoscope, December, 1905.
- A New Method of Demonstrating the Topographical Anatomy of the Adult Human Skull. By Sydney R. Scott, M.S., F.R.C.S. From the Journal of Anatomy and Physiology.
- Portugal and its coming Vogue. By Philip Gosse, with illustrations from photographs by Dudley M. Stone. The Health Resort, December, 1905.
- Diffuse Peritonitis from Perforation of the Appendix. By Charles A. Merton, F.R.C.S. The British Medical Journal, January 13th.



## Obituaries.

## JOHN ABERNETHY KINGDON, F.R.C.S.

**S**TUDENTS of a former generation have learnt with deep regret of the sudden death on January 5th of John Abernethy Kingdon at his chambers in Westminster. He was born at 2, Bank Buildings, in 1828, and he lived here in the practice of his profession for over seventy years. He was christened at St. Margaret's, Lothbury, John Abernethy being one of his sponsors.

He received his early education at St. Paul's School, then situated in St. Paul's Churchyard, and subsequently entered the Medical School at St. Bartholomew's Hospital, taking his diploma as M.R.C.S. in 1848. Kingdon soon afterwards was appointed House Surgeon to Sir William (then Mr.) Lawrence, who was an intimate friend of his father. On completing his term of office he was elected Surgeon to the City Dispensary, then located in Queen Street, Cheap-side. In 1851 he became a Fellow of the Royal Medical and Chirurgical Society, and became a Vice-President in 1872, and a Member of the Science Committee in 1867.

It was as Surgeon to the City of London Truss Society that he became widely known to the profession for his excellent scientific work in that special field of surgery. In the forty-seventh volume of the *Medico-Chirurgical Transactions* he contributed a thoughtful and well-reasoned communication on the "Causes of Hernia." He was elected by examination a Fellow of the Royal College of Surgeons in 1861, but took no part in the politics of that body.

As a member of the Court of the Grocers' Company he was elected its Master in 1883, and he contributed two volumes on the ancient history of that Guild, which were so highly appreciated that the Court awarded him an address of appreciation enclosed in a silver casket. Kingdon was the "Surgeon to the Bank," and filled the office of medical officer to many insurance societies, where his work was much valued.

A largely-attended memorial service was held at St. Margaret's Church, of which he had been Churchwarden for many years, attested the regard in which Kingdon was held. The interment took place at Highgate Cemetery.

He was a staunch Churchman, and gave of his best both of time, skill, and money to those who were in sorrow, need, sickness, or any other adversity. His loss will be deeply felt by all his intimate friends and relations.

JOHN LANGTON.

W. W. WINGATE-SAUL, M.D., M.R.C.S., L.S.A.,

St. Bartholomew's is robbed of another of her famous sons by the death of Dr. Wingate-Saul, which occurred on January 22nd in Lancaster.

Dr. Wingate-Saul was the third son of William Saul, of Sibsey, Lincolnshire, and a direct descendant of Colonel John Saul, who, for his gallant defence of Crowland Abbey during the Civil War, received the freedom of King's Lynn.

Dr. Wingate-Saul was educated at King Edward VI School at Louth, and entered St. Bartholomew's in 1865, where his career was markedly successful. He obtained the Senior Prize for Practical Anatomy, and soon became qualified. Later he went to Germany, and took the M.D. degree of Heidelberg University. On his return, and at the suggestion of Sir James Paget and Sir Richard Owen, Dr. Wingate-Saul joined the late Mr. Langshaw in partnership in Lancaster, where he remained till his death.

In spite of his busy life as a practitioner of medicine he soon became a prominent public character in Lancaster, joining the Yeomanry in 1881 as Surgeon Captain, and only retiring in 1901 with the rank of Honorary Surgeon-Colonel, and there was practically no public body or committee in the neighbourhood with which he was not connected.

CATHERINE GRACE LOCH, R.R.C. A Memoir. Edited by Surgeon Major-General A. F. BRADSHAW, M.A. Oxon., C.B., Honorary Physician to His Majesty the King. 8vo. pp. 359, with 2 portraits. (London: Henry Frowde.) Price 4s.

This interesting record of a noble life is edited by one of the most senior Bartholomew's men to be found in the Indian Army list, and it will appeal to a wide circle of readers. It consists almost entirely of extracts from Miss Loch's weekly letters to her sisters, and closes with a few affectionate tributes from old colleagues and friends. Various papers, written by Miss Loch from time to time, and of great professional interest, are to be found in the appendix, and Earl Roberts contributes a brief introduction, as a soldier's tribute to her memory.

Considerations of space forbid us to dwell upon the details of Miss Loch's great work as Superintendent of the Indian Army Nursing Service, 1888—1902, and it is unnecessary to remind the majority of Bart.'s readers of her previous connection with the Hospital as Sister of Darker Ward during the years 1882—1887. The volume is assured of a warm welcome—not only by Miss Loch's friends and colleagues at Bart.'s and in India, but also by all who are interested in the history of nursing—for it is a record of the creation and establishment of the Indian Nursing Service.

## Additions to the Library during January.

Diseases of the Liver, Gall-Bladder, and Bile-Ducts. By H. D. Rolleston, M.D.

Devices and Desires. By P. Habberton Lulham.

## The Christmas Entertainment.

DAVID GARRICK.

By T. W. ROBERTSON.

## Dramatis Personæ.

David Garrick . . . . .	Mr. STEPHEN TOWNSEND
Mr. Simon Ingot . . . . .	Mr. JOHN VALÉRIE
Squire Chivey . . . . .	Mr. R. C. P. BERRYMAN
Mr. Smith . . . . .	Mr. HAROLD SCAWEN
Mr. Brown . . . . .	Mr. M. LINDSEY
Mr. Jones . . . . .	Mr. S. TREVOR DAVIES
Thomas . . . . .	Mr. R. S. TOWNSEND
George ( <i>Garrick's Valet</i> ) . . . . .	Mr. A. C. WILSON
Mrs. Smith . . . . .	Mr. M. ONSLOW-FORD
Miss Araminta Brown . . . . .	Mr. SEQUIN STRAHAN
Ada Ingot . . . . .	and Mrs. F. HASTINGS MEDHURST

## PROGRAMME OF MUSIC.

OUVERTURE . . . . .	"Rosamunde" . . . . .	Schubert
SUITE . . . . .	"L'Arlésienne" . . . . .	Bizet
MILITARY MARCH "Pomp and Circumstance" . . . . .		Ed. Elgar

**T**HE annual dramatic performances were held on Tuesday and Wednesday, January 2nd and 3rd, in the Great Hall. The play chosen was "David Garrick," which was last produced at the Hospital in 1888, for the attempted revival of it two years ago failed, and was responsible for a gap in the series of Entertainments. There can be but few people in London who have not seen this play performed at least once by Sir Charles Wyndham's Company; and, for this reason, it seemed at first that the Amateur Dramatic Club, which has for many years confined itself strictly to the amusement of its audiences, was somewhat ambitious in its choice. But there can be no doubt now that the Christmas Entertainment of 1906 was a great success, and that the A.D.C. was justified in its ambition.

The interest of the play is, of course, mainly dependent on the character of Garrick himself, and with Mr. Townsend in the double part of hero and stage manager, as was also the case at the entertainment of eighteen years ago, there was every prospect of an artistic performance. Mr. Townsend was ably supported in the next most important part, namely, that of Simon Ingot, the wealthy but obstinate city merchant, by Mr. John Valérie, an old favourite of St. Bartholomew's audiences, and himself one of the performers in the production of 1888. Mrs. Medhurst, who enjoys the distinction of being the first lady who has acted on the Hospital stage for seventeen years or more, undertook the difficult part of the heroine, Ada Ingot, with grace and refinement.

The minor characters of the play were performed by present members of the Hospital. These gentlemen were all remarkably good, and it seemed a pity that, with such talent at its disposal, the Dramatic Club did not undertake a play which gave more opportunities to its younger members. Mr. Berryman, who played, at short notice, the

rôle of the empty-headed Squire Chivey, made a success of a difficult part, and did not fall into the common error of overdoing the drunken business at the end of the second act. Of the other male characters, Smith, Brown, and Jones by Messrs. Scawen, Lindsey, and Trevor Davies were excellent little character sketches; while Messrs. Onslow Ford and Strahan as Mrs. Smith, "the mother of seven children—and a baby," and Araminta of the feathers, were delightfully quaint. These gentlemen fulfilled their part in supplying the lighter and more frivolous element in the play, and in producing an effective contrast to the ardent and intense nature of the chief characters. If their portrayal of these parts erred a trifle in the direction of caricature, the vigour of their performance contributed greatly to the success of the evening, and added the necessary touch of the ludicrous to an otherwise serious play.

The central figure of the evening, Mr. Townsend as Garrick, was a fine piece of acting, and worthy of the best traditions of the professional stage. The quiet humour of the first act, the feigned drunkenness of the second, and the dignity and pathos of the third, were admirably portrayed, and the audience was held spellbound from beginning to end. No less successful was Mr. Valérie in a part which, in ordinary hands, would have left but a slight impression on the mind, for all its length and dramatic importance. As it was we were shown a delightful and distinctive piece of character acting—robust, humorous, and entirely true to nature.

From the dramatic critic's point of view the play was excellently produced and staged: the furniture, scenery, and dresses were appropriate and effective, and the proscenium was a great improvement on last year's eye-sore. We were also struck by the excellent effect of the red light in the last act, and by the artistic introduction of incidental music throughout the play. The two servants' parts, by Messrs. Townsend and Wilson, instead of being nonentities, were played with vigour and precision, and added considerably to the completeness of the production. All these details reflected great credit on the stage manager and on the energetic Hon. Secretary, Mr. S. Trevor Davies. The orchestra, too, under the able direction of Mr. Edward Carwardine, maintained its high reputation in the overture and entr'actes, and contributed largely to the success of the evening. At each performance there were large and enthusiastic audiences, and their repeated "calls" at the end of the acts proved their appreciation of the actors' efforts. If to any of the spectators it came as something of a disappointment to find that the long-established absurdity of gentlemen acting the part of ladies was reduced on this occasion to the barest minimum, they must console themselves by the reflection that to be elevated is better than to be amused, and that the change has been made in the best interests of the Dramatic Art.



Round the Gountain.

Our jester is suffering from *Megacephalon Neo-grammaton*, and refuses to contribute this month. On two occasions lately his wit has been considered merry enough for the "News of the World" column of the *D. M. Sic itur ad astra*.

The Clubs.

CALENDAR.

Sat., Feb. 3	{ A.F.C. v. R.L.E.C. at Cooper's Hill. R.F.C. v. Leytonstone at Winchmore Hill. H.C. v. Epsom College at Epsom.
Wed., " 7	{ A.F.C. v. Emeriti at Acton. R.F.C. "A" Team v. St. Mary's "A" at Wormwood Scrubbs. H.C. v. R.M.A. at Woolwich.
Sat., " 10	{ A.F.C. v. H.A.C. at Finsbury. R.F.C. v. Ipswich at Ipswich. H.C. v. Broxbourne at Broxbourne.
Wed., " 14	{ A.F.C. v. Eversleigh at Winchmore Hill. R.F.C. v. Old Foresters at Winchmore Hill.
Sat., " 17	{ R.F.C. v. Old Alleynians at Winchmore Hill. H.C. v. Leytonstone I at Leytonstone. R.F.C. "A" Team v. Merchant Taylors' School at Winchmore Hill.
Wed., " 21	{ H.C. v. R.N.C. at Winchmore Hill. A.F.C.
Sat., " 24	{ R.F.C. v. Old Leysians at Wandsworth. H.C. v. Streatham I at Norbury.
Wed., " 28	{ A.F.C. v. Old Citizens at Winchmore Hill. R.F.C. v. Old Berkhamsteadians at Winchmore Hill.
Sat., March 3	{ R.F.C. v. Park House at Winchmore Hill. H.C. v. Woolwich Garrison at Woolwich.

ATHLETIC NOTES.

THE result of the Rugby Cup Tie against Guy's on January 29th was disappointing. A full account by our special correspondent is given below.

THE Hockey Cup Tie on January 30th against St. Thomas's was drawn, one goal each. We wish our team every success in the replayed tie, which will probably be played at Richmond on Wednesday, February 14th.

The Association Football Club, having drawn a bye in the first round of the Cup Ties, will play either St. Mary's or St. George's in the second round before February 24th, and the 2nd XI are drawn against University College Hospital in the second round of the Junior Cup matches.

RUGBY FOOTBALL CLUB.

INTER-HOSPITAL CUP TIE—FIRST ROUND.

BART'S v. GUY'S.

This match was played on Monday, January 29th, on the Richmond ground. It had been arranged for the preceding week, but owing to the frost the date had to be changed. As has been the case for several years past, we were drawn against our old opponents Guy's, and once again a Bart's fifteen, when on paper seemed equal to winning the Cup, has failed to do itself justice in the field. Last year we were handicapped by losing several of our best outsiders at the last moment through injuries. This year we have failed from want of combination.

Monday's game was in every way a great disappointment. As an exhibition of Rugby football it could not have been satisfactory even to the supporters of our opponents, though the fall of rain during the first half hour was not in favour of scientific play. Indeed, the game was for the most part a scramble. But to Bart's men the Cup Tie was extremely disappointing. Two tries were scored against us in the first fifteen minutes, and throughout nearly the whole of the first half we were defending behind our own "25" line. During the second half, although we had more of the game than had our opponents, we were seldom really dangerous, and it was clear that the team was lacking in the qualities necessary for success.

It was most unfortunate for us that our captain, W. B. Grandage, who has done so much for the fifteen, was seriously indisposed on the day of the match; and although he turned out most pluckily and played with great energy, it was clear that he was not in his usual brilliant form.

It must be admitted that our forwards, who were considerably lighter than their opponents, played throughout a hard and enthusiastic game, and succeeded in getting the ball in the great majority of scrimmages; but the unexpected fall of rain was most unfortunate for them, and their combined rushes seemed to lack power and dash. The three-quarters, again, though individually good, were handicapped by the greasy state of the ball, and obviously suffered from not having played sufficiently often with each other. The outsiders generally were plucky in defence, but did not make enough of their opportunities of attacking, and Oulton alone played with anything like his usual skill. At full back we were markedly inferior to our opponents.

Of course, it is easy to criticise a beaten team, and to attribute causes other than bad luck for their defeat. But criticism, though searching, need not be destructive, and it is not too much to hope that the Bart's fifteen for 1907, profiting by the hard lesson of Monday's match, will bring back the Cup to the Library table.

THE GAME.

Guy's won the toss, and at 3 o'clock Pearson kicked off for Bart's uphill. Saunders returned well, but Jones's kick was charged down by the Guy's forwards, and play settled in the Bart's "25". In the series of scrums that followed the Bart's forwards managed to get the ball each time, and the game was gradually transferred to the half-way line. A rush by the Guy's forwards, and some bad kicking by our backs, then brought the play into the Bart's "25" again, where it remained for some time. Rain now began to fall, and continued until nearly half-time, making the ground greasy and the ball difficult to handle. At this period our team did not shine, the kicking and fielding being weak; and an ugly rush by Guy's was only just saved by Oulton. Following their advantage, the Guy's three-quarters pressed, and Alcock, after a fine run, scored on our right wing twelve minutes after the start, Lee making a good, but unsuccessful, attempt at the kick. Within a very few minutes a further disaster for Bart's occurred, Pinching scoring another try from a loose scrum ten yards from our goal-line. It was a doubtful try, and Lee's second attempt at conversion was quite ineffectual. Thus, in the first quarter of an hour, Guy's had scored 6 points, and seemed likely to increase their score.

In the play that followed the Bart's team was chiefly occupied in defence. A fumbled kick by Alcock brought the ball nearly to half way, and a penalty for offside against Guy's gave us a slight advantage; but for a long time the play was almost entirely in our "25," and on more than one occasion the opposing three-quarters were dangerous. Once or twice the Bart's forwards broke away, but spoil their work by kicking too hard. Although they repeatedly got the ball, they did not pursue their advantage, and, for the first thirty-five minutes of the game they did not succeed in crossing the half-way line. Almond, on one occasion, headed a good rush almost to half way, and Oulton dribbled well a little later, but for a long time the Bart's play was most disappointing. Shortly before half-time matters improved a little, Lee saving a rush, and Owen, by a fine run, transferring the play into the Guy's half of the field. Thence the play returned to our "25," and Oulton, Lee, and Gibson were each called on to save. The whistle blew for half-time just after Bart's had been forced to touch down.

On resuming it was clear that the Bart's team were not going to confine themselves to defence, and our forwards soon forced the ball over the half-way line. Then followed a fine run and kick by Oulton, and play settled down for the first time well within the Guy's "25" line. Here our forwards showed excellent form, getting the ball every time, and the play remained in the Guy's territory. Then

came the best combined movement of the day, Owen and Gibson starting a fine run by our three-quarters which looked very like ending in a try. Guy's, however, managed to relieve the pressure, and some even scrums followed on the half-way line. A long kick from a mark by Pearson, and some good play by Coombes, brought the ball again into the Guy's "25," but their defence was equal to the occasion, and, in spite of some excellent work by Oulton, the play was brought back into our half. The Guy's three-quarters were now conspicuous for some fine passing, but Alcock was collared on the touch line, and some good forward work relieved matters. Two off-sides against our forwards, and a bad kick by Jones, gave the Guy's forwards their chance, and we were forced to defend again. The game was then slowly worked by our forwards towards the Guy's goal. A good run by Oulton, and a miskick by Alcock, followed by a good pass to Owen by Follett, then took the ball into the Guy's "25." Here a fragrant off-side by one of our opponents occurred, and Richards took an unsuccessful place kick at goal. More good passing between Coombes and Oulton kept Guy's on the defence for a time, but a good rush by their forwards, which was

stopped by Owen, led to some open play at the half-way line. Bart's now forced again, and Oulton was conspicuous for some fine running and dribbling, while, just before the call of time, Richards made an excellent attempt at dropping a goal from near the touch-line. Thus, in spite of improving considerably during the second half, Bart's, was unable to score, and retired beaten by 6 points to nil. Teams:

St. Bart's.—A. Ll. Jones (back); H. B. Owen, E. V. Oulton, A. J. Gibson, A. D. Richards (three-quarters); H. M. Coombes, C. S. Lee (halves); W. B. Grandage (captain), C. R. Hoskyn, H. A. Harris, D. G. Pearson, G. H.-H. Almond, S. Trevor Davies, M. W. B. Oliver (forwards).

Guy's.—H. G. Gibson (back); L. B. Stringer, G. Llewellyn, H. Lee, F. Alcock (captain) (three-quarters); J. P. Jones, P. Monaghan (halves); H. R. Mullins, S. McK. Saunders, H. R. Archer, L. Milton, W. G. Pinching, W. E. Williams, A. J. Alcock, E. Hind (forwards).

Referee.—Mr. Percy Coles.

Linesmen.—Messrs. O'Brien and Trewby.

The Students' Union.

BALANCE-SHEET, 1904-1905.

	£	s.	d.	£	s.	d.
To Members' Subscriptions ... ..	515	18	0			
„ Grant from Medical School ... ..	100	0	0			
„ Profit on JOURNAL ... ..	250	0	0			
„ Balance from Abernethian Society ... ..	4	6	0			
„ Balance from Boxing Club ... ..	2	0	10			
„ Profit on Smoking Concert and Dance ... ..	13	5	9			
	£885	10	7			
By Grants to Clubs—						
Rugby ... ..	19	0	0			
Association ... ..	9	16	6			
Boxing ... ..	5	0	0			
Cricket ... ..	29	8	0			
Hockey ... ..	13	3	0			
Swimming ... ..	11	13	6			
Tennis ... ..	12	4	0			
Athletic ... ..	35	5	9			
Shooting ... ..	13	10	9			
	149	7	6			
„ Musical Society ... ..	20	0	0			
„ Abernethian Society ... ..	23	2	5			
„ Deficit from years 1903-4 ... ..	118	0	10			
„ Transferred to Maintenance and Reserve Acct.	574	19	10			
	£885	10	7			

Audited and found correct,  
J. H. DRYSDALE.  
L. B. RAWLING.  
H. E. G. BOYLE.

