

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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[PRICE SIXPENCE.]

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.

* * *

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."

ON March 2nd Mr. T. Clinton Dent, F.R.C.S., late President of the Alpine Club, delivered a lecture upon "Mountaineering," before a large number of students and nurses in the Anatomical Theatre. It was extremely interesting—not only to the mountain-climbing enthusiast, but also to the ordinary man in the street,—as may be gathered from the short account which a special correspondent has sent us. There is no doubt that the idea of holding this series of lectures upon general subjects has proved a success, and we shall look forward with interest to the subject that will be chosen for the lecture during the summer session.

ARRANGEMENTS are in progress for the formation of a Royal Arch Chapter in connection with the Rahere Lodge. It will be open to all Bartholomew's men who are Masons, whether they are members of the Rahere Lodge or not. All who wish to join the Chapter or, being Royal Arch Masons, wish to become Founders, are requested to communicate at once with Dr. Samuel West, W.M., 15, Wimpole Street, who will send further particulars. The first Founders' meeting was held on March 27th, but the names of Founders can be received for the next two or three weeks.

THE final arrangements have been completed for the Fifteenth International Congress of Medicine, which will be held at Lisbon after Easter week, from April 19th to 26th. The Executive Committee has reserved a considerable number of apartments for the use of members attending the Congress. These may be obtained on application to Senor Manoel José da Silva, Palácio Foz, Lisbon. All railway fares have been reduced, and the tickets allow passengers alternative routes for the return journey.

WE regret to announce the resignations of two prominent members of the Nursing Staff. Miss Ellen Greenstreet, better known as Sister Mark, came to St. Bartholomew's from the Middlesex Hospital in 1879, and took charge of "Hope" Ward under Dr. Andrew. In 1881 the wards were reversed, but in 1882 Miss Greenstreet returned to "Mark." After Dr. Andrew's resignation she continued her office in the same ward under Sir William Church, and for the last three years under Dr. Norman Moore. Among the house physicians who have held office with her, no less than four are at present upon the Medical Staff of the Hospital, namely, Mr. Bruce Clarke, and Drs. Andrewes, Tooth, and Drysdale.

MISS FOWLER, the Superintendent of the St. Bartholomew's Trained Nurses' Institution, is also about to retire from the post which she has filled so admirably during the last twenty years. We are informed that her books were kept with such neatness and precision that they would serve as an excellent model for any superintendent holding a similar office.

School Notes.

THE annual election of representatives to the Council of the Students' Union was held during the first week of March. We beg to congratulate the old members on their re-election and express our hopes that the new members will follow in their footsteps, and will display an equal amount of energy and zeal in the interests of students. The Annual General Meeting was held on March 13th, when the report of the outgoing Council, which is printed in full in another column, was read and carried unanimously. Dr. Herringham was re-elected President. The names of the other representatives of the Council appear with the Club news.

WEEKLY Medical Consultations have been instituted on the lines of the Surgical Consultations, which have been held for very many years. Dr. Norman Moore asked the physicians and assistant physicians to meet him in consultation upon one of the cases under his care. They met in the old Operating Theatre on March 1st with a large audience of students. Dr. West brought two cases to "consultations" on March 8th, and Dr. Herringham two cases on March 15th. A full report appears on p. 102.

DR. W. H. HAMER, Milroy Lecturer to the Royal College of Physicians for 1906, delivered a series of three very interesting lectures upon "Epidemic Disease in England—the Evidence of Variability and of Persistency of Type." The lectures were published in the *Lancet* for March 3rd, 10th, and 17th.

THE arrangements for the reception of English medical students in France during the Easter holidays are now complete. The expedition will leave London on April 18th, and the official welcome will take place in Calais on the same evening. In addition to the purely medical aspect of the tour, which will consist in visits to the hospitals and other medical institutions in the various towns of France, many entertainments and receptions have been arranged. The expedition has been organised for all students and "internes," *i. e.* house physicians and house surgeons, and it is not for men only but for women students as well. The price for the whole expedition from April 18th to 29th is £11, inclusive of all expenses. The names of all who intend to take part in the tour should be sent before April 1st to M. Etienne Bazot, Excursions Médicales Internationales, 184 Rue de Rivoli, Paris. The remittance must be sent before April 10th.