MAINTENANCE AND RESERVE FUND, 1904-1905.

	£	s.	d.	£	s.	d.
To Funds as per General Account ... ..	574	19	10			
„ Deficit by Pass Book:						
Debts at Oct., 1905 ... ..	£344	8	1			
Credited " " ... ..	319	0	9			
	25	7	4			
	£600	7	2			
By Rent of Ground ... ..						
„ Rates, Taxes, and Water ... ..	300	0	0			
„ Coal ... ..	41	6	7			
„ Wages of ground man and boy, keep of horse, and general maintenance of ground and pavilion	144	6	9			
„ Bands ... ..	9	0	0			
„ Refreshments ... ..	41	7	7			
„ Secretary, A. Miles ... ..	3	19	10			
„ Prize Bats—G. Lewin ... ..	£1	1	0			
T. Wisden ... ..	0	19	0			
	2	0	0			
„ Adlard and Son ... ..	5	18	0			
„ Evans and Witt (Papers) ... ..	28	17	9			
„ Young, J. Pentland (Papers) ... ..	4	11	8			
„ Gerard and Co. ... ..	2	2	0			
„ Partridge and Cooper ... ..	0	10	0			
„ Benetink ... ..	1	8	4			
„ Wm. Hayward ... ..	4	4	0			
„ W. B. Hobbs ... ..	1	18	4			
„ Cheque Book ... ..	0	8	4			
	£600	7	2			

Audited and found correct,  
J. H. DRYSDALE.  
L. B. RAWLING.  
H. E. G. BOYLE.



## Climate and Baths.

**T**HOUGH the uncertainty of the weather in the British Isles has become a commonplace and every individual has his own ideas upon weather in particular and climate in general, yet no one has reduced the subject to a science. True, there are text-books on climate and meteorology, but they have no common scientific principle or aim. They consist, for the most part, of certain accepted facts, which have been strung together by means of the elementary laws of mechanics and physics. The subject concerns the practitioner of medicine very closely, for how can he presume to advise a patient to seek a change of climate if he is ignorant of the elementary factors which constitute climate? Experience will often stand in good stead, but knowledge is better than experience.

We have before us at the present time a book,\* the chief aim of which, says the preface, is to place the therapeutics of climate on a secure foundation; and on the whole we think the author has succeeded in his difficult task. The book consists of five parts. The first deals with meteorology, and is a concise and serviceable account of what is known of the subject; the matter is collected, for the most part, from the well known text-books. Part II is entitled the "Physiology of Climate," in which the factors temperature, humidity, and pressure are further analysed, and though it is only a *resumé* of others' researches it ends with a very important and original chapter upon points determining the reaction of the organism to various climatic conditions. This gives the key to the book and lays bare the author's mind; therefore we make the following extract:

"The most fundamental point in the action of climate is its influence on tissue change. . . . The suitability of the disease is always subordinate to the suitability of the constitution. In other words, the relation of the oxidising processes (*i. e.* of the individual) to the heat demands of the climate is of greater importance than the relation of the disease to the climate. From what has been said, it may be inferred that we cannot correctly speak of sedative or stimulant climates absolutely; climate is sedative or stimulant simply in relation to the individual."

In this chapter is included an analysis of the physiological factors which determine the fitness of an individual constitution for change of climate; an interesting note upon race and its influence upon acclimatisation is added.

"Climate and Health Resorts" is the title of Part III, which opens with Dr. Huggard's classification of climates from the physician's point of view upon a physiological basis, namely, *the demand made by the climate for the production of heat*, with subdivisions according as this demand is regular or irregular in reference to the mean relative humidity. The classification is imposing and apparently scientific, but it is not altogether convincing. Examples of the various types are given. Unfortunately the notes upon the principal

\* 'A Handbook of Climatic Treatment, including Balneology,' by William R. Huggard, M.A., M.D., F.R.C.P. 8vo, pp. 536, with maps and charts. London: Macmillan and Co. Price 12s. 6d. net.

health resorts are very sketchy, and form a marked contrast to the detailed account of Harrogate to which we refer below, and therefore from the scientific standpoint are of no value. The notes upon Davos Platz and South Africa, being the outcome of personal observations, are more valuable.

Baths and Mineral Waters are treated of in Part IV, and this forms an interesting supplement to the rest of the book, and, as the author says, it will enable the physician to master the principles of selection of baths and mineral waters.

These four parts thus lead up to the author's ultimate goal, namely, a rational system for the therapeutics of climate, and this part is full of interesting and useful suggestions for climatic treatment.

Dr. Huggard has a due sense of proportion, and is not prejudiced, for he does not hesitate to say that this or that disease will not be benefited by any change of climate. The book ends with three pages of general remarks, which recapitulate the important principles of the subjects, and even these three pages will afford much food for thought to those practitioners who are in the habit of prescribing a change of climate, and of leaving the choice to the patient. The book is well written and well published, and we can confidently recommend it to all those who ought to be interested in the subject.

The other book\* to which we have alluded is equally interesting, and fulfils its object, namely, of supplying evidence to show that the therapeutics of the Harrogate waters and baths rest on a secure foundation supported by experimental research and clinical experience. In view of the present article, however, the section upon climate has interested us more than the rest, and therefore we feel that we scarcely do justice to the book as a whole in this place.

The section upon climate is excellent; it is analytical, and therefore more tangible than the corresponding chapters in Dr. Huggard's book. The physiological factors and effects of climate in contrast to the physical are also emphasised here, and reference is made to Tyler's interesting and original experiments in Singapore upon the subjective impressions of twelve observers. We therefore find in both books the same general conclusions upon the medical aspect of climate.

The other sections upon the Baths and Waters are treated in the same thorough and scientific manner, whilst the final section opens with a clinical classification of 1500 consecutive cases of chronic disease which were sent to Harrogate for Spa treatment. No details are given, but the cases are grouped together, with the author's remarks and suggestions for the treatment of chronic disease by the Waters, Baths, and Climate of Harrogate.

\* *The Physiology and Therapeutics of the Harrogate Waters, Baths, and Climate applied to the Treatment of Chronic Disease*, by William Bain, M.D., M.R.C.P., and Wilfrid Edgecombe, M.D., F.R.C.S. 8vo, pp. 300. London: Longmans, Green and Co. Price 7s. 6d. net.

The volume is, therefore, a careful compilation of much interesting matter, and no practitioner can fail to derive much help from it, and it should always prove useful for reference. It is cheap, but well printed and easy to read.

## Reviews.

CLINICAL OBSTETRICS. By ROBERT JARDINE. 2nd edition, 609 pages, 96 illustrations. (London: Rebman and Co., 1905.) Price 17s. net.

"For difficult obstetrical cases no hospital in the United Kingdom can compare with the Glasgow Maternity Hospital." The author of the volume before us opens his preface with this somewhat startling remark, but after reading his book and studying the statistical tables at the end we cannot help wondering why he thinks so; doubtless the Glasgow Maternity Hospital has its due share of difficult cases, but doubtless other lying-in hospitals have just as many. Dr. Jardine has been on the staff of this high-favoured institution for eleven years, and as the result of his experiences during that period has published a volume of considerable clinical interest. It is in no sense a text-book, its statements with regard to pathology are sometimes inaccurate, the clinical descriptions are sometimes so brief and incomplete that they would confuse rather than help the student, and yet, in spite of these very grave defects the book has a distinct value as recording the personal experiences and opinions of one who is a painstaking and careful observer and who has had a large and varied experience in the practice of obstetrics. Too often, under the present system of education, the newly qualified practitioner has to gain his practical experience in midwifery with none to help him and none to advise; one who receives the whole of his training in the wards of a lying-in hospital misses that responsibility, and that necessity for initiative which falls to the lot of the student on the district, a loss which he can never repair. We hope and believe that the day is not far distant when the student shall be required to attend cases both in the lying-in ward under supervision, and in the home of the poor patients, where he is solely responsible for the conduct of normal cases, but can obtain help and instruction in all cases of difficulty. But until that day dawns a book like the one before us, will form a very valuable addition to the library of the young practitioner and senior student.

BIOGRAPHIC CLINICS. Vol. III. By GEORGE GOULD, M.D. Price 5s. net. (Rebman, Ltd., 1905.)

A third volume of Gould's *Biographic Clinics* has reached us. It is certainly an improvement on his two previous publications, as besides a most valuable chapter on spinal curvature produced by malposture in school children, there is an article by Simeon Snell on "Eye Strain," and another by Ernest Pungner on "Slight Errors of Refraction."

Of the cases mentioned the most noteworthy are the following—A clear-headed intellectual man had two pairs of glasses to correct his myopia and astigmatism, *viz.* full correction for distance and weaker glasses for reading. Whenever he wore the stronger glasses he "caught cold," with coryza, hoarseness, etc., which at once disappeared when the weaker lenses were used.

Another patient was cured of recurrent subconjunctival hemorrhages by wearing -25 D. cylinders ordered by Dr. Gould after consulting many of the most famous oculists without relief. This patient found so much relief from other cerebral symptoms by the use of these weak cylinders that he had heavy iron spectacles made for use in his bath. We hope he had sufficient foresight to have the ironwork galvanised.

The book is well printed, and contains several excellent illustrations.

PRACTICAL SANITARY SCIENCE. A handbook for the Public Health Laboratory. By DAVID SOMERVILLE, M.D., D.P.H., M.R.C.P. Demy 8vo, pp. 310, illustrations 92. (London: Baillière, Tindall and Cox. Price 10s. 6d. net.)

This book is a brief summary of the course of practical lecture-demonstrations given to the D.P.H. class at King's College, London, and there is no doubt that it will serve a useful purpose, and will prove a reliable guide to students working in the laboratory.

It exhibits a happy combination of the description of practical methods with the conclusions and opinions that may be deduced from the experiments. Certain idiosyncrasies in the choice of methods naturally exist; but this is not, in every case, a fault. There are also chapters upon disinfectants and other things of practical importance to the student of public health.

Unfortunately the sections upon bacteriological methods are too sketchy to be of any real service.

A very useful appendix is added; this gives an account of the preparation of the standard solutions, and a scheme for the chemical tests and reactions of the common metals and acids.

A MANUAL OF PHYSIOLOGY. By G. N. STEWART, D.Sc., M.D. Edin. (Baillière, Tindall & Cox.) Fifth edition, demy 8vo. 15s. net.

In its fifth edition, this excellent text book has been enlarged and brought up to date. It fulfils all the usefulness of the former editions, and keeps to the method of combining a text-book with a practical handbook of Physiology. The practical parts, which are thorough and all that are required, follow, as before, at the end of each chapter, and, being printed in different type, render reference to the text-book part easy during experimental work. New matter has been added throughout, especially in the chapters on the nervous system, but the volume remains about the same size as formerly owing to alterations in the type used. The diagrams are very numerous, carefully prepared, and add greatly to the value of the work.

## Royal Army Medical Corps.

Captain F. Harvey has taken the D.P.H. He goes to West Africa in March.

Major T. H. F. Clarkson assumes medical charge of the Tower of London in February. \* \* \*

Major E. M. Hassard, on return from Jamaica, is posted to the Eastern Command. \* \* \*

Major J. H. Rivers (attached to the Egyptian Army) was mentioned in the Sirdar's despatches for his services in the recent operations against the Niam-Niams. \* \* \*

Lt.-Col. J. R. Dodd, F.R.C.S., is officiating as P.M.O. of the Bareilly and Gharwal Brigades.

Major H. B. Mathias, D.S.O., is transferred to the 1st (Peshawar) Division. \* \* \*

At the recent examination of the Royal Army Medical Corps A. Scott-Williams was fourteenth and E. W. M. Paine eighteenth of the forty successful competitors. No other Bart.'s men entered.

## Indian Medical Service.

Retirement—  
Lieut. Col. E. Crotin, M.B. is permitted to retire from the Service. \* \* \*

Appointments—  
Lieut. Col. C. P. Lukis, M.D. Lond., F.R.C.S. Eng., to be an Honorary Surgeon to H.E. The Viceroy of India.

Major F. P. Maynard, M.B., F.R.C.S., is confirmed in his appointment as Professor of Ophthalmic Surgery in the Medical College, Calcutta, and Ophthalmic Surgeon, College Hospital.

Capt. J. K. S. Fleming to medical charge of 1st Batt. 5th Gorkha Rifles (Frontier Force). \* \* \*

Capt. R. A. Lloyd to medical charge of 21st Punjabis.

Capt. W. C. Long to officiate as Professor of Materia Medica in Madras Medical College, and as Fourth Physician to Madras Hospital. \* \* \*



**Marriage**—  
Illius—Ford.—December 30th, at Calcutta, H. W. Illius, Capt. I.M.S., to Frances Elsie Ford.

**Leave**—  
Capt. W. G. Richards, two months extension of leave on medical certificate.

Capt. J. H. Hugo, M.B., B.S., D.S.O., leave for twelve months.

### Examinations.

#### CONJOINT BOARD.

*Chemistry and Physics*.—E. M. Browne, D. E. J. S. Hughes, E. L. Sturdee, F. C. Wright.

*Elementary Biology*.—R. E. R. Burn, D. E. J. S. Hughes.  
*Practical Pharmacy*.—P. Black, G. Bowen, H. V. Capon, R. M. Coalbank, J. Med. Eckstein, H. McC. Hanschell, W. de M. Hill, C. S. Lee, J. M. Postlethwaite, G. B. Scott, C. Tylor.

*Anatomy and Physiology*.—J. H. Beckton, O. H. Bowen, A. W. Holthusen, A. B. Scott, S. S. Strahan.

#### Final Examination.

The following have completed the whole examination, and have obtained their diplomas:

A. Barber, B. H. Barton, H. D. Clementi-Smith, H. L. Deck, A. T. W. Forrester, N. G. Horner, W. H. Jones, J. E. R. McDonagh, W. H. Orton, E. W. M. Payne, H. R. Prentice, H. E. Quick, C. A. Stidston, W. T. Williamson.

### Appointments.

AYLWARD, E. B., M.R.C.S., L.R.C.P., appointed Assistant House Surgeon to the Norfolk and Norwich Hospital.

BELL, J. A., M.B., B.S. Durham, M.R.C.S., L.R.C.P., appointed Assistant Medical Officer to the St. Pancras Infirmary (South) and Workhouse.

BURROWS, HAROLD, M.B., B.S. Lond., F.R.C.S. Eng., appointed Assistant Surgeon to the Scamen's Hospital.

BRADBURNE, A. A., F.R.C.S. Ed., appointed Associated Editor of *Treatment*.

CHRISTOPHERSON, J. B., M.D. (Cantab.), M.R.C.P. (Lond.), F.R.C.S., appointed Acting Director, Sudan Medical Department, and Physician to H.E. the Governor-General in Khartoum.

HERWORTH, F. A., M.A., M.B., B.C., appointed Senior House Surgeon to the Derbyshire Royal Infirmary.

HOWELL, C. M. HINDS, M.A., M.B. Oxon., M.R.C.P., appointed Medical Registrar, and Lecturer to the Nurses, at the National Hospital for the Paralyzed and Epileptic, Queen Square, Bloomsbury, W.C.

JONES, G. P., M.R.C.S., L.R.C.P., appointed Surgeon to S.S. "Derbyshire."

MILSON, E. G. D., M.R.C.S., L.R.C.P., appointed Assistant House Surgeon to the East Suffolk and Ipswich Hospital.

SMITH, E. BERTRAM, M.R.C.S., L.R.C.P., appointed House Surgeon to the Hospital for Women, Liverpool.

WROUGHTON, A. C., M.R.C.S., L.R.C.P., appointed Assistant House Surgeon to the South Devon and East Cornwall Hospital.

### New Addresses.

ATTFIELD, D. H., Hotel Riviera, Ospedaletti, Ligure, Italy.

BERGEN, VON, C. W., "Deeside," Church Street, Leatherhead, Surrey.

BRIGSTOCKE, P. W., Beyrout, Syria.

BROWN, I. WARREN, Highbury, Stafford Road, Wallington.

DIXON, F. J., 163, Cromwell Road, S.W.

ELDEK, M. D., 2, Charlotte Street, Fitzroy Square, W.

FOLLIOTT, Surg. E., R.N., 5, The Terrace, Keyham, Devonport Dockyard.

GASK, G. F., The Warden's House, St. Bartholomew's Hospital, E.C. Telephone: 1436 Holborn.

GIBBINS, H. B., Ashted, Surrey.

HARMER, W. D., 45, Weymouth Street, W. Telephone: 4432 Paddington.

HARVEY, P. G., Chard, Somerset.

HULBERT, H. L. P., Croydon Borough Hospital, Waddon Marsh Lane, Croydon.

MADDER, F. B., 2, Cherry Garden Avenue, Folkestone.

STACK, E. H. E., 10, Whiteladies Road, Clifton, Bristol.

WAY, A. O., 3, Southgate Road, Winchester.

WENHAM, H. V., Tongshan, Tientsin, N. China.

### Births.

ABERCROMBIE.—On the 12th January, at 23, Upper Wimpole Street, the wife of John Abercrombie, M.D., of a daughter.

TANNER.—On the 12th January, at Farnham, Surrey, the wife of Charles Edward Tanner, M.D., F.R.C.S., of a daughter.

### Deaths.

KINGDON.—On the 5th January, at 31, The Broadway, Westminster, during sleep, John Abernethy Kingdon, F.R.C.S., late of 2, Bank Buildings, Lothbury, in his 78th year. Funeral service at St. Margaret's, Lothbury, on January 9th. Interment at Highgate Cemetery.

WINGATE-SAUL.—On January 22nd, at Lancaster, W. W. Wingate-Saul, M.D., M.R.C.S., L.S.A., in his 64th year.

### 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: 1436, 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 bindings, with cut and sprinkled edges, at a cost of 1s. 6d., or carriage paid 2s. 3d.—cover included.*

# St. Bartholomew's Hospital



## JOURNAL.

VOL. XIII.—No. 6.]

MARCH, 1906.

[PRICE SIXPENCE.]

### St. Bartholomew's Hospital Journal,

MARCH 1st, 1906.

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

### Calendar.

Thurs., Mar. 1.	{	Abernethian Society. Dr. Howell, M.R.C.P., "Abdominal Pain."
		Examination for Hichens Prize.
		Clinical Lecture, 1 p.m. Dr. J. A. Ormerod, "Amyotrophic Lateral Sclerosis."
Fri., " 2.	{	Lecture in the Anatomical Theatre by Mr. Clinton Dent, F.R.C.S., "Mountaineering."
		Dr. Norman Moore and Mr. Cripps on duty.
Mon., " 5.	{	Special Lecture, 1 p.m. Mr. Cumberbatch.
Tues., " 6.	{	Dr. West and Mr. Bruce Clarke on duty.
Wed., " 7.	{	Clinical Lecture, 2.45 p.m. Mr. D'Arcy Power, "The Causes, Symptoms, and Treatment of Duodenal Ulcer."
Thurs., " 8.	{	Abernethian Society, 8.30 p.m. Mr. J. K. Willis, M.R.C.S.
Fri., " 9.	{	Clinical Lecture. Dr. W. P. Herringham, "Me-diastinitis."
		Dr. Ormerod and Mr. Bowlby on duty.
Mon., " 12.	{	Special Lecture, 1 p.m. Mr. W. D. Harmer.
		Dr. West's Post-graduate Demonstrations, 3 p.m.
Tues., " 13.	{	Dr. Herringham and Mr. Lockwood on duty.
Wed., " 14.	{	Clinical Lecture, 2.45 p.m. Mr. D'Arcy Power, "Hernia in Children and its Treatment."
Thurs., " 15.	{	Abernethian Society. Annual General Meeting.
Fri., " 16.	{	Clinical Lecture, 1 p.m. Dr. H. H. Tooth.
		Dr. Tooth and Mr. D'Arcy Power on duty.
Mon., " 19.	{	Special Lecture, 1 p.m. Dr. J. A. Ormerod.
		Examination for Kirkes Scholarship and Gold Medal.
Tues., " 20.	{	Dr. Norman Moore and Mr. Cripps on duty.
Fri., " 23.	{	Dr. West and Mr. Bruce Clarke on duty.
		Dr. West's Post-graduate Demonstrations, 3 p.m.
Tues., " 27.	{	Dr. Ormerod and Mr. Bowlby on duty.
		Winter Session ends.
Fri., " 30.	{	Dr. Herringham and Mr. Lockwood on duty.
Tues., April 3.	{	Dr. Tooth and Mr. D'Arcy Power on duty.
Fri., " 6.	{	Dr. Norman Moore and Mr. Cripps on duty.
Tues., " 17.	{	Summer Session begins.

### Editorial Notes.

IN this number we have to announce the resignation of our Assistant Editor, Mr. N. G. Horner, who has given of his best to the JOURNAL during the past twelve months. He put zeal and goodwill into the work, and helped us out of many a difficulty. We are glad to know that he will return to St. Bartholomew's as Dr. Norman Moore's House Physician in October, when, we hope, the editorial chair will be vacant for him.

THE editorial responsibilities of the JOURNAL have increased considerably during the last two years, so much so that the Publication Committee has asked the Council of the Students' Union to nominate an additional Assistant Editor for athletics who will be responsible for all the club news each month. These few columns have always been an editor's bugbear, for the club secretaries will not recognise the importance of submitting their contributions each month before a certain date. Some of our subscribers complain if the JOURNAL is late, and others complain if there is no club news.

IT is with deep regret that we have to announce the decease of three old St. Bartholomew's men this month. Obituary notices of Mr. W. F. Mitchell, of Snow Hill, and of Mr. T. F. Odling, C.M.G., of Teheran, Persia, appear in another column, but we must defer the notice of Mr. Frederick Wood, of Brighton, who was Resident Apothecary to the Hospital for twenty-one years, from 1847 to 1868, until the next issue of the JOURNAL.

MISS KATHERINE MONK has resigned her post as Matron at King's College Hospital owing to illness. She came to St. Bartholomew's in 1878, one year after the Training School for Nurses was instituted. Miss Jenkins, the present Lady Superintendent of the College, was actually the first certificated nurse, but Miss Monk obtained her certificate one year later, having worked in President Ward under Sir Thomas Smith when the present Sister President was



Night Superintendent. Miss Monk went to King's College in 1880 as Night Sister, and became Matron in 1884. Thus she has completed twenty-five years' service at King's College, but she is still an active member of the Nursing League of St. Bartholomew's Hospital.

We congratulate Mr. H. J. Paterson, F.R.C.S., upon being appointed Hunterian Professor for 1906. He delivered three lectures during February at the College of Surgeons upon "Some of the results of Gastric Surgery." These were based upon the subject of Mr. Paterson's Jacksonian Prize Essay of last year.

The Students' Union gave its fourth Smoking Concert at the Holborn Restaurant on February 20th, and it proved no less a success than its predecessors, although the number of students present was less than usual.

On Thursday, February 15th, the Annual Cinderella Dance of the Medical Companies R.A.M.C. Volunteers took place at Headquarters, Calthorpe Street, which were decorated for the occasion. Dancing began at 8, and was kept up with great vigour throughout the evening. The floor of the drill hall was in perfect condition, and Crudge's Band provided an excellent selection of music. The officers' mess was used as a refreshment room, thanks to the kindness of the Commanding Officer.

The hospitals were well represented, and the smart uniforms of several other London corps, most noticeably the London Scottish, added to the brilliance of the assembly. Amongst those present were Lt.-Col. Valentine Matthews and Mrs. Matthews, Capt. Langford Lloyd, D.S.O., R.A.M.C. Adj. ; Capt. Snape, Capt. and Mrs. Herrington, Capt. and Mrs. Miles, Capt. and Mrs. Sharpe, Capt. Gordon Watson, R.G.A. ; Capt. Fenoulhet, Royal Berks Regt. ; and J. Shearman, Esq., 14th Middlesex Rifles.

We have received a letter from the Rev. William Campbell, Secretary of the English Presbyterian Mission in South Formosa, which calls attention to the work of Dr. J. L. and Mrs. Maxwell (late Night Superintendent) who went out from St. Bartholomew's several years ago to the Mission Field in the Far East. After making an appeal for more missionaries and nurses of the same stamp, Mr. Campbell goes on to give a long extract from the Report of the Mission for 1905, in which a layman, presumably Mr. Campbell himself, relates a detailed account of one of Dr. and Mrs. Maxwell's operating days at the Tainan Hospital, which shows that in the Medical Mission Field surgery is quite as up to date as it is in the London hospitals. It is interesting to note that Dr. Maxwell's operating table was presented to the Tainan Hospital by the St. Bartholomew's Hospital Missionary Society.

ARRANGEMENTS are in hand for the publication of the Second Edition of the Students' Union Year Book, with the addresses and directory of old Bartholomew's men. The Editor will be glad to receive any suggestions for alterations or improvements as soon as possible, but, at the same time, he would like to point out that only some 250 names have been received as subscribers to the forthcoming editions. The small charge of one shilling was asked for the first three editions of the book, in order to cover the cost of postage. The Manager, Mr. W. E. Sargant, is still prepared to receive postal orders or stamps for that amount.

### Rebuilding Fund.

**D**URING the first two months of this year the response to the Appeal for the Rebuilding Fund has been satisfactory, but still a large sum remains to be collected. We gratefully acknowledge the following contributions of £100 and upwards to the General Fund :

	£	s.	d.
A Friend (per Mr. Burnett)	100	0	0
Executors and Trustees from residue of estate of late Horace Harral	250	0	0
Ernest J. Wilde, Esq. (2nd donation)	120	0	0
Ironmongers' Company	105	0	0
Antony Gibbs and Sons	210	0	0
Fishmongers' Company	500	0	0
John Barrow, Esq.	105	0	0

Meanwhile Bartholomew's men have contributed their share also, as may be gathered from the following lists. We are gratified to see that our urgent appeals on behalf of the Pathological Fund have not been fruitless, but still £7000 more is wanted before any attempt will be made to begin that block.

#### PATHOLOGICAL BLOCK.

	£	s.	d.
Already acknowledged	2187	4	0
C. M. Powell, Esq.	25	0	0
C. B. Lockwood, Esq.	52	10	0
Mrs. Gibson (per Dr. Drysdale)	500	0	0
W. T. Holmes Spicer, Esq.	26	5	0
H. J. Waring Esq.	52	10	0
Total	£2843	9	0

#### GENERAL FUND.

	£	s.	d.
Already acknowledged	8302	0	3
Sir Ernest Burrows, Bart.	25	0	0
Surgeon-Major E. J. Hoskins, I.M.S. (second donation)	2	2	0
J. F. Alexander, Esq., M.B.	2	2	0
Executors of the late Mr. Aug. Greatrex	50	0	0
C. A. Stidson, Esq.	1	1	0
F. Harris, Esq. (per Sister Darker)	5	5	0
H. Rundle, Esq., F.R.C.S. (additional donation)	1	1	0
Collected by B. D. Taplin, Esq.	2	1	0
" Sister Paget	5	0	0
" G. E. J. Crallan, Esq., M.B.	2	10	0
Total	£8398	2	3

### School Notes.

We are glad to hear that Dr. Horder has recovered from his serious illness. We hope to see him in the Square again very soon.

Dr. W. LANGDON BROWN has been elected Medical Registrar and Demonstrator of Morbid Anatomy.

Mr. H. HARDWICK SMITH, M.B., B.C., has been appointed Junior Resident Administrator of Anaesthetics.

WHEN it was decided that St. Bartholomew's should remain, as it was, a complete school of medicine, and that the teaching of the preliminary subjects should not be transferred to another centre, the Committee of the Medical School realised that these subjects must be taught with renewed energy and vigour, and that various improvements must be introduced into the existing laboratories. This being so, news has just come to hand that alterations are to be commenced forthwith. The Chemical Laboratory is to be pulled down to make room for the new Out-patients' Block, but a temporary laboratory, spacious and well equipped, will be fitted out in the old Grammar School of Christ's Hospital. It will be ready for use on April 16th, that is, on the first day of the Summer Session. The permanent Chemical Laboratory will be built near the site of the old one and will be ready when the new block is finished.

INSTRUCTION in physics has always been somewhat handicapped by want of proper accommodation. Therefore arrangements are in progress to convert the present Abernethian and Smoking Rooms into a more ample and up-to-date laboratory, which should prove of material benefit to the department.

This bald statement suggests that students are to be turned out of hearth and home without being consulted. But a paternal government has given more than it has taken away. Until such time as the new Out-patient Block is completed, day accommodation for students will be provided in the Great Hall, which will be more than sufficient to meet the requirements of the most exacting as to ventilation, light, comfort, and æsthetic surroundings. Of course, there is no necessity for us to remark that the temporary premises must be treated with the respect due to their age. Otherwise the only accommodation that remains is the Square.

Nominations for the next election of officers of the Abernethian Society, together with the names of the proposers and seconders, must reach the Secretaries of the Society not later than March 7th.

THE following nominations of candidates, duly proposed and seconded, for the Council of the Students' Union have been received :

CONSTITUENCY A (*i. e.* for those engaged in clinical work)—Messrs. S. Trevor Davies, C. R. Hoskyn, B. E. A. Batt, and K. M. Walker.

CONSTITUENCY B (*i. e.* for those not yet engaged in clinical work)—Messrs. G. R. Lynn, F. J. Craddock, and D. M. Stone.

CONSTITUENCY C (*i. e.* the Committees of the Clubs and Societies)—Messrs. W. B. Griffin, A. W. Holthusen, E. V. Oulton, G. F. Page, F. C. Trapnell, and L. F. K. Way.

CONSTITUENCY D (Junior Staff)—Not nominated.

VOTING by ballot takes place in the Abernethian Room on March 5th, 6th, and 7th, between the hours of 12.30 and 1.30 midday. Messrs. Burfield, Burra, and Hardwick Smith have been appointed to act as tellers. The result of the Election will be announced at the Annual General Meeting, which will be held on March 13th in the Anatomical Theatre. Every student should make a point of being present to hear the report of the outgoing Council and to offer any suggestions to the Council elect.

### Tempora Mutantur.

**D**R. WILLIAM AUSTIN was elected physician to St. Bartholomew's in 1786, and was the first lecturer on chemistry in its Medical School. He was of Wadham College, Oxford, and lectured in that University on Arabic. He was also a mathematician, a Hebrew scholar, and an athlete. He walked from Oxford to London in a day, and in one day mowed an acre of heavy grass with his unassisted scythe. The following paragraph from the Annual Register of 1793, sent to us by Dr. Thursfield, shows Dr. Austin's excellence as a physician :

January 21st.—Died—

"At the premature age of 36, Wm. Austin, M.D., of Cecil Street, in the Strand, one of the physicians of St. Bartholomew's Hospital. Of such skill and knowledge was the doctor in his profession, and of manners so urbane, and respectability so great in his private character, that when his intention to quit Oxford was known he received the offer of £1200 a year if he would relinquish the idea. The doctor, however, declined an offer so creditable to the University, and came to London, where he settled as a practitioner, and succeeded so eminently that the yearly profits of his professional attendance are said to have been upwards of £4000."



## Miscellaneous.

## PART III.

By Dr. SAMUEL GEE.

13. "Medicine is the Science of Health."—Plato, *Charmides*, p. 165.
14. "Diseases disclose their nature by their increase."—Montaigne, book iii, chap. 5.
15. THERAPEUTICAL DILEMMA.
- "Satius est anceps experiri auxilium quam nullum."—Celsus, lib. ii, cap. 10.
- "Satius est sistere gradum quam progredi per tenebras."—Gaubius?

## 16. CLIMATE IN PHTHISIS PULMONALIS.

"Pessimum aegro est caelum quod aegrum fecit."—Celsus, lib. ii, cap. 1. The opinion thus expressed prevails so widely that it would seem to arise from a natural instinct of mankind. Whether it be strictly true is another matter; all depends upon the meaning we give to the word "caelum."

"Change of air should be adopted very early in order to give it the best chance of success. But such a variety of accounts is given by patients, and even by medical gentlemen, of the comparative advantage of one place over another that I have found it impossible to decide which is to be preferred."—Matthew Baillie, *Lectures and Observations on Medicine*, p. 178.

"I cannot understand why climates are always spoken of in such enthusiastic terms. I have lived in most parts of the world, and I do not believe that there are any really good climates. Some may be a shade less disagreeable than others, but that is all you can say. If they are not too hot (which is rare) they are certain to be too cold, and this is the worse evil of the two for those who come, unprepared for changes, to enjoy what they expect to find an eternal summer. Descriptions of climate are nearly always calculated to mislead."—Ignotus.

"I must needs add one thing more in favour of our English climate, which I heard the King (Charles II) say, and I thought it new and right, and truly like a king of England that loved and esteemed his own country. 'Twas in reply to some of the company that were reviling our climate and extolling those of Italy and Spain, or at least of France. He said he thought that was the best climate where he could be abroad in the air with pleasure, or at least without trouble and inconvenience, the most days of the year and the most hours of the day; and this he thought could be in England more than any country he knew of in Europe."—Sir William Temple, *Upon the Gardens of Epicurus*.

## 17. HYPOCHONDRIAC DISORDERS.

"It is the worst result of this unfortunate perversion of the intellectual powers that organs whose functions ought to remain for ever immersed in secrecy and silence wake up, as if startled by this unnatural scrutiny. An organ thus aroused becomes the source of distressing sensations which embitter life, because they are always bringing to mind those notions of serious disease and of death in which hypochondriac melancholy mainly consists."—Dubois, *Histoire Phil. de l'Hypochondrie et de l'Hystérie*, 1833, p. 433.

"Is it a cause or an effect that persons dreadfully sensitive about what is wholesome are always weak and sickly?"—E. J. Seymour, *On Severe Diseases*, p. 32.

## Perforating Ulcers in the Region of the Pylorus.

(From a paper read before the Abernethian Society.)

By W. D. HARMER, M.C. Cantab., F.R.C.S.

**P**ERFORATING ulcers in the region of the pylorus were very uncommon ten years ago, and excited a considerable amount of interest. Many of the cases reached the post-mortem room before they were recognised, but the records show that they were not numerous. In a paper by Mr. Crisp English, giving particulars of fifty cases at St. George's Hospital, the first operation was performed as recently as 1892.

The complaint has certainly become more common in recent years, but up to the present no satisfactory explanation of the cause has been advanced.

It is noteworthy that in the table of fourteen cases which follows, there are twelve in which the perforation occurred close to the pylorus. The situation of the perforation was lesser curvature nine, anterior surface three, and two were duodenal.

In every case the perforation was single; there was a small circular opening surrounded by a firm fibrous ring, almost of the consistency of cartilage, and in many cases extending for a considerable distance on the walls of the stomach. No attempts at adhesion to the parietal peritoneum or liver had been made, with two exceptions. In those instances where a post-mortem was performed the ulcers were found to be multiple, and in one both gastric and duodenal ulcers were present, with only one perforation. The peritoneal cavity nearly always contained free gas and a quantity of fluid; the latter was found especially in the subphrenic region and the pelvis. It was noticeable in this connection that on inspection many cases presented definite fulness in the suprapubic region; also that the same fulness was apparent when a rectal examination was made.

The striking features in connection with these cases were eleven of the patients were males, only three females.

The men were in most instances strong, well-covered, healthy adults, and gave no history of previous illness. On careful inquiry it was found that there was in every case a history of indigestion, with pain after food, sometimes sickness, and rarely hæmatemesis. The periods during which these symptoms had been noticed varied from three weeks to two years, more commonly the shorter period. The symptoms were by no means severe, and the patients continued to work in many instances up to the time of the perforation.

The question naturally arises as to whether any patient suffering from "gastritis" is liable to perforation; a disaster of this kind is always to be feared in any acute ulceration of the alimentary canal, for instance, in appendicitis and typhoid fever. It is said that 18 per cent. of gastric ulcers eventually perforate. The treatment of gastritis therefore assumes a serious aspect. It is necessary that great care should be taken whenever an ulcer is suspected. Unfortunately it is very difficult to determine when ulcers are present. In appendicitis the diagnosis of ulceration is becoming easier, as the symptoms which it causes are better recognised. In gastric ulcer the symptoms may be so slight as to be misleading, and there are few clinical tests which are of any value. It is only by close observation that a proper opinion can be formed; the diagnosis is one of great difficulty.

In any suspected case it must be our endeavour to prevent the possibility of perforation; to a large extent the operation of gastro-enterostomy has overcome the difficulty, but it is still doubtful if sufficient of these operations are performed.

It is common to find that the people who get perforations have carious teeth, the mouth is exceedingly septic, the breath offensive, the tongue furred, and there is a history of constipation with intervening periods of diarrhoea. No special history of tonsillitis or acute inflammation of the pharynx has been obtained, and it is doubtful whether bacteria have or have not any distinct relation to the origin of these ulcers; even in cases of advanced ulceration it is often impossible to find any pathogenic organisms in the fluid contents of the stomach, although there were usually a great number of non-pathogenic organisms. It seems probable that organisms are not the direct cause of the perforations.

What are the actual symptoms of a perforated ulcer? In all these cases there has been a momentary onset of very intense pain, generally occurring while the patient is at work, in one case while in bed, and frequently after a meal. The onset is so sudden that it makes it almost certain that the last stage of the ulceration is a tear of the peritoneum. Moreover, the amount of pain seems to some extent to depend on the size of the tear, and is always worse where much of the contents have escaped from the stomach. It seems also to be worse with duodenal than

gastric ulcers. These patients are at one moment quite well, and at the next in the most acute pain; it often doubles them up completely, so that they are quite unable to lie flat on their backs; some of them insist on sitting in bed with their arms crossed over the abdomen. The pain is generally referred to the epigastrium, often the right iliac fossa; sometimes other situations, for instance, the umbilicus, the bladder region, and in one case the left side of the chest. In the latter instance the patient was sent to the Hospital as a case of pleurisy. It is common also to find definite tenderness in Douglas's pouch by rectal examination, certainly if much fluid has escaped from the stomach.

After the onset of the pain there may be a stage of reaction, especially in cases where drugs or alcohol are administered. In case No. 1 the pain completely disappeared, and for two days there was no return. This fact is of great importance, and may lead to error in diagnosis.

The expression of the face is generally very suggestive; great anxiety, the appearance of pain, the drawn face, sometimes deadly pale, sometimes flushed.

Restlessness is common, and collapse of some kind is invariable. Where the rent in the stomach is large, the collapse becomes very intense from the start.

Vomiting is by no means constant, often occurring immediately after the perforation, and ceasing altogether during the stage of reaction. It may be persistent, small quantities of watery material, possibly bile stained, sometimes very offensive.

Hæmatemesis is rare, and even streaks of blood are unusual. Constipation may be present, but is by no means invariable.

The temperature nearly always falls below normal in the early stages after perforation. The respirations are increased, often to 40 or more. The pulse corresponds to the collapse. It might be thought that the pulse would be very important as an aid in the diagnosis, but it is not so. The pulse is disappointing, because it may be in every respect a normal one; good volume, regular, slow, not above 60; in fact, of very little use to the surgeon.

The typical signs of this complaint are the following:—A facies at once suggestive of abdominal mischief. A mouth full of carious teeth, and very offensive. A furred tongue, generally dry. Sweating of the skin, sometimes profuse, and certainly more obvious on the skin of the abdomen than in other complaints of this region. Some little stress may be laid on the latter sign. The abdomen is, as a rule, retracted, but in cases with effusion there is a quite typical fulness of the lower abdomen, like a distended bladder.

The muscles, especially the recti, are strongly contracted, and cause the appearance of retraction. This fact is confirmed when the hand is laid upon the abdomen; they are even as hard as in tetanus, and the feature is most marked



in the upper portions of one or both rectus muscles. It is interesting to note in some cases a much greater contraction of one muscle as compared with the other.