ON March 26th Dr. Norman Moore entertained a large and appreciative audience of students with a Demonstration on the history of the Great Hall, and on the portraits which adorn the walls thereof.

DR. W. LANGDON BROWN has been appointed Physician to the Metropolitan Hospital.

THE Harvey Prize in Practical Physiology was awarded to Mr. T. S. Lukis. Certificates were also awarded to Messrs. A. P. Fry and G. R. Lynn.

THE Foster Prize was awarded to Mr. G. R. Lynn, and a Special Prize to Mr. R. R. Smith; Messrs. A. L. Weakly, and A. P. Fry received certificates.

THE Junior Practical Anatomy Prize, presented by the Treasurer, was won by Mr. W. C. Dale. Certificates were awarded to the following:—Messrs. J. W. Adams, A. L. Moreton, R. Pearse, and A. Ferguson.

MR. C. F. HADFIELD has taken the degree of M.D. at the University of Cambridge.

"View Day" and the Pathological Block.

ALMOST a year ago, that is on April 27th, 1905, the Court of Governors of the Hospital confirmed a minute of the House Committee stating that they would be prepared to proceed with the erection of a new permanent Pathological Block at an estimated cost of about £20,000, and to build, as an addition to the Block, suitable School Offices, provided that they were assured of at least half the total cost of the entire building by special contributions to that object. The new Out-patient and Special Department Block is now rising rapidly, as was shown in the illustration, which was published with the January issue of the JOURNAL, and it is considered that the time has come for a determined effort to collect the amount needed for the Pathological Block, the full plans and details of which appeared in the JOURNALS for June and July, 1905, which will be forwarded gratis on application to the Editor. It is satisfactory to note that the sum of £2388 has already been promised, chiefly through the influence of past and present St. Bartholomew's men. But the sum of £7612 is still required before the Governors can be urged to commence the Block forthwith.

It is hardly necessary to point out to those who have passed through their curriculum at St. Bartholomew's that a block of this kind is essential for the proper diagnosis and treatment of both in- and out-patients, and for the efficient study and teaching of pathological science. It is difficult, however, to convince the lay public of its necessity. Hence it is that a persistent appeal is made to old St. Bartholomew's men everywhere to do their utmost, and to show their loyalty to their *alma mater*, by subscribing themselves, and by obtaining subscriptions from their wealthy patients. We do this at the risk of being thought

somewhat annoying, because we believe that such a good cause cannot fail in the end to arouse the sympathy of the many, and that, as the result of such sympathy, the money will be forthcoming. May we, therefore, repeat once more that some old St. Bartholomew's men have done nobly in this matter, but, unfortunately, so far it has been the minority only. There are still many, past and present alike, who have done nothing. We cannot afford to wait for the millionaire, but we must show what can be done by the united effort of those who owe so much, nay, those who owe *everything*, to the teaching they received, and the experience they gained, at St. Bartholomew's.

We desire to draw special attention to the fact that it has been decided to make "View Day," May 9th, a great occasion for bringing together all those who are interested in their old School and the question of the NEW PATHOLOGICAL BLOCK. As an inset opposite this page will be found the suggested programme for the day, which should prove an excellent opportunity for many old friends to meet and make holiday together, and exhibit their interest in the forward movements of the grand institution which has stood for the last eight hundred years as a monument to the charity and goodwill of the people of the City and the country.

Holborn.

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

ST. SEPULCHRE'S CHURCH, outside Newgate, in the suburb of London, as old documents express it, was a parish church before the time of Rahere, and he must have been familiar with a church in the Norman style of architecture, which he passed whenever he had occasion to walk westward across the valley now spanned by the Holborn Viaduct. A church of St. Andrew on the far side of the valley and on the left of the ancient road, of which the modern Holborn follows the course, was certainly in the situation of the present church in the reign of King John, and possibly much earlier.

The charter of a charcoal man of the first quarter of the thirteenth century brings before us some of the inhabitants of the Parish of St. Andrew, Holborn.