*Tenderness* may or may not be present. Generally the abdomen is very tender all over, especially in the upper portion, and often in the right iliac fossa, and the region of Douglas's pouch. Some patients are so hyper-sensitive that they cannot bear the hand to touch the skin of the abdomen, and deep pressure makes the pain worse.

*Hyper-resonance* all over the abdomen is the rule, especially marked over the stomach region. The stomach resonance has always been increased very noticeably upwards towards the left axilla.

The *liver dulness* is only present in early stages. It tends to disappear very rapidly, so that in an hour after the first examination all traces of it may be absent over the anterior part of the chest.

From the above it would seem that the diagnosis ought to be easy. As a matter of fact it is exceedingly difficult because in the early stages, with small perforations, the stage of reaction is very deceptive.

*Differential diagnosis.*—The conditions likely to be mistaken are those which result from sudden intra-peritoneal disasters. Lead colic, acute appendicitis, are probably the most common mistakes. Ruptured extra-uterine gestation, perforation in ambulatory typhoid, acute pancreatitis, acute dilatation of the stomach, empyema of the gall-bladder, and acute intestinal obstruction may all of them simulate the disease.

It is not long since that a man came into Hospital with absolutely typical symptoms of sudden perforation, probably of the stomach. On exploration the stomach was natural, the appendix was swollen, but not perforated; it was only when all the intestines were pulled out of the abdominal wound that the discovery was made of a retro-peritoneal sac, lying behind the ileo-cæcal junction, and containing about two feet of the lower portion of the ileum, which had become tightly strangulated. This case was especially interesting as in some respects it was quite typical of a perforated ulcer.

Many of the cases are very doubtful, and they are the very cases which ought to be explored; no great harm can come of an abdominal incision, whereas the patient's life will be lost if an ulcer is present and treatment is delayed. If treatment is to be successful it must take the form of early operation, if possible within twelve hours. Up to the present the routine treatment has been as follows:

An anæsthetic, preferably  $\text{CHCl}_3$ , is given. The whole abdomen is rapidly prepared. An incision four inches long is then made, commencing at the tip of the ensiform cartilage and extending downwards in the line of the linea alba. The stomach is quickly pulled through the wound and the finger passed along the lesser curvature to the region of the pylorus; this is by far the most common situation for the ulcer, and it is usually a simple matter to feel the hard resistant fibrous tissue which forms a ring around the perforation.

Gentle traction on the stomach will, as a rule, bring the perforation into view, and the viscid contents of the organ can be seen escaping through the hole. At this stage it may be necessary to enlarge the abdominal wound in order to get sufficient exposure of the ulcer. The remainder of the abdominal cavity can be temporarily shut off by pads or plugging, so as to prevent the free fluid in this cavity from continually welling up over the perforation.

The next stage is to suture the ulcer, and it is not necessary to consider excision; in fact, under the conditions the latter seems to be a dangerous proceeding.

The first suture is a simple purse-string thread of No. 1 or 2 silk placed very close to the margin of the perforation, and tied as quickly as possible. This prevents any further escape of the contents of the stomach, and makes the remainder of the operation more simple.

Six or eight Lembert's sutures of No. 1 silk, covering a line of about two inches in length, and passed well into the muscular coat of the stomach at a considerable distance from the margins of the wound, can then be inserted, either with an ordinary curved needle or with a hare-lip needle if there is difficulty owing to the position of the perforation.

If the fibrous thickening is very marked, it is only by folding in freely the walls of the stomach that the wound can be closed; in fact, there may be so much thickening that it is impossible to close the opening by any means. As a general rule the sutures will hold if those at the ends are tied first, and if sufficient of the wall is folded in.

In the circumstances where such a proceeding is impossible it is best to insert a rubber tube into the stomach, and attach it there temporarily by a purse-string thread.

The whole stomach is now replaced in the abdomen. The foreign matters which have escaped into the peritoneal cavity must be removed either by sponging or by irrigation, and it should be taken for granted that the material is septic, so that very thorough removal is necessary.

Where will the fluid have collected? In three main places: (1) in the pelvis; sometimes quite half a pint is found here when an incision is made above the pubis; (2) and (3) in the regions of the two kidneys. A supra-pubic opening is made in every case, and if much fluid has collected here an incision in the loin on each side, midway between the last rib and the crest of the ilium. Very large drainage tubes are rapidly inserted in each wound; the remainder of the upper is closed with a single layer of silkworm gut, and the patient is dressed and sent back to bed after an operation which should not last more than thirty minutes.

It is right to mention here that it has been advised that after the ulcer has been closed a posterior gastro-entostomy ought at once to be performed, but it seems to be unnecessary and dangerous.

One other question of treatment should be considered—the question of washing out the stomach. The anæsthetist should gently wash out the stomach, after passing a small tube, with warm boracic, in all those cases where the organ is greatly distended with air and fluid, because it seems that much of the vomiting that so constantly occurs afterwards is in this way prevented.

The after treatment is exceedingly important. Dressing should be frequent. The tube should be aspirated if there is much effusion, and when this is offensive it is advisable that the patient should have at least one iodine bath a day (5j to Oj). If the discharge still continues the patient must be turned on his side, as this allows of better drainage. If the peritoneum heals quickly the tubes can be removed on the third or fourth days, and replaced by gauze plugging. All the wounds heal in a fortnight to three weeks.

The feeding of the patient is as follows:—For the first two days rectal feeding only, preferably by means of alternate fluid and solid nutrient enemata. If sickness and pain have entirely ceased, teaspoonfuls of warm water are given on the third day. After twelve hours when in small quantities, and on the fourth day peptonised milk in gradually increasing amounts; there seems to be no harm in giving milk so long as the stomach tolerates it well.

No solid food should be given for at least a fortnight, and aperients are contra-indicated. Stimulants, such as brandy, may be necessary, or even subcutaneous doses of strychnine, min. iij to vj three or four times a day. No definite rules can be formulated for this.

Complications are very apt to arise. Perhaps the most common is *secondary abscess* in some part of the abdomen, usually subphrenic. *Empyema* and *pleurisy* must also be feared (see Case 6).

SUMMARY OF FOURTEEN CASES OF PERFORATED ULCER IN THE REGION OF THE PYLORUS.

No.	Date.	Sex.	Age.	Occupation.	History.	Condition at time of operation.	Time of operation after onset.	Size and situation of ulcer.	Remarks.	Result.
1	Jan. 10th, 1904	N. J. A. (M.)	43	Wood chopper	No history obtained.	Almost moribund; not able to answer questions, all the signs of acute peritonitis.	? 1 week	1/4th of inch, anterior surface of stomach near pylorus.	This patient nearly died on the table, and only lived for a few hours after.	D.
2	Feb. 25th, 1904	C. E. (M.)	29	French polisher	Previous gastric pains 2 years; occasional vomiting and hæmatemesis; sudden onset of pain while at work.	T. 95° 6', P. 116, R. 28. Abdomen distended, upper part, great tenderness, rigidity; partial liver dulness.	3 hours	Small ulcer on lesser curvature, near pylorus.	Much free fluid in peritoneal cavity. Sponged, drainage by tube. No bad symptom after operation.	R.
3	March 24th, 1904	W. L. (M.)	34	Ware-house man	Severe gastric pain for 3 weeks in Dec., 1903; second attack in Feb., 1904; sudden onset.	T. 99° 8', P. 96. Abdomen distended in lower part, rigidity. Liver dulness absent. Tenderness epigastrum and right iliac fossa.	12 hours	Very small, anterior surface, at pylorus.	No free fluid in peritoneal cavity; free gas. Sponged, drainage by one tube.	R.
4	April 18th, 1904	E. T. (F.)	63	?	No history excepting sickness for 1 week.	Brought into surgery almost moribund, definite swelling in epigastrum, thought to be subphrenic abscess.	? 1 week	Ulcer 1/4 inch in diameter; anterior surface of stomach about midway between cardia and pylorus.	Subphrenic abscess drained. Death 4 hours later. P.M.—General peritonitis; food in peritoneal cavity.	D.
5	April 20th, 1904	J. H. (M.)	28	Wood moulder	Previous history not stated; sudden onset of pain 2 hours before admission; vomiting.	T. 99°, P. 100, R. 44. Great collapse, no distension, rigidity, great tenderness; liver dulness deficient.	4 hours	Small ulcer on lesser curvature, near pylorus.	Free gas and free fluid; supra-pubic opening; irrigation, drainage by tubes. Vomiting for 5 days. Right empyema 14 days after operation. Treatment by iodine baths.	R.
6	July 11th, 1904	C. L. (M.)	27	Carman	Indefinite pain in epigastrum for 7 weeks; sudden onset of pain at 7 a.m. after breakfast.	T. 99°, P. 146, R. 44. Collapse; frequent vomiting with blood; tongue dry; abdomen distended, great tenderness, especially P. R., marked rigidity; liver dulness absent.	19 hours	Very small ulcer of duodenum, near pylorus, on upper surface.	Much free gas and fluid. Supra-pubic opening; irrigation, drainage by tubes. Constant vomiting. Death in 10 hours. P.M.—Purulent peritonitis.	D.
7	Sept. 30th, 1904	A. H. (M.)	32	?	Pain after food 1 month, no vomiting or hæmatemesis; sudden onset of pain while at dinner, with vomiting.	T. 97° 8', P. 72, R. 32. Abdomen retracted, rigidity; very tender above umbilicus; liver dulness natural.	4 hours	Small ulcer of lesser curvature near pylorus.	Much free gas and fluid in peritoneal cavity. Drainage by tubes in epigastrum, right loin, and supra-pubic regions. Death 4 days after. P.M.—General peritonitis.	D.



No.	Date.	Sex.	Age.	Occupation.	History.	Condition at time of operation.	Time of operation after onset.	Size and situation of ulcer.	Remarks.	Result.
8	Oct. 4th, 1904	L. L. (F.)	34	—	Pain at epigastrium 6 months; very acute for 7 days. Treated for 1 week by private doctor.	T. 98°, P. 114. Very collapsed. Abdomen distended, intense tenderness, rigidity, liver dullness absent; dullness in flanks.	1 week	Small ulcer 1½ inch from pylorus on lesser curvature of stomach.	Much free gas and purulent fluid. Supra-pubic opening, irrigation, drainage by tubes. Constant vomiting. Death in 12 hours. P.M.—Old general peritonitis.	D.
9	Oct. 4th, 1904	A. L. (M.)	45	Mantle maker	Flatulency some years; gastritis 1 month; sudden onset of pain; vomiting.	T. 98°, P. 88. Tenderness, epigastrium and right iliac fossa; liver dullness absent.	9½ hours	Ulcer ¾th of inch on lesser curvature of stomach, ¼ inch from pylorus.	Very little fluid in peritoneal cavity. Supra-pubic opening, sponged, drainage by tubes. Vomiting and subnormal temp. for 12 days. Bronchitis.	D.
10	Oct. 6th, 1904	W. M. (M.)	30	Brewer's drayman	Frequent gastric pain for 9 months; diarrhoea; sudden onset of pain while at work, vomiting with blood.	T. 98.2°, P. 80. Sitting posture preferred. Abdomen much retracted, very marked rigidity; great tenderness, right iliac fossa; liver dullness absent.	6 hours	Ulcer ¾th of inch at pylorus, upper part.	Much free gas. Large quantity of bile; stained mucus in peritoneal cavity. Supra-pubic opening, irrigation, drainage by tubes. No vomiting.	R.
11	May 19th, 1905	W. S. (M.)	51	Printer	Pain in gastric region 7 weeks, vomiting; sudden onset of pain.	T. 97.4°, P. 92, R. 28. Abdomen flat, good movement in lower part; rigidity, especially of left rectus; liver dullness deficient.	8 hours	Ulcer ¼rd of inch on lesser curvature near cardia.	Under anæsthetic the rigidity of left rectus was very marked. Supra-pubic opening, sponged; ¼ pint of fluid in pelvis; no organisms found in fluid.	R.
12	May 20th, 1905	G. M. (M.)	32	Blacksmith	Indigestion 1 month; sudden onset of pain after drinking whisky.	T. 97.8°, P. 88, R. 28. Great abdominal tenderness; rigidity, especially of right rectus; liver dullness diminished.	8 hours	Small duodenal ulcer near pylorus, upper part.	Free gas. Much fluid, containing cocci; 1 pint in pelvis. Supra-pubic opening, irrigation and drainage by tubes.	R.
13	Oct. 12th, 1905	E. E. (F.)	37	H.W.	Indigestion some years, severe 3 weeks; vomiting, streaks of blood; sudden onset of pain while in bed.	T. 101°, P. 170, R. 36. Very collapsed. Abdomen not distended, rigidity; tenderness, especially right iliac fossa and P. R.; liver dullness diminished.	24 hours	Ulcer ¼th of inch on lesser curvature near cardia.	Free gas and much fluid, containing cocci and bacilli. Many adhesions. Incisions above pubis and in both loins; irrigation, drainage by tubes. Recovery retarded; profuse discharge. Treatment by iodine baths.	R.
14	Sept. 3rd, 1905	E. P. (F.)	28	—	Vomiting and sudden onset of pain 1 week before.	T. 98°, P. 124, R. 40. Very collapsed. Rigidity; tenderness, especially P. R.	1 week	Lesser curvature, near pylorus.	Much free fluid. Incisions above pubis, in flank, and through vagina.	K.

*Bronchitis* is especially troublesome, as the patients cannot be raised.

*Pneumonia, parotitis, thrombosis, hæmatemesis, nephritis,* and others may supervene.

At a later stage peritoneal adhesions should be mentioned. In this connection there was in 1899 a case of a girl who was under Mr. Bowlby for perforated gastric ulcer, and recovered after drainage. Three weeks later she had symptoms of intestinal obstruction just before she was going to Swanley. A supra-pubic incision was made, and in the pelvis a tight band discovered, which had caused strangulation of a portion of the small intestine. This was divided and the gut recovered.

The prognosis in these cases must largely depend on the following factors:

(i) *The time that elapses between the perforation and the operation.* Statistics prove this beyond any doubt. If the operation is done in the first twelve hours the patient has more than an even chance of recovery.

	R.	D.
Operations within 6 hours . . . . .	3	1
" " 12 " . . . . .	3	1
" " after 12 " . . . . .	2	4
Total . . . . .	8	6

(ii) *The size of the rupture.*—If the rupture is very small little of the contents of the stomach can escape, and the prognosis is correspondingly better.

(iii) *The amount of vomiting.*—Where vomiting has been persistent there is always much free fluid in the peritoneal cavity.

(iv) The presence or absence of *pathogenic micro-organisms* in the fluid that has escaped.

(v) Possibly the time of the last meal is of importance, and the nature of the food. Probably too much has been made of this point.

In the accompanying inset table there are fourteen cases; eight of these recovered and six died. This proportion is a little above the percentage of recovery that is usually quoted.

The later cases have certainly done better than the earlier, and this is solely due to two facts:

- (1) Quicker operation.
- (2) Much freer drainage.

*Note.*—Since this paper was read I have operated upon one other case, in a man, who recovered.

### Additions to the Library during February.

The Diseases of Infancy and Childhood (Third Edition). By L. Emmett Holt, M.D.  
Hygiene and Public Health (New Edition). By B. Arthur Whitelegge, C.B., M.D., and George Newman, M.D.  
Clinical Applied Anatomy, or The Anatomy of Medicine and Surgery. By Charles R. Box, M.D., and W. McAdam Eccles, M.S., F.R.C.S.

### Obiter Dicta.

By SIR DYCE DUCKWORTH, M.D., LL.D., F.R.C.P.,  
Consulting Physician to St. Bartholomew's Hospital.

Collected by STANLEY B. ATKINSON, M.B., LL.B.

INTELLIGENT patients are seldom concerned to learn that their liver is disordered or diseased. Like information respecting their kidneys or their heart at once excites alarm and apprehension.

\* \* \*

THE patient has the disease, not the disease the patient. Do not treat diseases, but the patients suffering from them.

\* \* \*

ANIMAL fats for the animal skin, as a rule. Vaseline is very good as a lubricant for machinery.

\* \* \*

It is good exercise for the heart to climb stairs prudently, and good for the liver and gall-bladder to come downstairs. (Consolation when the lift is full.)

\* \* \*

WHEN a patient asks for the name of his disease, he is not, as a rule, seriously ill.

\* \* \*

THE skin is a large third kidney.

\* \* \*

TOBACCO is one of the slowest poisons. It may take ninety years to kill.

\* \* \*

INFLUENZA is known in the United States as the "mean disease."

\* \* \*

IN Bright's disease, large white face means large white kidney; a shrivelled ruddy face, a small red contracted kidney.

\* \* \*

THE clinical order of fishes in respect of digestibility is eel, plaice, sole, whiting, and turbot. The muscle of a lobster claw is perfectly digestible.

\* \* \*

ONE of the best febrifuges is plenty of pure cold water, too often omitted from the dietary.

\* \* \*

COTTON counterpanes and duvets are abominations for the sick.

\* \* \*

NEVER put brandy in beef tea, and never give milk alone in larger amount than two or three ounces. Cream and hot water often agree when milk does not.

\* \* \*

Do not permit dyspeptics or children to shirk their crusts.



### A Case of Faecal Fistula following Gangrene of a Strangulated Inguinal Hernia.

By J. PRESTON MAXWELL, M.B., F.R.C.S.

**HHUN**, a man of 38, entered the Eng-Chhun Hospital, in May, 1905, with the following history:—About three and a half years before, an old inguinal hernia, which had descended into the scrotum, became strangulated. As a result the patient was very ill for some time. Eventually the whole mass sloughed, and he was left with a faecal fistula in the right groin, from which a large mass of inverted bowel protruded. For the whole of the three and a half years he had been an invalid, and came to hospital to see if anything could be done for him. He lived full four days' journey away. His condition on admission was as follows:

He was thin, but apparently sound except for the lesion which brought him to hospital. In the right groin there was a protruding mass of inverted bowel, of which there were at least three coils outside. The skin all round was excoriated, and there were five openings into the lumen of the bowel. Two of these were at the level of the skin, and all of them led into the afferent portion of the small intestine. The opening into the descending portion of the intestine could not be found, and an injection of coloured fluid *per anum* failed to make it manifest. The faecal material which came away was semi-solid, and apparently the opening was not far from the caecum. The right side of the scrotum was much deformed by scarring, and the testicle was involved in scar tissue.

It was evident that nothing short of resection could help the patient, and accordingly he was carefully prepared. The skin was kept constantly washed, and the afferent part of the bowel washed out with warm dilute creosol, both on the night preceding and on the morning of the operation. His bowels were emptied by means of castor oil, but no restriction was placed upon his diet except that green vegetable was forbidden for a week before the operation.

On the 5th of June he was placed under chloroform, and the skin surrounding the fistulae cleaned as far as possible. An incision was made in the right linea semilunaris well above the fistula, the abdomen opened, and the wall divided downwards as far as the upper part of the prolapse. The incision was then carried round on both sides of the fistula in an elliptical manner, and this part of the incision was gradually deepened with one finger in the abdomen as a guide. The parts were very seriously matted, and the omentum, bowel, bladder, and tissues in the lower part of the iliac fossa were bound closely together. About half of Poupart's ligament had to be removed, and bleeding and oozing at this stage were very troublesome. At one point the wall of the bladder was wounded, but not perforated, and this part was reinforced by a stitch, bringing the

peritoneum over it. A large mass of omentum had to be divided.

At the end of three hours it was possible to draw out the whole mass and determine its exact location. This was about eight inches above the ileo-caecal valve. The whole of the mass, and a portion of the bowel above and below, were rapidly removed after the mesentery had been divided along the line of attachment to the bowel. Altogether a full foot of bowel was excised.

The lower end of the bowel would only admit the little finger, but by the use of one finger after another, then the thumb, and, finally, two fingers, it was stretched sufficiently to allow the half of a small Murphy's button to be inserted. Suturing alone would have required an oblique incision of the bowel, and the condition of the patient required speed. A few reinforcing Lembert sutures were placed over the button, and one each side of the mesenteric attachment. The upper part of the wound was closed by sutures of silk-worm gut, and the lower portion packed with iodoform gauze; no drainage-tube was used, but the lower right quadrant of the abdomen was well-flushed out with hot saline.

The whole operation lasted three and a half hours, and the gap left in the parietes measured about three inches by two inches. The patient remained on the operating table for some two hours, and was then removed to bed, and hot bottles applied and strychnine administered. Shock was fairly severe, and one difficulty of the after-treatment was that he flatly refused to try and retain nutrient enemata. For one thing the anal sphincter had apparently lost its power and the bowel was much contracted. So he was allowed to drink rice-water, albumen-water, and beef-tea just as he pleased. For three days he passed no flatus, and, having vomited a dose of magnesium sulphate, he was given five grains of calomel, but without result. On the morning of the fourth day five grains more were administered in one-grain doses hourly. In the afternoon a soap-and-water enema was given but returned unchanged. About 6 p.m. he passed flatus, and about midnight the bowels began to act, and he passed a quantity of very foul tarry looking material quite unlike faeces.

From this time he made steady progress, and on the evening of the twenty-second day passed the button. The abdominal wound was dressed and re-packed daily, and there was no sign of any trouble in that region. The wound, at the base of which could be seen healthy bowel, contracted rapidly, and the patient left for home on the thirty-eighth day after operation with a small superficial wound on the abdominal wall which was skinning over rapidly. His bowels were acting daily, the stools were practically normal, and the patient was taking any diet as he pleased, but was advised to avoid large masses of salt vegetable.

Since his discharge he has been perfectly well, and has been able to go back to work in the fields.

### Special Departments.

#### THE DEPARTMENT FOR THE DISEASES OF CHILDREN.

In the latter part of 1904 it was decided to establish a Special Department for instruction in the diseases peculiar to childhood, and in some other diseases which, while not peculiar to childhood, yet during this period of life present characteristics unfamiliar to their later appearances. It was felt that no student of St. Bartholomew's should be discharged upon an unsuspecting world without having had a good opportunity of grounding himself in certain matters which, while vital to success in practice, did not receive sufficient emphasis under the then existing *régime*. As an example may be mentioned the details of treatment suitable to the nutritional disorders of infancy, disorders which, perhaps more than any other branch of paediatric medicine, can claim to be a speciality.

An Out-Patient Department for such instruction was consequently instituted on the lines of the long-established Out-Patient Departments in general medicine and surgery. The charge of the department was intrusted to Dr. A. E. Garrod and Dr. H. Morley Fletcher with the help of two chief assistants, Dr. Sheffield Neave and Dr. Clive Riviere. We are not impertinent enough to comment upon the excellence of this directorate, but we invite the attention of those who contemplate attendance in this department to the long experience of Dr. Garrod at the Great Ormond Street Hospital for Children, and of Dr. Morley Fletcher at the East London Hospital for Children.

To the department thus instituted are drafted from the morning attendances at the surgery all the available cases best illustrative of children's disease. Everyone who is familiar with the immense bulk of material thus sifted in the course of three months will agree that a clerk who has diligently pursued a three months' course in the Children's Department of St. Bartholomew's Hospital cannot fail to obtain a good representative of medical paediatrics. We need not dilate upon the glories of this circumstance.

The work of the department begins at 9.30 a.m. on Mondays and Wednesdays. At this hour the patients, old and new, are collected in the out-patient room. The new cases are allotted to the clerks, who proceed to obtain an account of the onset of the several maladies,—in itself a matter requiring no little practice.

In conclusion, we would recommend that clerking in the Children's Department should be postponed until some degree of familiarity with clinical medicine has been gained by dealings with adults, for the inability of young children to speak for themselves adds a certain difficulty to the study of their ailments. But the same conditions render paediatrics an excellent school for the cultivating of observation, a talent essential to physician and surgeon alike, and one somewhat prone to be swamped by the subjective readiness of adult sufferers.

The attendance of students at the department has fully justified its establishment. At the same time we would take occasion to observe that no student has done his duty by the School which is responsible for his training until he has taken advantage of the opportunity thus offered him of acquiring a good working knowledge of common childish disorders. The grave maladies which bring children to the wards form but a fraction of the troubles which present themselves for treatment in practice, and the minor ones can only be studied satisfactorily in the out-patient room.

### Recent Books and Papers by Bartholomew's Men.

The Editor will be glad to receive reprints of any such papers for this column or even a post-card from the author with the title of his paper. Books which have been received for review are not included in this list.

- Anderson, H. K., M.D. Cantab. "The Paralysis of Involuntary Muscle," Part III, *Journal of Physiology*, December 30th, 1905.
- Bennion, J. M., M.A., M.B. "A case of Adhesive Mediastino-Pericarditis," *Brit. Med. Journ.*, February 10th, 1906.
- Burfield, J., M.B., F.R.C.S., with Shaw, E. H., M.R.C.S. "A case of Bilharzia Infection of the Vermiform Appendix," *Lancet*, February 10th, 1906.
- Burrows, H., M.B., F.R.C.S. "Abdominal Surgery," *Hospital*, January 6th and 20th.
- Garrod, A. E., M.D., F.R.C.P., and Hele, J. S. "The Uniformity of the Homogentisic Acid Excretion in Alkaptonuria," *Journal of Physiology*, December, 1905.
- Garrod, Archibald E., M.D., and Hurlley, W. H., D.Sc. "On the Estimation of Homogentisic Acid in Urine by the method of Wolkow and Baumann," *Journal of Physiology*, December, 1905.
- Griffith, W. S. A., M.D., and Williamson, H., M.B. "A case of Fibro-myoma of the Uterus undergoing Sarcomatous Change," *Journal of Obstetrics and Gynaecology*, February, 1906.
- Habershon, S. H., M.D., F.R.C.S. "Observations on the Iodine-staining Granules in some of the Leucocytes of Current Blood, with special reference to their reputed function as carriers of Glycogen or an allied substance," *Journal of Pathology and Bacteriology*, January, 1906.
- Haynes, G. S., M.B. Cantab. "The Bio-chemical Standardisation of Drugs," *Medical Magazine*, January, 1906.
- Jones, R., M.D., M.R.C.P. "Some Clinical Notes upon Urine Testing and Results," *Journal of Mental Science*, January, 1906.
- Levick, G. Murray. "A few remarks upon the Reports of the Malta Fever Commission," *Lancet*, February 3rd, 1906.
- Masterman, E. W. G., F.R.C.S. "Haemoglobinuric Fever in Syria," *Brit. Med. Journ.*, February 10th, 1906.
- Paget, Stephen, F.R.C.S. "Aural cases in General Practice," *Brit. Med. Journ.*, February 3rd, 1906.
- Phillips, L. P., M.D., F.R.C.S., M.R.C.P. "On Eucalyptus Oil as a Vermifuge in Ankylostomiasis," *Lancet*, February 3rd, 1906.
- Sandilands, J. E., M.D., D.P.H. "Epidemic Diarrhoea and the Bacterial Content of Food," *Journal of Hygiene*, January, 1906.
- Scott, Hon. G. H., M.D. Cantab. "A Classification of the Cells found in the Blood in Health and Disease," *Journal of Pathology and Bacteriology*, January, 1906.
- Scott, S. R., M.B., F.R.C.S. "A New Method of Demonstrating the Topographical Anatomy of the Adult Human Skull," *Journal of Anatomy and Physiology*, January, 1906.
- Waterhouse, Rupert, M.D. "Food Poisoning and Coma," *Brit. Med. Journ.*, February 3rd, 1906.
- Weber, F. P., M.D., F.R.C.P. "A note on 'Mulberry Cells' and clusters of Eosinophile Spherules, probably a form of Russell's 'Fuchsin Bodies,' in the Walls of a Chronic Cerebral Abscess, and in a case of Multiple Myoma," *Journal of Pathology and Bacteriology*, January, 1906.



### Morvan's Disease.

By NORMAN MOORE, M.D.

**H**ERE are at present four interesting cases of disease of the spinal cord in Mark Ward. Thomas H—, æt. 29, a builder's labourer, has that form of syringomyelia first observed by Dr. H. Morvan in a Breton named Kerlosquet Serny, whose case, with six other cases, he published in the *Gazette Hebdomadaire de Médecine et Chirurgie* of August 31st, 1883. The disease has since been named after its discoverer.

The patient had been under the surgical care of Mr. L. B. Rawling for his hand, and was admitted to Mark Ward on December 14th, complaining of loss of power in the right hand. In September, 1904, he had a painless whitlow on the right hand. After unsuccessful attempts at healing the finger was amputated at the first interphalangeal joint without anæsthetic, the patient feeling no pain. He has had more whitlows on the same hand, and, on the occurrence of each, a pain across his back at the level of the second or third lumbar vertebra.

He has over the whole right arm complete loss of sensation of heat and cold, while over the left arm he feels heat and cold as cold. This sensation of heat and cold is confused over his right leg from the knee to the ankle. He has complete loss of common sensation and of pain over his right arm, confused or delayed sensation over various parts of the trunk.

The other cases are examples of:

*Acute myelitis* in a man æt. 35, who, in forty-eight hours from the appearance of the first symptoms of his disease, had complete motor and sensor paralysis of both legs, and loss of control of both bladder and rectum, without any affection of the upper half of his body. The electrical reactions of his muscles were normal.

*Anterior poliomyelitis* in a man æt. 20, who, in a little more than twenty-four hours after he first felt ill, had lost power of movement in his legs, with also some loss of power of both arms, but no impairment of sensation of either. Many of the muscles show well-marked reaction of degeneration.

*Tabs dorsalis with extensor paralysis* in a man æt. 34. His knee-jerks are absent, his pupils small and without reaction, and he has lightning pains. His gait is unaffected. The extensors of his left hand are paralysed and atrophied, and so are the extensors of the fingers. Both the thenar muscles are atrophied, the right most so.

### Obituaries.

WALTER FREDERICK MITCHELL, M.R.C.S.,  
L.S.A.

By A FRIEND.

**W**F. MITCHELL was son of the Vicar of St. Bartholomew's-the-Less, and was born at the Vicarage within the Hospital on May 27th, 1852. He was educated at King's College School, in London, and entered as a student at St. Bartholomew's in 1873. Ten years later he became L.S.A., and in 1886 M.R.C.S. His many years of studentship were trying and laborious, for the death of his father, in 1874, obliged him to earn his living at once. He became a working pupil of Dr. Swinhoe, the Chief Medical Officer of the South Western Railway, at Swindon, and after more than a year there went as secretary, dispenser, and pupil to his relative, Mr. Martin Coates, of Salisbury. Many hard-working and

necessitous students used at that period to pay their way by acting as unqualified assistants, and Mitchell next acted in this capacity to a Mr. Gibson, in Holborn, and during this period of his life passed his examination in anatomy and physiology. He then did his work as clinical clerk and dresser, and in the evenings worked as dispenser and assistant to a practitioner in the Edgware Road. After many such years he was at last qualified, and then acted as Assistant Medical Officer under Dr. Aldersmith, the Medical Officer of Christ's Hospital, and so continued till the school was moved to Horsham. They became partners in practice, and after the removal of the school Mitchell's share of the work became altogether distinct, and consisted in attendance on the workpeople of various large places of business, and upon private patients in the City. He had rooms in Snow Hill, and lived in the Holborn Viaduct Hotel. Some men seem injured by hardships and difficulties in early life; more, perhaps, are improved by them. Mitchell was one of the latter kind, and when he emerged into comparative prosperity it was obvious to everyone who came to know him that he was an uncommon man, and the longer he was known the more did his value appear. He was an acute observer, and his opinions on cases were always sound, and in his relations with patients his gentleness and kindness were as conspicuous and invariable as his good sense.

The onset of his fatal illness was sudden and its course rapid. His brother thus describes it:—"He sat up all the night of Saturday, February 10th, with a patient. On Sunday he seemed in his ordinary health till evening, when he had some shivering, but he smoked a cigar with a friend after dinner and said he felt all right then, though he expected to feel tired next day.

"He did not come down to breakfast as usual on Monday, and when seen later in the morning said he felt too ill to get up and would sooner be left quiet. About mid-day, or rather later, he was found very ill, and Dr. Hume Fletcher was sent for, and then Dr. S. West was called in, and he was removed to St. Bartholomew's. Mr. Fletcher wired for me and I got to St. Bartholomew's about 5.30, and I think my brother just realised that I was there, and he died quite quietly about 6.30 p.m."

The origin of his illness was obscure, and its course seemed only to be accounted for by the rapid development of a micro-organism.

He was deeply attached to St. Bartholomew's, and had sometimes said that he expected to die there.

He was buried at Westbourne, near Emsworth, on February 16th.

The greatest of English writers on medicine, treating of the results of his own life's work, says:—"As for fame and popular applause they are lighter than a feather or a bubble, and more vain than the shadow of a dream."

Some men have thought more of such things than

Sydenham did. Mitchell never even thought of applause in relation to himself. It was his nature to do all he could for others every day as the day's work. A more generous or a more modest man it would have been hard to find.

TOM FRANCIS ODLING, C.M.G., M.R.C.S.

It is with great regret that we announce the death of Mr. Odling from typhoid fever in his fifty-sixth year. Mr. Odling was the son of the late William Odling, of Buslingthorpe, Lincolnshire, and brother of Mr. Charles William Odling, C.S.I., late Chief Engineer and Secretary to the Government of India in the Public Works Department. He became a student at St. Bartholomew's Hospital in 1869, and took the diploma of M.R.C.S. in 1872.

He went out to Persia, and was soon appointed Physician to the British Legation at Teheran, and to the Imperial Bank of Persia, and also Medical Superintendent of the British section of Indo-European telegraphy. He was created C.M.G. in 1891.

### A Motor Car v. Horses in General Practice.

By HUGH WHITWELL, L.R.C.P., M.R.C.S.

**N**OW that motor cars have become a regular institution, and are being used seriously as a means of locomotion, and not merely as a luxury, I have thought it worth while to write a short account of their use in the ordinary rounds of the medical practitioner.

I find that people in general still think that the motor is only a fine weather conveyance, is constantly breaking down on the road, that its machinery can only be understood by a trained mechanic, and that the motorist can only expect to arrive punctually at his destination by a singular piece of good fortune. I can only presume that this is the general opinion from the frequent remarks made to me, such as "I suppose you are constantly stranded on the road?" "Can you trust your car to go to an important case?" "What a fortunate thing your car did not break down;" or "Can you use your car in such bad weather?" If these remarks express the general opinion of the public, I think that, from my own experience, I can make out a better case for the motor car.

In order to have correct figures to work upon I have kept an exact register of all distances travelled and every expense incurred for twelve months. During this time I have driven my car for every kind of work and in every kind of weather, nor have I ever had recourse to horses; in fact, I have used my car in weather in which it would have been almost impossible to take horses out for any country work. My troubles on the road have been few and far between, since the first few weeks when I had not

thoroughly mastered the mechanism of the car. I have never had to leave it behind on the road, nor have I been stopped for more than a few minutes from any mechanical mishaps, except on one occasion, when, not being pressed for time, I preferred to repair at once a small fault in the petrol supply, which would not have prevented my getting home in rather poor style. Burst or punctured tyres needing repair on the road have stopped me four times during the year, but have never kept me more than forty-five minutes.

I have always made a point of having the small necessary mechanical adjustments attended to regularly at home so as to minimise the probability of delay on the road. Undoubtedly the chief advantage of the motor over horses is the time saved in getting from one patient to another. In the country at least half the time of a journey is saved on the road, and this if the average speed of a motor is taken at eighteen miles per hour and of horses at nine miles per hour; of course on anything like a good road, without many sharp corners, it is perfectly safe to travel at a good deal higher speed than this as long as the police do not object. In town work the motor is also much quicker, and here I can save at least one third of the time taken between any two houses.

There is also much saving of time to the motorist in starting out, especially if the owner can drive himself. At night the advantage is even greater over the unhappy doctor who has to wake his coachman and harness his horse before a start can be made. In the case of a car the whole process of starting out can be accomplished in less than five minutes, and the additional time saved on the road means a good deal longer in bed.

Next, compare your horse and man waiting for hours in the dead of a cold winter's night to the car which will stand alone, in any weather, for any length of time. Again, remember that for the motorist there is no such thing as coming home with a tired horse to find that he must start out again on another journey, when his horse is only fit for his stable and a well-earned rest.

There are some persons who maintain that there is no way of getting about in bad weather so comfortable as that of driving in a brougham, but now that every kind of body can be fitted to a motor car this objection hardly holds good. To the lover of horses there can be no comparison between driving a machine and a good strong fresh horse; but how seldom does the hard-worked general practitioner have such an animal as this to sit behind?

I strongly advise every one intending to buy a motor car for daily use in his practice to make a point of thoroughly understanding its mechanism. This can easily be done, as all good firms selling motors will give lessons to prospective buyers free of charge. They will also lend a good mechanic for a week or so. I think the only way to master the subject thoroughly is by making the man take



to pieces and explain every part of the car which may in the future cause trouble or need adjustment. Then let the owner himself put them together again under supervision. He will then feel that he understands the machine, and can take these parts to pieces and put them together again if inspection is necessary at any future time. There is really very little to learn in a small car, and anyone who could mend and adjust a bicycle would soon master all the most important points. Of course there are bound to be occasional repairs which must be done by a skilled mechanic, but these ought not to be of very common occurrence on a small car of good make. Let the owner also learn all the necessary routine work—oiling, cleaning, etc. If he does this he will be saved many stoppages and troubles, which are called "break-downs," and in 90 per cent. of cases are simply the result of ignorance of small adjustments, etc., which ought to be known by all users of motor cars.

Apart from any consideration of pleasure, comfort, or speed the cheapest mode of locomotion is, without question, to hire horses and traps from a livery stable by an annual agreement. The cost of this will, I believe, generally be found to be about £150 per annum in the provinces. If horses or a motor are to be kept, then I believe that, apart from all initial outlay, a small car is a good deal cheaper than keeping two horses and traps.

Cost of car with every accessory, and all tools and extras	£ s. d.
	253 18 0
<b>Running costs—</b>	
Repairs, replacements, men's time, etc.	£27 18 6
Tyres, including inner tubes, mending, and retreading	26 8 0
Cleaning accessories, brushes, etc.	0 19 6
Repairs to lamps	0 17 6
Petrol	17 0 0
Lubricating oil	4 14 0
Grease	1 5 0
New battery	1 1 0
	81 1 6
<b>Other expenses—</b>	
Stable rent	10 0 0
Boy's wages	22 18 0
Boy's uniform	6 10 0
Insurance	5 5 0
Car license	2 2 0
Two driving licenses	0 10 0
Tax for man-servant	0 15 0
	48 0 0
	£129 1 6

The items under the heading of "Running Costs" are entirely dependent on the distance the car travels, in my case 6720 miles in the year. Roughly speaking half that distance would cost half that amount. There is a very distinct comfort to feel that these expenses are in proportion to the amount of work being done.

In conclusion, I only hope this short account of medical motoring may be of help to some of your readers. At any rate, it should be a little more convincing than some of the glowing accounts and doubtful estimates of expenditure given by the sellers of motor cars.

## The Clubs.

### ATHLETIC NOTES.

OUR Rugby XV has been well represented in county football this season. On February 22nd Messrs. E. V. Oulton and C. R. Hoskyn helped Middlesex County to defeat the East Midlands, in spite of the efforts of Messrs. H. Coombs and H. B. Follitt on the other side.

THE Association Club easily defeated St. Mary's in the Hospital Cup Ties by 5 goals to 1. The bad condition of the ground spoiled the game from a scientific point of view. The next match will be against Charing Cross in the Semi-final.

THE Hockey Club were unlucky to be beaten by St. Thomas's in the cup-tie. Mr. G. F. Page, the captain, was unable to play owing to an injury. His absence was a great loss to the side.

THE Athletic Club are to be congratulated on winning the Inter-Hospital cross country race. A short report appears in another column.

### ASSOCIATION FOOTBALL CLUB.

The club has done very well since the beginning of the new year, having played five matches to date and won them all.

Wed., Jan. 17th.—v. Royal Veterinary College, at Winchmore Hill. Won 2—2.

Sat., Jan. 20th.—v. Old Foresthillians, at Winchmore Hill. Won 3—2. Dobson, Tucker, and Hutt scored.

Wed., Jan. 24th.—v. R.N.C., at Greenwich. Won 2—1. Holthusen scored both.

Wed., Feb. 7th.—v. Emeriti, at Acton. This game ended in a very creditable win for the Hospital by 2 goals to 1. Holthusen and Dobson scored.

Wed., Feb. 14th.—v. Eversleigh, at Winchmore Hill. Gordon was in great form for this match, scoring 4 goals. Miles also shot a very good goal. Match won by 5—3.

The following team represented the Hospital against St. Mary's in the second round of the Senior Cup at Winchmore Hill, on Tuesday, February 20th, and was successful by 5 goals to 1:

W. H. S. Hodge (goal); F. L. Nash Wortham, H. Rimington (backs); C. R. Woodruff, A. Miles (captain), L. T. Burra (halves); J. R. B. Dobson, A. W. Holthusen, S. A. Tucker, F. J. Gordon, C. N. Hutt (forwards).

### RUGBY FOOTBALL CLUB.

#### JUNIOR RUGBY HOSPITAL CUP.

##### BART'S 2ND v. GUY'S 2ND.

Played at Hale End on Thursday, February 15th, both teams being well represented, the only absentee on our side being J. W. Adams, who stood down owing to injuries. Heavy rain in the morning had rendered the ground almost unplayable. Guy's won the toss, and Jamison kicked off for Bart's. At the start Guy's did all the pressing, and ten minutes after the commencement scored an unconverted try from a scramble near our line. The game now resolved itself into a forward scramble in the vicinity of the half-way line, the Bart's forwards showing much improved form, and being well supported by Bowen's fine kicking. From now onwards Bart's did most of the pressing, the forwards nearly always being in possession. Just before half-time Guy's became dangerous, and Townsend and With were conspicuous in defence. Half-time arrived with Guy's leading by 3 points.

On resuming, Bart's again pressed, Jamison, Symes, and Walker being prominent in forward rushes. The team was now handicapped by the temporary retirement of Bowen owing to injury.

Shortly after the latter player's reappearance, Bart's succeeded in equalising, Jamison being responsible for the try. After strenuous but ineffectual attempts to obtain the lead, time was called with the score at 1 try all.

The team as a whole played well, a strong contingent of Bart's supporters being treated to the spectacle of a hard and vigorous game. Of the forwards, Walker, Jamison, and Von Braun were perhaps the pick, while Bowen played a sterling game at half. Team:

K. Bremer (back); J. Bowen, F. C. Trappell (half-backs); R. Burn, P. A. With, R. S. Townsend, A. Ferguson (three-quarters); R. Jamison, A. J. Symes, K. M. Walker, R. Von Braun, F. J. Craddock, G. R. Lynn, F. W. Twigg, G. Gilbertson (forwards).

Referee.—Mr. Rotherham (L.R.U.S.R.).

### HOCKEY CLUB.

#### INTER-HOSPITAL CUP TIE—FIRST ROUND.

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

Played at Blackheath on Tuesday, January 10th. The Hospital was represented by J. M. Postlethwaite (goal); L. Furber and L. L. Phillips (backs); E. H. Adam, B. H. Barton, and G. F. Page (captain) (half-backs); C. T. Sylvester, W. B. Griffin, E. T. Glenny, G. Viner, and L. F. G. Lewis (forwards).

Both sides opened well by some smart forward play, and about five minutes from the commencement of the game a strong shot over Postlethwaite's head placed a goal to the advantage of our opponents. Immediately after the next bully off Daves the Cambridge half-blue, who was playing outside left for St. Thomas's, obtained possession of the ball, and, by a clever combination with his inside man, contrived to elude the vigilance of our defence, and again endeavoured to score, but his shot was misjudged by a few inches, and our goal escaped. For the next twenty minutes play was very even on each side, and though several times both forward lines did some very quick rushes, yet the defence was uniformly impenetrable, and no further goals were scored before half-time, when St. Thomas's were leading by 1—0. When the game recommenced our own team showed a great increase of "dash," and after a brisk scrimmage close to our opponents goal-mouth Barton, by a clean straight shot, equalised the score. St. Thomas's then pressed hard, but our defence proved too strong for them, and after some sharp work inside our circle the ball was cleared and taken down the field by our forwards, but both Viner and Lewis had very bad luck in two shots, and at "time" the score still stood at 1—1.

From the spectator's point of view the game was an exceedingly good one and remarkably even, perhaps the only fault being that both sides showed at times a very marked lack of proper combination, probably due, at any rate in the case of Bart's to the fact that the team as a completed whole had hardly had sufficient practice together. Barton was very useful at centre half, while Page played a magnificent game at right half, well supported by Phillips at back. Among the forwards Glenny and Viner did very good work at centre and inside left respectively.

##### ST. BART'S v. EPSOM COLLEGE.

Played in wretched weather at Epsom, on Saturday, February 3rd. The Hospital were strongly represented, and won easily by 8—2 goals. Postlethwaite was very energetic in an unusual position, and somewhat increased his reputation as a back, but the weakness of the College forwards must not be forgotten. Once or twice, however, they showed excellent combination, but were sadly deficient in dash, so necessary for successful forward play. Page, Sylvester, and Adam were prominent for the Hospital. Team:

J. M. Postlethwaite, K. Prety, and L. G. H. Furber (backs); G. H. Adam, B. H. Barton, and G. F. Page (halves); C. T. Sylvester, W. B. Griffin, H. E. Robinson, G. Viner, and L. F. G. Lewis (forwards).

##### ST. BART'S v. R.M.A.

On Wednesday, February 7th, the above took place at Woolwich. We had a poor team out, as is usual on Wednesdays, but the substitutes proved quite equal to the occasion, and the result was a comfortable win by 4—1 goals. Lewis and Gaskell at forward and Lynn at back were in fine form.

##### BART'S v. ST. THOMAS'S (Cup-holders). Lost 3—4.

The above replayed cup-tie was played at Richmond, on Thursday, February 15th, in fine weather, the ground being in good condition, but a little on the heavy side.

For the third year in succession we have now been beaten in a replayed cup-tie. This year we were unlucky to lose, as for a long time we had a lead of one goal, and during the last five minutes of the game we were pressing hard to make a draw, being in their circle, but not able to score the necessary goal. From the bully off St. Thomas's pressed for some time, but were prevented from scoring by our full backs, both of whom were in good form. Play then became more open, and we had our turn of attacking, Lewis, Glenny, and Griffin being prominent in several rushes, and after about a quarter of an hour's play we scored through Griffin. There was no more scoring till just before half-time, when St. Thomas's drew level by getting a goal, which Postlethwaite had no chance of saving. The opening stages of the second half were very evenly contested, Gemmell, of St. Thomas's, who played a magnificent game throughout, stopping several dangerous rushes. Finally Lewis got the ball, and after a fine dribble from half way scored. Play after this was for some time in our "25," Daves doing a lot of good work on the St. Thomas's left wing; however, Furber and Phillips were able to prevent them from scoring. Griffin then got away and looked like scoring, but was stopped by Gemmell, who gave a long pass to his outside right, who took the ball down the field, and then passed to his inside man, who scored. Within five minutes St. Thomas's scored again, giving them a lead of one goal. Soon after this our right wing had a good run, which ended in Griffin scoring again for us. St. Thomas answered this by pressing for some time, their inside right finally giving them the lead again. From then to the end of the game we were attacking almost the whole of the time. Several times it looked as if our forwards could not help scoring the goal necessary for us to make a draw of the game, but the goal never came, and the game ended in favour of St. Thomas's by 4 goals to 3. For us Lewis, Furber, and Phillips all played on the top of their form. Team:

J. M. Postlethwaite (goal); L. G. H. Furber, L. L. Phillips (backs); G. H. Adam, B. H. Barton, K. Wolferstan (halves); C. Sylvester, W. B. Griffin, E. T. Glenny, G. Viner, and L. F. G. Lewis (forwards).

### ATHLETIC CLUB.

On February 10th our five representatives in the Inter-Hospital Cross Country Competition covered themselves with glory, and secured the Cup for the fifth year in succession. They finished in the following order—C. R. Woodruff (2), A. L. Candler (4), H. W. M. May (5), J. R. B. Dobson (6), E. N. Snowden (7).

### ABERNETHIAN SOCIETY.

On January 18th Mr. Colt read a paper entitled "The After-treatment of Cases of Supra-pubic Cystotomy." During the course of the paper Mr. Colt described a new form of dressing which has been employed with great satisfaction in connection with such cases.

The meeting on January 12th was devoted to any one subject, but included cases both of medical and surgical interest. Diagnosis and treatment were afterwards discussed.

On February 1st Mr. R. C. Elmlie, F.R.C.S., read a paper on the subject of "Acquired Deformities of the Hip-joint." The paper was profusely illustrated by means of skiagrams and original drawings. The evening concluded with a discussion chiefly with regard to the matter of treatment.

On February 8th Mr. Brodrick delivered a paper on "Spa Treatment," enumerating the best known resorts, and the particular complaints which they would be likely to benefit. The paper was followed by a discussion.

On February 15th Mr. Ball read a paper on "Tumours of the Rectum." The paper included a brief outline of the pathology of rectal growths, with an account of their diagnosis and treatment. The ensuing discussion was well sustained, and covered a considerable range of subjects.

The Annual General Meeting of the Society will be held on Thursday, March 15th, when the officers will be elected for the ensuing year. Nominations must be sent to the Secretaries by March 7th.



### The Smoking Concert.

**T**HE fourth Smoking Concert, given by the Students' Union, was held in the King's Hall of the Holborn Restaurant on Tuesday, February 20th, at 8.30 p.m. The programme was well arranged and excellently carried out, and it was hardly to the credit of the Hospital that more of its past and present members did not take the trouble to put in an appearance, and support an entertainment which had been organised for their amusement. In a smaller room this falling off in numbers would not have been so noticeable, but the length and loftiness of the King's Hall emphasised the comparative smallness of the company.

The Bart's Instrumental Septette opened each half of the programme, and was very successful; the first piece, "Sizlietta," was perhaps the best, but the selections from "The Catch of the Season" were the most popular, and several of the better known airs were taken up with great spirit by the audience. Mr. T. B. Davies gave two songs, in which his fine voice was heard to advantage, while Messrs. G. T. Verry and E. R. Evans, whose voices form excellent contrasts to each other, also provided good songs. A novel feature which was most successful was an exhibition of knot-tying and knot-untying by Mr. Bowen, who made his first appearance in public and managed to bewilder the spectators completely. Another innovation, reserved for a later part of the programme, was an exceedingly clever exhibition of shadowgraphs by Mr. Louis Nikola, which was greeted with the greatest enthusiasm. Mr. H. C. Waldo was very funny in his monologue and song, and we were sorry not to see more of him.

Two quartettes were excellently rendered by members of the Choral Society, and it is to be hoped that the Bart's Vocal Quartette and the Bart's Orchestral Septette, which appeared for the first time at this "smoker," will become hospital institutions. Several amusing musical sketches and songs were given by Mr. Broxholme, who is a stranger to Bart's audiences, and whom we hope to hear again, with a larger house to encourage him.

The last item on the programme was quite one of the best, being a very funny topical edition of "She didn't know," by Mr. L. G. H. Furber, and each point was greeted with roars of laughter.

Mr. W. D. Harmer made an excellent chairman, and we were only sorry that a larger audience was not present to support him and the other gentlemen who had taken so much trouble and time in arranging and providing the concert.

The success of these Smoking Concerts is, to a large extent, dependent on the support of all the members of the Union, and the most effectual method of assisting those who undertake the arranging of the programme is by turning out in good numbers.

### "Proprietary Physic."

Being a Lecture delivered at the American College of Health, Ltd. (Dept. 999, 45, Queen Street).

By NATHANIEL GUBBINS HEADSWELL, M.D. Honolulu, ex-L.S.A. Lond.,

Physician Adviser to the *Sunday Scavenger*, etc.

**G**ENTLEMEN,—You are here assembled for the introductory lecture of your course of instruction in Proprietary Physic. The subjects of Vital Nerve Force, Personal Magnetism, and the Principles and Practice of Blackmail, will be dealt with by my distinguished colleague, Mr. Derk P. Bunkerman, who will also be glad to collect your fees.

You have apprenticed yourselves to a noble calling. Endless possibilities are yours. It may be that for one among you Fate has in store the dazzling future of a second Holloway. Another, with a taste for vegetables and athletics, and the advantages of a university degree, may clamber to the envied pinnacles of fame. A third, more literary than his fellows, may one day rule the fortunes of the Uric Acid Monthly.

The honour roll of your profession bears many splendid names:—St. Jacob, the oleaginous, contemporary of Hippocrates and Galen; the sainted Seigel; Charles Forde Doan, discoverer of the kidney bean; Woodward, the gripe waterer; Beecham, Carter, and Williams of the pale pink pills; Clarke, the friend of Harvey and discoverer of the blood; the learned Eno; and last, but not least, the benevolent Bishop of Varalette.

Gentlemen, these are moving names. Let it be your ambition to rank with them in the viscera of a grateful public. Already the entries of the orthodox medical schools are dwindling away; soon you will have the world at your feet. But yesterday the proprietor of your most influential organs was elevated to the British peerage. Dare I suggest that one amongst you, whose bright eager faces urge me to the heights of oratory, may now be carrying in his knapsack the strawberry leaves of a ducal coronet?

This is the age of coupons. By the judicious inter-action of a pair of scissors and the advertisement pages of a monthly magazine, the intelligent elector may reap an unending harvest of free samples and suggestive literature. By a similar dissection of his Sunday newspaper he may escape the ravages of disease on the gratuitous advice of an eminent but anonymous physician. Coupons, credulity, and chronic constipation—these are the keynotes of the day; these must you play on for your life's success.

It is part of my duty to expound to you the multifarious mysteries of the patent medicine pharmacopeia, and to instruct you in the remunerative artifices of advertisement. From me shall you learn the compounding of cathartics and the coining of catchwords. I will speak to you of laxatives

and their literature, of diuretics and the daily press; and I will show you in what way you may obtain glowing testimonials from young and virtuous women of the lower middle classes, so that they will consent to the publication of their photographs in the morning newspapers, together with the most intimate details of their former state of ill-health.

Gentlemen, I bid you welcome to the profession.

### Review.

ESSENTIALS OF SURFACE ANATOMY. By CHAS. R. WHITTAKER, M.R.C.S., L.R.C.P. (London: J. & A. Churchill, 7, Great Marlborough Street.) Price 2s. 6d. net.

This short volume fulfils its purpose in furnishing a means of quickly revising the salient points of surface marking. The descriptions are clear, and the arrangement of the paragraphs allows of a rapid review of the more important landmarks and boundaries.

The book is interleaved with blank sheets for the addition of further notes. It is perhaps rather surprising that a book devoted to surface anatomy should contain so few diagrams, for undoubtedly a well-arranged series of diagrams is a most valuable assistance in obtaining a rapid survey of the subject. A valuable item in the book is a reference table containing a list of the vertebrae with the most important structures found at their different levels.

### Royal Navy.

THE following list shows the present stations of all the St. Bartholomew's men in the Royal Navy:

<i>Atlantic Fleet:</i>	Fleet-Surgeon H. W. Burke. H.M.S. "Commonwealth."
<i>Australia:</i>	Surgeon H. C. Adams. H.M.S. "Powerful." " S. A. Woolcombe. H.M.S. "Psyche." " W. P. Yettes. H.M.S. "Challenger."
<i>Cape of Good Hope:</i>	Surgeon J. Boyan. R.N. Hospital.
<i>Channel Fleet:</i>	Surgeon H. B. Hill. H.M.S. "Hampshire" (First Cruiser Squadron). " P. M. Rivaz. H.M.S. "Glory."
<i>Chatham:</i>	Fleet-Surgeon C. Strickland. H.M.S. "Amphitrite." Staff-Surgeon J. H. Pead. H.M.S. "Charybdis." " F. S. Dalton. R.N. Hospital. Surgeon G. M. Lévicq. R.N. Hospital. " W. H. Harris. H.M.S. "Pembroke." " B. Ley. H.M.S. "Vindictive."
<i>China:</i>	Surgeon E. S. Wilkinson. H.M.S. "Astraea." " L. A. Baiss. H.M.S. "Tamar."
<i>Devonport:</i>	Fleet-Surgeon H. X. Browne. R.N. Dockyard. Surgeon E. Folliott. H.M.S. "Vivid." " L. Morris. H.M.S. "Impregnable." " H. W. B. Shewell. H.M.S. "Vivid." " W. H. Pope. R.N. Hospital, Plymouth.
<i>Marine Barracks:</i>	Staff-Surgeon A. R. H. Skey.
<i>Mediterranean:</i>	Staff-Surgeon A. M. Page. H.M.S. "Implacable." Fleet-Surgeon H. Clift. H.M.S. "Venus." " S. Roach. H.M.S. "Cormorant." Surgeon C. H. Arathoon. H.M.S. "Egmont." " H. H. Kellond Knight. H.M.S. "London." " J. O'Hea. H.M.S. "Vulcan." " W. C. B. Smith. H.M.S. "Lancaster."

### Portsmouth:

Staff-Surgeon F. H. Nimmo. R.N. Hospital, Haslar.  
" H. Spicer. H.M.S. "Gladiator."  
Surgeon L. C. Murphy. H.M.S. "Harrier."

### Particular Service Squadron:

Staff-Surgeon W. J. Codrington. } H.M.S. "Isis," Gibraltar,  
Surgeon K. D. Bell. } Las Palmas, etc.  
" R. Thompson. H.M.S. "Highflyer."

### On sick leave:

Staff-Surgeon W. K. Hopkins.

### Half pay:

Staff-Surgeon R. C. Munday.

### Retired:

Fleet-Surgeons A. S. Nance and W. Spry.

### Royal Horse Guards.

Surgeon-Major H. Rayner, M.B., to be Surg. Lieut.-Colonel.

Surg. Lieut.-Colonel H. Rayner, M.B., retires on retired pay.

### Royal Army Medical Corps.

Major W. E. Hardy has embarked for South Africa, and Lieut. C. W. O'Brien for India.

Major J. H. Rivers who was attached to the Egyptian Army has rejoined the corps for duty.

Captain R. H. Lloyd, on completion of the promotion course at the R.A.M. College is posted to the Scottish command.

### Gazette notification—

Lt.-Col. T. M. Corker to be Colonel.

### Indian Medical Service.

Major R. Bird, C.I.E., M.S., M.D., F.R.C.S., is permitted to return to India.

### Accelerated promotion—

Capt. C. R. Stevens, M.D., F.R.C.S., to be Major from January 30th, 1905.

### Appointments—

Captain W. G. Richards is appointed to act as personal Assistant to the Surgeon-General with the Government of Madras and as Medical Inspector of Factories for the town of Madras.

The services of Captain P. Atal are placed at the disposal of the Government of India in the Home Department.

The services of Capt. J. W. Illius are placed temporarily at the disposal of the Government of Madras.

Lieut. A. D. White, M.B., B.S., is appointed to officiating medical charge of the 13th Rajpoots.

The following officers had the honour of being presented at the *Lords* held by the King on February 20th:—Major R. Bird, on being made a Companion of the Indian Empire; and Capt. A. E. J. Lister.



### Examinations.

#### UNIVERSITY OF LONDON.

##### Intermediate Examination in Medicine. (Internal and External Students.)

Pass List.—F. M. Bishop, \*A. L. Candler, N. C. Davis, H. W. Scawin, G. Viner, \*R. T. Williams.

\* Distinguished in Physiology.

##### Preliminary Scientific Examination. (Internal and External Students.)

Inorganic Chemistry, Experimental Physics, and Biology.—F. J. Anderson, C. D. Kerr, E. J. Storer.  
Experimental Physics and Biology.—E. G. Stanley.  
Inorganic Chemistry only.—K. C. Bomford, E. N. Snowden.  
Experimental Physics only.—J. W. Adams, W. M. Glenister, H. Kinnington.  
Biology only.—T. P. Edwards, C. A. Prada, E. White, W. B. Wilson.

### Appointments.

BIRKETT, H. J. D., M.A., M.B., B.C.(Cant.), M.R.C.S., L.R.C.P., appointed House Physician to the Hospital for Sick Children, Great Ormond Street.

FREEMAN, W. T., M.D.(Lond.), F.R.C.S.(Eng.), appointed Medical Officer to Reading Prison.

GRANDAGE, W. B., B.A.(Cant.), M.R.C.S., L.R.C.P., appointed House Surgeon to the Victoria Hospital for Children.

HORNER, N. G., M.R.C.S., L.R.C.P., appointed Assistant House Surgeon to the Westminster Hospital.

MOSS, B. E., M.B., B.S.(Lond.), appointed Resident Surgeon to the Royal Sea Bathing Hospital, Margate.

NICHOLAS, C. F., M.R.C.S., L.R.C.P., appointed House Surgeon to the General Hospital, Singapore.

PICKERING, W. C., M.R.C.S., L.R.C.P., appointed House Surgeon to the Whitehaven and West Cumberland Infirmary.

RISSEN, E. RUSSELL, L.S.A., appointed District Medical Officer to the Wantage Union.

SMITH, A. E. MANNERS, M.R.C.S., L.R.C.P., appointed M.O.H. to the Retford Town Council.

SPEECHLY, A. J. L., M.R.C.S., L.R.C.P., appointed Medical Officer to the Hutti (Nizam's) Gold Mines, Limited.

TAYLER, G. P., M.B.(Lond.), appointed Medical Officer to H.B.M. Consulate at Tamsin.

### New Addresses.

ALDRED, W. L., Wroxham, near Norwich.  
AMSDEN, W., 16, Frognaal, South Hampstead, N.W.  
BURNIE, W. G., Rosse Dune, Heaton, Bradford.  
CLARKE, H. H., 67, Rodney Street, Liverpool.  
COLLYER, BRICE, 48, Croham Road, South Croydon.  
COLLYER, B. G., Mayhurst, Totnes Road, Paignton, South Devon.  
FOWLER, T. H., The Cottage, Epping.  
FRIEND, E. C., Calverley, Stanley Road, Deal.  
HAMILTON, W. G., Capt. I.M.S., c/o Messrs. Grindlay and Co., 54, Parliament Street, W.

MASINA, H. M., Warden Road, Malabar Hill, Bombay, India.  
McDONAGH, R. C. P., Royal Naval Hospital, Haslar.  
NICHOLAS, C. F., The General Hospital, Singapore, Straits Settlement.  
TAYLER, G. P., Tarpeh, North Formosa.  
WHITE, E. H., West Knoll, Bournemouth.

### Births.

COLBY.—On the 6th February, at 21, The Mount, Malton, the wife of J. G. Ernest Colby, M.B., F.R.C.S., of a son.  
DAVIDSON.—On the 8th February, at Riverside Lodge, Teddington, the wife of Harold Davidson, M.R.C.S., L.R.C.P., of a son.

### Marriages.

BENNION—TENNENT.—On January 30th, at St. Stephen's Church, Hampstead, John Menlove Bennion, M.A., M.B., B.C.(Cantab.), elder son of John Rowe Bennion, Nursted House, Petersfield, to Dora Lydia Verc, daughter of the late H. L. Tennent, Sheriff-substitute of Renfrewshire.

HADFIELD—MACDOUGALL.—On February 14th, at St. Bartholomew's-the-Great, West Smithfield, by the Rev. Sir Barradale Savory, Bart., Charles F. Hadfield, M.A., M.R.C.S., L.R.C.P., youngest son of G. H. Hadfield, Esq., J.P., of Moraston House, near Ross, Herefordshire, to Wine-Field Elizabeth, youngest daughter of Alex. W. MacDougall, Esq., Barrister-at-Law, of Oakhurst, Westcombe Park, S.E.

### Deaths.

BERRYMAN.—On February 3rd, at Llandovery, S. Wales, Edmund Newton Berryman, M.A.(Oxon.), M.R.C.S., L.R.C.P., in his 47th year.

MITCHELL.—On the 12th February, at St. Bartholomew's Hospital, very suddenly, of acute hæmorrhagic purpura, Walter Frederick Mitchell, M.R.C.S., eldest son of the late Rev. Walter Mitchell, Vicar of Purton, Wilts, and formerly Hospitalier, St. Bartholomew's Hospital, aged 53.

WOOD.—On the evening of the 8th February, at his residence, 12, Lewes Crescent, Brighton, Frederick Wood, F.R.C.S.(Eng.), in his 87th year.

### NOTICE.

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## LITERATURE AND US.

### II. SOME IDEALS OF A DOCTOR.

By A COUNTRY G.P.

(The first article of this series appeared in the 'St. Bartholomew's Hospital Journal' for December, 1905.)



## LITERATURE AND US.



“**I**F it were as easy to persuade men to do what they know they ought to do, as it is to convince them that such things are fit and necessary!”\*

An ideal, like truth, is difficult both to define and know; largely a personal matter, able to be regarded only as an absolute thing for some given condition, it seems to vary with age, temperament, time, and circumstance. In these pages I write of ideals that appeal to me ripe in years, with brow wrinkled by time and his brother care, hoping that this “flotsam and jetsam” besides relieving me of hoarded thoughts, may be of not without value to my honouring and lenient readers.

The ideal doctor is the ideal man, the ideal man has ideal conduct, and ideal conduct comes from good deeds done, not of necessity, but from love of good deeds, when, indeed, conduct becomes really moral. What is good conduct? (i) It is that mode of life most adapted to healthy environment; (ii) it acts for the greatest good of the greatest number, as is estimated by the state of society evolved at a given time; (iii) it is intensely modified, but not too much controlled by, conscience (for our ignorance, bias, and frailty are too great for that to be the chief appeal except in the last resort). How is good conduct obtained? In order of sequence it is congenital, hereditary, and has conceptional and intra-uterine factors; then come early education and environment, and lastly, necessity, which necessity in time forms habits developing, if good, into beloved habits. As an aid, the constant reflection on certain maxims† and aphorisms helps much, provided we really do try to perform their inculcations and suggestions, not too readily excusing ourselves by “human frailty.”

I know a man—even myself—who will stand on the threshold of some cottage and say “equanimity,” but will leave that house “snorting,” with discomfort behind me, needing an excuse to return for “something left behind,” to restore peace and make myself happier! What waste of time, when a little self-control and a few kind words would have left sunshine!

Bernard Shaw, in an essay on Ibsen, holds that ideals are masks men put on to hide the spectres of dire reality, which

\* From Matthew Arnold's *Notebooks*.

† A maxim differs from an aphorism in being less doctrinal and more axiomatic; an axiom, of course, being a self-evident truth.

they neither dare, nor wish, to see. Some of this may be true, but we are none the worse, nay better, for seeing what we wish to see, provided we are capable of tackling reality and raising it to idealism. If, to take an example, we recognise the sexual factor as the biological essence of love, surely we and the world at large are the better for dwelling on, and in, love the accompanying shadow, and—for all we know—the cause of the biological factor; and, as regards the hero, we know him when we meet him—from him emanate many ideals.

If it were possible, the injunctions of the “Sermon on the Mount” should suffice: but in this work-a-day world we are almost compelled to act on some lower plane, and take as our maxims those less directly from the Sermon, hoping to work up to them. If Christ had no more divinity than an earthly hero, then, at least, we have some history of a human-being perfect; if He were divine, then we know to what height we should aspire dizzy as it may be.

“Maxims are to the mind just what a staff is to the body when a man cannot support himself by his own strength.” (*La Rochefoucauld*, delvii.)

The object of life, I hold, is to find happiness. This will be obtained by such deeds as will probably bring no reactive misery to ourselves or others within a reasonable period as far as we can see. It is got by each according to his taste: success spells it to one, love to another, good citizenship and good deeds mean happiness to a third, avoidance of boredom to most of us. Happiness is not obtained by mere pleasure—what I call the Omar Khayyám variety, beautiful as it may be, for one generally lives long enough to rue mere pleasure.

“A Book of Verses underneath the Bough,  
A Jug of Wine, a Loaf of Bread—and Thou  
Beside me singing in the Wilderness  
Oh! Wilderness were Paradise enow!”

We must look beyond to-day, however dim the to-morrow, and lead the strenuous life.

The following maxims, which, to a certain extent, are helpful in the way suggested, and which, at all events, are analytical of the conditions under which the ideal doctor of my dreams is to be discovered, are partly ethical, partly truisms, but all conducive to good conduct if fulfilled in daily life. For many years it has been my habit to head

my list of visits with some of them, and to make a daily repetition of them to myself, though I confess few of them have been fulfilled—albeit the hope of fulfilment is dear.

*Semper aliquid certi proponendum est*\* (Something definite must always be proposed). To every case we go some diagnosis, even provisional, should be made; some prognosis, some definite treatment initiated: we may feel uncertain, but, by all means, a definite plan of action should be settled in our minds. Mistakes may thus be prevented, and we are kept alert by the memory of our nescience and the promotion of good habits. Written directions are most valuable to patient and doctor: mere words are often not heeded till the magic word “medicine” is heard, then comes a gleam of intelligence with the question “How many times a day, doctor?” Moreover, there stands the record for good or evil, and sometimes patients have some sense of justice, although, if they do not like us, it does not much matter whether we are right or wrong—and little blame to them, for there are plenty of skilful men who can also be pleasant. In these written directions it is a good habit to group into dietetic, medicinal, and general. There is nothing so useful as a well-classified knowledge, e.g. we see eczema, and for treatment we think, almost involuntarily, of these headings and our topical applications of lotion, ointment, powder, or plaster. The man who has no method or system is apt to find himself wasting much time and in a maze of bizarre symptoms: he should take the essential and fundamental factor and attack that; his very self-confidence and ability to explain something will be a large cause of his success. Earnestness, gravity, perseverance, strictness without fuss, caution without being petty, with no anxiety about what may or may not be thought of us, and definiteness, are amongst the many qualities which will bring good things to pass, giving satisfaction both to patients and us. Why to us? Because we shall have honourably earned our living and have helped some poor mortal while doing so, and the battle has appealed to a certain sporting instinct, an instinct which, in some of us, is very acute. The love of success is an ultimate fact of existence: vanity it may be called, still a pleasure, and a pleasure obtainable by attention to “*semper aliquid certi proponendum est*.”

*Res est sacra miser* † (sacred is the person in affliction). A sick man cannot be logical. The judge is often as restless, as querulous, and as touchy as that man who rarely uses his brains; the physician does not want to think at all of his own case; the woman trusts implicitly to the skill of her doctor; and the poor sometimes get their only gleam of happiness from our visits. Let us take care to remember these:—Feel sure the grumbling, the rude and ungracious things said and done are pathological, and to be treated as such, deserve the trust of those who resign themselves to us, and, above all, let us never leave the poor, helpless, be-

\* Matthew Arnold's *Notebooks*.

† *Seneca*, Ep. iv.

wildered, and, worse, by a growling and waspish visit. This last is often particularly difficult: they sometimes worry us beyond endurance, but we can save just as much time by calmness and a little kindness whilst firmly telling them there is no need to keep sending, that we should not think of going any more frequently to Lady X— unless she insisted, when the expense of us would not be of our own seeking, for we may regard ourselves then as medical luxuries!

The person in affliction is apt to think himself the centre of the universe, the cynosure of neighbouring eyes. He must be told there are others as bad. The proper answers to give to the unthinking poor who resent the relatively hurried visits to them and point out the length of time that may have been spent with the squire are—(i) that the time\* has not all been spent in medical matters; (ii) there are many more subjects in common between him and me; (iii) they must remember how many poor, as society is arranged at present, depend on individuals in high places. It always seems to me there is much advantage in putting matters of this kind clearly to the minds of the poor, even if their questions have not reached the level of consciousness. The maxim also bids us be quiet, properly dressed, clean, unirritating to that particular temperament if possible, dignified, tactful, and helpful. We must study human nature: adapt ourselves, as the case may be, to the musician, artist, poet, merchant, cleric, man, woman, or child. The ideal doctor needs, indeed, cosmopolitan taste and knowledge, art as well as skill. There are some, of course, whose superb skill carries them through all things, but superb skill is not often wanted. We must treat the patient in affliction, and hold him sacred. “*Homo sum: humani nihil a me alienum puto.*”

*Equanimitas* (Equanimity).

There are two passages from Horace, one of which heads this JOURNAL.

This “*Æquam memento rebus in arduis*” may be rendered (Stephen de Vere) thus:

“Be mindful thou when storms of adverse fate  
Encompass thee, to meet still unshooked,  
Their worst with manly fortitude.  
When Fortune, fickle Deity  
Smiles once again grateful yet unelate  
Accept the gift.”

and Byron's translation of Lib. III, Carm. iii: “*Justum et tenacem*,” etc.:

“The man of firm and noble soul  
No factions clamours can control;  
No threating tyrant's darkling brow  
Can swerve him from his just intent.”

These are the best poems on Equanimity. With Osler's *Equanimitas* before us it would ill become me to say much

\* Probably in the majority of medical visits the work could be done quite properly in ten minutes. It is very galling when one has taken all due pains to hear the suggestion of being in a hurry.



more ; the book should be read and read again. Suffice it, under Equanimity may be grouped all that calm dignity and confidence, ease without carelessness or callousness, infinite resource, cheerfulness, deliberation, and courage ; not over elated by the successful issues nor disturbed by praise (or we shall be correspondingly distressed by failure and liable to blame if we take praise when we know we had so very little to do with the good event). The opposite states are fussiness, irritability, over-sympathy, anxiety of what the world says, vacillation, and fear. The good man makes up his mind what is the right thing and does it if he can. Self-restraint and self-compulsion are the great steps to that calmness which alone can help us with any degree of comfort and happiness through our manifold trials and worries ; and with the morning prayer "grant that I may this day omit no part of my duty," our doctor may launch himself bravely into the restless day, and in the end return to port with flag flying, happier for the attempt or deed, meaning to do better still to-morrow if Fate, or its equivalent, so wills. The equable man realises that much rests with Fate, although he is not deadened by the knowledge. I cannot refrain from quoting Osler's *Equanimitas* : "In the first place, in the physician or surgeon no quality takes rank with imperturbability, and I propose for a few minutes to direct your attention to this essential bodily virtue. Perhaps I may be able to give those of you in whom it has not developed during the critical scenes of the past month, a hint or two of its importance, possibly a suggestion for its attainment. Imperturbability means coolness and presence of mind under all circumstances, calmness amidst storm, clearness of judgment in moments of great peril, immobility, impassiveness, or, to use an old and expressive word, phlegm. It is a quality which is most appreciated by the laity, though often misunderstood by them, and the physician who has the misfortune to be without it, and to betray his indecision and worry, and who shows that he is flustered and worried by ordinary emergencies, loses rapidly the confidence of his patients . . . As imperturbability is largely a bodily endowment, I regret to say there are those amongst you who, owing to congenital defects, may never be able to acquire it. Education, however, will do much, and with practice and experience the majority of you may expect to attain to a fair measure." There he has it, education, practice, and experience, and, I will add, the necessity to act thus. These are the hopes of improvement to soil initially poor :

"Self-reverence, self-knowledge, self-control,  
These three alone lead life to sovereign power.

And because right is right to follow right  
Were wisdom in the scorn of consequence."

(GENOPE)

"*Quem non servasti dum potuisti illum occidisti*" (he whom you have not saved whilst you might, him you have killed). Some cynic has said, "How surprisingly difficult it

is to convince people that it really does not matter at all whether they live or die." We doctors are very apt with our knowledge of, and frequent acquaintance with, inevitable destiny, and from our own fearlessness of death (thinking lightly of it for ourselves), to forget what it means to those left behind, even if a small thing to him who is going ; friends, in most cases, love to keep their dear ones as long as possible alive with them, and get good from comforting them. But there are cases when suffering is so great, and the distress caused to others by continual survival so acute, that the end is a relief to all. Yet, speaking generally, to every patient it is our duty that no stone be left unturned to save him and prolong his life. If we were not prepared to do our best we had no business to undertake the contract. With regard to that great question of keeping alive when all hope of ultimate recovery has passed, where continued life is unmitigated pain to friends as well as patient, Clough has said, "Thou shalt not kill, but needst not strive assiduously to keep alive." Examples might be found in advanced cases of cancer of the tongue, fractured spine with all its sad associations, senile decay with dementia, and such tragedies where survival even for a few hours longer means disgrace to some family, such, for instance, as the prolonging of life for the hangman or penal servitude. What are we to do? Are we to hasten and promote euthanasia, or allow death to take place more speedily than might have been, even if we do not cause it? Christianity teaches God has His own time, but we must not anticipate ; it is not for us to explain His ways ; the problem of evil is insoluble ; who knows what is in store ; what may not be the value of even death-bed repentance? Moreover, the laws of social expedience say "thou shalt not kill," and not saving is also to kill. We meddle, at our peril, with laws which have been developed through endless ages, however great the immediate ease and advantage of modifying them for a given condition may appear. But is not-prolonging life to kill? I should say not necessarily. I think I would not prolong life under certain circumstances where I knew death were absolutely inevitable whatever I might do. But it must be remembered how limited our knowledge is : it is not, in very many cases, that we are certain death or disgrace must follow, and in only a few is death really painful to body or mind ; we know nothing as to what is spiritually taking place ; what might have been the wishes of that unclouded brain, and may we not hope that with improving methods to so relieve the pangs of death that even the King of Terrors may come smiling. I am doubtful also whether moral questions concern us. It certainly seems not to *save*, apart from *not-prolonging* life is certainly to kill. To reflect on the subject of *hastening* death—I have heard it argued we kill our pets so that they suffer not, but in this there seems to me an element of selfishness, for they are no longer useful, and distress us by their sufferings. Other answers to those who advocate the lethal chamber have

been suggested above ; no man or men could be trusted to act as arbiters of fate, suffering is merely an aspect of that great question of evil generally. Suffering seems the method of some Great Power ; often obviously our own fault, it more often seems useless and unjust according to our views of utility and justness. We can but shrug our shoulders and darkling do our best, noting the while a steady trend of improvement as evolution wends its stern away. Wherefore the duty of our ideal doctor is to make death happy ; euthanasia, indeed, but not in the sense of the Lethal Chamber.

Another point arising from this quotation is that concerning our duty to tell the truth. Now, we often do not know it ourselves. I take cases when we humanly think we do. No rule can cover every combination, and one should try to act entirely for the benefit of the patient, disregarding questions of advantage to ourselves. It certainly seems best to tell the friends what we think although sometimes they may be injudicious. In acute cases, when we think the truth will hasten the end, we often hesitate to tell the patient of his danger, but we may remember the clouded brain hardly comprehends the full meaning of our verdict, and if it does soon forgets it. I have never yet found anyone who has been made worse from making a will or from having a talk with the clergyman (who nowadays is very circumspect and sympathetic with medical work) ; nor, in fact, do I think I remember a case where an adverse verdict has hastened the end. It does seem our duty to inform the patient of his peril. Yet I can readily conceive apparent harm may result from this cause to people, for instance, highly excitable and already exhausted, or those too resigned who turn their faces to the wall and wait for death.

Sir Henry Hallford (*Medical Notes and Reflections*) says—

"I think it my first duty to protect his life by all practical means, and to interpose myself between him and everything which may possibly aggravate his danger, and unless I shall have found him averse from doing what was necessary in aid of my remedies from the want of proper sense of his perilous situation, I forbear to step out from the bounds of my province in order to offer any advice which is not necessary to promote his ease. At the same time I think it indispensable to let his friends know the danger of his case the instant I discover it."

It seems to me very frequently that patients are even improved with the knowledge of their so-called danger and the good effects of religion ; the spiritual mind is awakened, and with the Light comes improved metabolism. In chronic cases there is generally much less hesitation, only, as in the acute ones, we must be prepared for an accusation of pessimism should the event prove contrary to expectation, when no one would be more pleased than ourselves. Wherefore on the whole my ideal doctor would tell the truth to his patients, as with his help they pick their way through the Valley of the Shadow of Death ; if he is doubtful what is the truth he will say so, and his diffidence will

become less as his experience ripens. Let it not be said of us moderns, *Mentiris ut medicus* (you lie like a physician).

*Non progredi est regredi* (not to go forward is to go back, or, no progress means degeneration). This is a valuable maxim to repeat daily and intend to carry out. To make no advance, to be satisfied with each to-day as yesterday means being left behind, and that not only relatively but absolutely ; for the marking-time man is using his capital, and when he relinquishes some of it by natural decay he has to fall back further, whilst the advancing man works with his capital's interest. In this age of progress few of us can expect to have anything like first-class knowledge of much recent work, but we can get a glimmering of it, and knowing that it exists, make use of it ; whilst the man satisfied with the present might not even know there is anything fresh. There is but small excuse not to advance ; few can be satisfied with things as they are, fewer still ought to be *laudatores temporis acti*, and most can realise the vista of possibilities—cheap newspapers by special trains to all parts of England, piles of high-class journals, accessibility to hospitals and consultants, telephones, motors, books without end, and over them all the natural desire to improve. Why should we improve? To do justice to those who trust us. Why should that be a care? Because our ideal doctor is a sportsman and a gentleman, and a human being with a heart.

"Men, my brothers, men the workers, ever reaping something new,  
That which they have done but earnest of the things that they  
shall do.

Not in vain the distance beacons, forward, forward let us range,  
Let the world spin for ever down the ringing grooves of change."  
(LOCKSLEY HALL.)

A resolute attempt to look at the brighter side of things is both logical and brings much happiness.

"One who never looked behind, but marched breast forward,  
Never doubted clouds would break,  
Never dreamed though right were worsted, wrong would triumph.  
Held, we fall to rise, are baffled to fight better,  
Sleep to wake."

(BROWNING, *Epilogue to Asolando*)

*Vigilandum et orandum ne tempus otiose transeat*\* (we must watch and pray that the time pass not idly).

When we are not busy with our work, spare time should be spent in occupations that combine with pleasure some improvement of body or mind. "De gustibus non est disputandum"—for some culture is the taste, for some music, others love art, botany, chess, logic, gardening, or sport. Idleness seems to my ideal doctor the world exemplified by tea-parties, garden-parties, Bridge, the ordinary vapid conversation and round of frivolity which are so conducive to degeneration. We can lie fallow certainly, but that time need not be spent in positive idleness (pace Stevenson's *Apology for Idlers*). As to reading, there are the great classics of the English language affording amusement and

\* Matthew Arnold's *Notebooks*.



improvement. Books should be read creatively and critically, so that the mind be filled with their great thoughts brought to the surface by these constant friends, thoughts but dimly expressed in ourselves previously. With proper method and proper system there will be plenty of time for such recreation and punctuality in our engagements. If we have no hobby now, when the time comes for retirement, either compulsory or voluntary, we should be stranded high and dry, and die that death which so frequently quickly succeeds rest after busy life. An Earl of Manchester (Manchester Al Mondo) says:

"When I was occupatissimo I delighted myself with this comfort—that the time would come wherein I might live to myself, hoping to have sweet leisure to enjoy myself at last, and this I am now come to."

It behoves us, also, to have some regard for our own health. We cannot all get to Philip Sydney's—

"The ingredients of health are:—Great temperance, open-air, easy labour, little care,"—

but the two main ingredients are self-compulsion and self-restraint; these are produced by and also cause equanimity, and equanimity is a main ingredient of happiness, which is the chief cause of good health. There is the proper care of mind and body, a subject on which much might be written. The mind, too, must be always thought of in considering proper treatment. On the whole, however, the ideal doctor does not worry overmuch about his own health beyond not being foolish.

OUR HERO IN OTHER RESPECTS.

1. On reticence and speech, etc.—

"To speak no slander, no, nor listen to it,  
To honour his own word as if his God's,  
To lead sweet lives in purest chastity.

Not only to keep down the base in man,  
But teach high thought and amiable words,  
And courtliness and the desire of fame,  
And love of truth, and all that makes a man."

These Tennysonian ideals are particularly suitable for us. The phrase occurs somewhere, I cannot find where—"Like some vile physician dabbling of his patient's woes." This is what should not be our ideal doctor.

Our ideal doctor also knows the literature of his country, the history of his art; he is choice in his language, keeps his mouth clean—physically and morally. There is no doubt the constant need to practise these virtues does make them second habits, and when the love of them comes, as come it must from infection, then we get reality.

2. On temperance in alcohol.—After twenty years my ideas on this great subject may be summarised thuswise:

- (i) Some must not take alcohol in any shape or form.
- (ii) Some may if they like, and will suffer no harm.

(iii) A small group must take it under pathological conditions.

(iv) A group in which there is some doubt whether it may be allowed.

(v) On the whole, if all the advantages of alcohol were carefully considered, the sum-total of human happiness, under existing conditions, would be immensely increased by the total abolition of alcohol from our knowledge.

3. As a consultant.—Our doctor will always wish for a "second opinion" when it is to any degree of advantage to his patients. He will not plunge them into the expense for his own sake or reputation unless any conceivable advantage can accrue to them. This is a hard saying. Acting as a consultant, he will see that nothing obstructs their welfare from the consultation, will realise the bias and inaccuracy of patients, and will take care that no injustice by any form of innuendo be done to other medical advisers. If the first man had been wrong no possible good can be done by entering into the matter; very often, rather, harm by needless distrust of a man who has done his best, although, in any case, the patient must not suffer. There are cases, of course, where there has been culpable ignorance or negligence. It is then a duty to properly protect, for the sake of our profession as well as patient. It cannot too frequently be reiterated that the rules of medical etiquette are framed for the good of those who trust us.

4. On dress.—Thus Ruskin (*Arrows of the Chace*, p. 227):

"Right dress is, therefore, that which is fit for the station in life and the work to be done in it; and which is otherwise graceful, becoming, taking, healthful, and easy; on occasion splendid; always as beautiful as possible."

Thus Polonius to his son (*Hamlet*, I, 3):

"Costly thy habit as thy purse can buy,  
But not expressed in fancy; rich not gaudy,  
For the apparel oft proclaims the man."

5. Taste.—On this Ruskin writes (*Crown of Wild Olive*, II, sec. 54—56):

"Tell me what you like, and I will tell you what you are."

Happily he says subsequently:

"If resolutely people did what is right, in time they like doing it."

But they only are in the right moral state when they have come to like doing it; for us doing is the great thing, but let us be—

"Not merely industrious, but love industry: not merely learned, but love knowledge; not merely pure, but love purity; not merely just, but hunger and thirst after justice."

6. Tact.—Briefly, the essence of all vulgarity lies in the want of sensation. Tact is fineness and fullness of sensibility; it is hardly based on reason. Some people appear to delight in administering slight shocks; the ideal doctor's

sense of touch warns him intuitively when he is on dangerous ground, what will cause needless distress, how to behave at all times and anywhere. I often think of *Alice in Wonderland*, how, in the early stage of her wanderings, her mention of her cat was received without applause.

7. The Attitude to Disease.—We realise symptoms are not the disease. Disease is the discomfort produced by some evil influence; \* symptoms are the manifestations of the body's reaction to that disturbance of natural physiology, the evolved process of returning to the mean, the *vis medicatrix naturæ*, an evidence of the successful struggle for existence. They point to the presence of disease, but being themselves disturbers of our comfort are also, in a sense, per the definition, diseases. Treating symptoms is often abused, but, provided their true meaning is ever kept in mind, whereby care is taken not to disturb the physiological reactions, probably nothing but good will result. Practically it is in but few cases that we can treat the cause of the disease; our efforts are directed in fact to help the person who has it, alleviate the more pressing distress; to see that nothing militates against Nature's methods, and watching these methods to copy them and accelerate them by our art. It must be remembered Nature often cares less for the individual than the pathological process, thus Her efforts at repair may lead to obstructions, distortions, and catarrhs. She seems—

"So careful of the type,  
So careless of the single life;"

over all these reactions we must watch, and with an artist's touch reform and prevent.

Apart from the logomachy of the matter we feel what disease is, and that somehow we are authorised to help. I am one of those who believe in some inspiration by prayer. In treatment we must never neglect the psychological or personal aspect and associations:

"A merry heart doeth good like a medicine, but a broken spirit drieth the bones."

We make our diagnosis partly by deductions from observations and partly by knowing what to look for:

"(i) I do not know . . . I will investigate; (ii) First tell me what I am to look for."

There is also a process which can almost accurately be called instinctive or intuitional when that of rapid inference is excluded. It always seems to me dangerous, and not to be encouraged. J. S. Mill says:

"The notion that truths external to the mind may be known by intuition or consciousness independently of observation and experience is, I am persuaded, in these times, the great intellectual support of false doctrines and bad institutions."

There are four great mental attitudes which conduce to

\* I.e. evil by our sensations. It may, of course, be not really evil, but the discomfort is not on our programme, and we resist it instinctively if normally constituted.

the attainment of Truth, they are (i) the love of it, (ii) care, (iii) doubt, (iv) avoidance of bias.

8. Death.\*—Let us stand by grieving with grief, showing sympathy by quiet manner, feeling not unjustly, we also deserve sympathy at the limitations of our art, for we have fought the good fight, and know now death was inevitable. Sometimes we can help beyond our craft, for we can say with assurance energy is transformed not lost, somewhere yet is that vital energy or soul, that soul which acted in some occult way per brain; brain is like a prism whose removal by death can no longer refract light as it was wont, but the light is still there using some other medium than poor cerebral matter. Death may be regarded as a diastole analogous to sleep, as rest after life, or a different phase of existence where we hope for peace. Death to the young is a terrible thought, but as they go onward the horror of that Reaper becomes less and less, till He is now Death the Friend, tolling the bell as we pass to—

"Where beyond these voices there is peace";  
so kindly, so naturally comes he.

"This must be he who legend saith  
Comes sometimes with a kindlier mien,  
And tolls a knell; this shape is Death,  
In manus tuas, Domine!"  
(AUSTIN DOBSON.)

Happy are those who die of natural old age—

"Nature takes away our playthings one by one, and by the hand Leads us to rest so gently that we go, scarce knowing if we wish to go or stay."

To give hope is one of our greatest privileges—

"Go seek the dismal chamber where Disease  
Reclines with wasted form and pallid hue,  
Whilst all around distressing signs appear  
Of fruitless remedies. Mark then how sweet  
To lift the eye of hope from a friend; to feel upon the fluttering pulse  
The grasp of one beloved. It beats with firmer force,  
The languid eye beams momentary joy,  
And sickness, cheated by the smiling scene,  
Awhile forgets her pain-inflicting task."  
(? AUTHOR.)

But alas! there is a reverse side. It is no use blinking the fact that some deaths are tragic, but it is useless to shake our fists at Providence. There is a pagan epitaph quoted in *Darkness and Dawn*:

"I, Aulus, the son of Aulus Plautius, uplift my hands against the gods, who took me hence in my innocence at the age of fifteen years."

"Why complain," said Pomponia, "it may be good, and even the best did we but know it." Carve rather "in peace," and add, if thou wilt, "who knows if life be death or death be life?" These things are in the hands of some Higher Power, who works them a way we do not know and

\* There are three books which should be read in this connection, *Our Life after Death* (Chambers), *The Imitation of Christ*, and a *Little Book of Life and Death* (Elizabeth Waterhouse). These give both light and consolation to the sorrowing.



cannot understand. In sad circumstances we can say to that sorrowing mother "he has one foot already in Heaven."

"Behold we know not anything,  
I can but trust that good shall fall  
At last—far off—at last, to all,  
And every winter change to spring."

And with Longfellow hope—

"As the evening twilight fades away,  
The sky is filled with stars invisible by day."

Thus our good physician is definite, imperturbable, firm, progressive, diligent, observant, kind, tactful, sympathetic, clean, hopeful, pious; he carries his wand of Mercury representing power, wisdom, and diligence; everything human seems to touch him.

Can such ideals ever be realised? Doubtfully, but let us try.

So much for analysis. The synthesis of our hero may be found quoted in my first paper, wherein we see ourselves as such men as Bacon, Dickens, Thackeray, Scott, Stevenson, would have us be, indeed, as we ourselves would fain be. We cannot expect much reward in a worldly sense; the fee question is covered, I think, by the quotation already given from Ruskin. Unless we are blessed with worldly goods we had better have no other anxieties and embarrassments beyond those deep responsibilities of our calling for the sake of those who trust us, who depend upon us, and for the dignity of that profession we are bound to adorn.

Of the doctors in fiction someone has said—

"The good ones do the worst in the kindest possible manner, the rest are preternaturally pompous and idiotic."

I am certainly inclined to agree with this for the latter class, to whom I shall revert in my paper "What we must Live Down." For examples of doctors in fiction, whom authors have made their hero (ideal), or at any rate the principal figure, I draw attention to Gideon Gray in the *Surgeon's Daughter*, of whom Scott says—

"In short there is no creature that works harder and is more poorly requited than the country doctor, unless perhaps it may be his horse. Yet the horse is, and indeed must be, hardy, active, and indefatigable . . . and so you will find in his master under an unpromising and blunt exterior professional skill and enthusiasm, intelligence, humanity, courage, and science."

Weelum Maclure, in *The Bonny Briar Bush*, for whom Drumsheugh prays—

"Forgive him what he's done wrong an' dinna cuist it up to him,  
. . . Mind the fook he's helpit . . . the weemen an' bairnies  
. . . an' gie him a welcome hame for he's sair needin' after a' his wark."

N.B. the doctor in Miss Braddon's *Doctor's Wife*; Kenealy's *Dr. Janet of Harley Street*; Trollope's *Dr. Thorne*, a man of remarkable firmness and tact, yet, however, pugnacious when occasion demands; Dr. Knott in *Sir R. Calmady*.

In a recently published book, *The Freemasons*, Doctor Angus figures, an interesting study to those who find help in the inspiring ethics and maxims of Freemasonry. Hichen's *Flames* contains a broadminded and thoughtful doctor. T. L. Meade's *Mary Gifford, M.B.*, is worth reading; and the bookshelves of medical fiction, by which I mean fiction containing a doctor of the class I am writing about, and not for the present, the less heroic sort should hold *Round the Red Lamp*, Warren's *Diary of a Late Physician*, Kingsley's *Two Years Ago*, and possibly *Doctor Pascal* of Zola. There is Lydgate in *Middlemarch*, which shows the evil of a thoughtless marriage and the complications introduced by women in general.

"Oh, the years we waste and the tears we waste,  
And the work of our head and hand  
Belong to the woman who did not know  
(And now we know she never could know)  
And did not understand."

(KIPLING.)

On the other hand we have Poe singing:

"I dwelt alone in a world of moan,  
And my soul was a stagnant tide,  
Till the fair and gentle Eulalie  
Became my blushing bride."

In conclusion, it need scarcely be said I am not my ideal doctor, I merely write of my ideals. My mind has the power of regarding my body as an individual like anyone else I meet, full of ordinary human frailties, as blameable by myself as by others. To my critics I would reply:—"Idealism is on the plane of the highest consciousness, which is allied to spirit, which is allied to the ether, and so on to those Pantheistic notions of the world I hold." It would have been easier to have written on the ways to more commercial success, "tips" what to do and avoid, easier to have indulged in the lower regions of cynicism and grievances, to say, for instance, how patients seem to pick our brains at the least possible cost to themselves; but I have endeavoured to aim higher, and have made these remarks in all humility and sincerity, and would say, with the author of *Philippians*, iv, 8. "Finally, brethren, whatsoever things are true, whatsoever things are honest, whatsoever things are just, whatsoever things are pure, whatsoever things are lovely, whatsoever things are of good report; if there be any virtue, and if there be any praise, think on these things . . . and the God of Peace shall be with you."

W. H. M.

# St. Bartholomew's Hospital



## JOURNAL.

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### St. Bartholomew's Hospital Journal,

APRIL 1st, 1906.

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

#### Calendar.

- Tues., April 3.—Dr. Tooth and Mr. D'Arcy Power on duty. Conjoint Board Final Examination begins.
- Fri., " 6.—Dr. Norman Moore and Mr. Cripps on duty.
- Tues., " 10.—Dr. West and Mr. Bruce Clarke on duty.
- Fri., " 13.—Dr. Ormerod and Mr. Bowly on duty.
- Tues., " 17.—**Summer Session begins.**  
Dr. Herringham and Mr. Lockwood on duty.
- Fri., " 20.—Dr. Tooth and Mr. D'Arcy Power on duty.
- Tues., " 24.—Dr. Norman Moore and Mr. Cripps on duty.
- Fri., " 27.—Dr. West and Mr. Bruce Clarke on duty.
- Tues., May 1.—Dr. Ormerod and Mr. Bowly on duty.
- Thurs., " 3.—Primary F.R.C.S. Examination begins.
- Fri., " 4.—Dr. Herringham and Mr. Lockwood on duty.
- Wed., " 6.—**View Day.** Entertainment in Great Hall 8.30 p.m.
- Mon., " 14.—Examination for Lawrence Scholarship begins.

#### Editorial Notes.

THE Publication Committee has decided to make this number of the JOURNAL a special issue to all old Bartholomew's men for three reasons:—(1) to make known the arrangements which are in progress for View Day this year; (2) to give notice that the Students' Union Year Book, with addresses and directory for 1906, will be published early in the summer, and that anyone who wishes to make certain of receiving a copy should fill in the form that appeared on page 52 of the Year Book for last year, or the inset slip which is enclosed with the JOURNAL, and return it with one shilling to the Manager, Mr. W. E. Sargent, St. Bartholomew's Hospital; and finally (3) to encourage all old Bartholomew's men, who do not subscribe to the JOURNAL, to become subscribers forthwith.

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VIEW DAY will be held on Wednesday, May 9th, and promises to be an interesting occasion this year, as may be gathered from the accompanying pink inset. In addition to the usual proceedings in the wards, there will be a tour of inspection of the New Buildings, while the plans and details of the proposed New Pathological Block will be submitted at a meeting in the Library. At 8.30 p.m., when the visitors have returned from dinner with their friends who are still at the Hospital, they will have an opportunity of witnessing an unique and charming entertainment of Ancient Dances, which a correspondent, who has been present at a performance, describes in the next paragraph. We sincerely hope to see a very large audience of old Bartholomew's men and their friends.

Our correspondent writes thus:—"Miss Chaplin has trained a number of children and young ladies to execute about a dozen of the old dances which were in vogue in the 16th, 17th and 18th centuries. These include the Pavane, the Galliard, the Chaconne, Minuet, Gavotte, Jig, and many others. The performance is not only charming from the spectacular point of view, but is of considerable historical interest. Miss Chaplin has taken pains to reproduce as far as possible the exact costumes of the periods, and has selected from the works of old composers, Lulli, Purcell and others, examples of the original music most in favour for these dances. The result is a unique and very interesting entertainment. Many of the dances, which are, for the most part, performed by pairs of dancers, are of a slow and stately character, but these are relieved by other more lively measures such as the Galliard and Jig. The orchestra which accompanies them, is a small one, consisting of a string quartette and oboe, which adapts itself well to the music; the Pavane is accompanied, in addition, by a vocal quartette, as was the ancient fashion. Each dance is preceded by a short historical account of its origin and development, which adds to a right appreciation of its nature. The entertainment has been given but a few times in London, and few have had a chance of seeing it, though it has met with an enthusiastic reception whenever presented."