Milo the carbonarius grants to Reginald the timbermonger and Lecia his wife that message which they held of him "in vico de Holeburne" at a rent of four shillings a year. Reginald gave him on conclusion of the agreement four shillings. The witnesses were James the priest, parson of Holeburne; Roger his chaplain; Andrew the deacon; Alexander nephew of Fulcher; Henry his brother; Hervey his brother; Humfrey Bukuinte; Walter son of Robert; James son of Richard the charcoal burner; Godfrey the

carter: Viel of Partepole: Robert his brother: John brother of Symeon: Pentecost son of Ralph nadledre: Symon son of Brunning: Godfrey the tiler: Serlo the shoe-maker: Samson beyond the bar and many others.

The three clergymen in this list are followed by four laymen who are probably of higher station than the other witnesses. Humphrey Bukuinte, who is the only one of the group who has a formed surname, was a kinsman of John Bukuinte a magnate of the reign of Henry II and of a later John Bukuinte who lived into the reign of King John. The charcoal man, the timbermonger, the carter, the shoe-maker, and the tiler represent the working people of the district. Gray's Inn occupies part of the manor of Partepole and the name of the old man's (viel) residence is preserved in Portpool Lane which at this day leads into Gray's Inn Road. The granite pillars in Holborn mark the site of the bar outside which the Samson of this charter lived.

The small sums of money mentioned, a rent of one shilling a quarter and a fine of four shillings show how small were the monetary transactions of that period, while the finely-executed circular seal bearing a lion with the inscription "sigillum Milonis le Coliere" at once illustrates the superior artistic taste of the time of Magna Charta, for Milo affixed his seal to this grant within a few years of that famous statute.

In the reign of Henry VI the Hospital owned five holdings in Holborn:

(1) One tenement next Davyes (Thavies) Inn given to it by Thomas Bamburg a cleric in the thirteenth year of Edward III (1339-40). It had five shops upon it and a large house once let to William Prestwyke the cleric—the whole let in 1456 to Roger Hunt, gentleman, of the county of Bedford, at a rent of £4 a year.

Three shillings a year of this had to be paid at Christmas to the Hospital of St. Katharine by the Tower of London.

(2) Another tenement next the gate of the Bishop of Ely (now Ely Place Gate) which had belonged to Adam the bell-founder and Petronel his wife in the thirteenth year of Edward I (1284-5), then to Robert of Meldeborn and in 1456 let to the Bishop of Ely at a rent of six shillings a year.

(3) A large house given to the Hospital by John son of Geoffrey Bocoynthe (Bukuinte) in the fourth year of Henry III (1219-20) to provide a light for the patients. The rent in 1456 was five shillings a year.

(4) Certain land in Sholane (Shoe Lane) given to the Hospital by Helyc le Dowk, the cleric, in the time of King John.

The rent in 1456 was sixpence a year. The land had been granted in perpetuity to John the tiler in the reign of Henry III.

(5) Land which the sick women of the Hospital of St. James held at a quit rent of eleven shillings.

Thus all five holdings yielded £3 2s. 6d. a year: a further

illustration of the small quantity of money in use even in the middle of the fifteenth century.

The Hospital of St. James is now the royal palace of St. James. Thavies Inn, Ely Place, and Shoe Lane remain as names, though the only building in them which goes back to the reign of Henry VI is St. Etheldreda's Church, once the chapel of the Bishops of Ely. St. Katharine's Docks preserve the name of the old hospital by the Tower, and the foundation itself may be recognised in a modern brick building in the Regent's Park.

The text of Milo's charter (in which the grammatical errors are unaltered) may fitly conclude this account of the relations of St. Bartholomew's Hospital with the parish of St. Andrew's, Holborn.

Sciatis presentes et futuri quod ego Milo Carbonarius concessi et dimisi et hinc presenti carta mea confirmavi Reginaldo timbermongere et Lecie uxori sue illud messagium quod predictus Reginaldus et Lecie uxor sua tenent de me in vico de Holveburne. Habendam et tenendam predicto Reginaldo et Lecie uxori sue et heredibus eorum de me et heredibus meis in feodo et hereditate libere et quiete integre honorifice finabiliter reddendo inde annuatim michi et heredibus meis quatuor solidos ad quatuor terminos anni scilicet ad festum Sci. Johannis Baptiste xii d. et ad festum Sci. Michaelis xii d. et ad Natale Domini xii d. et ad pascha xii d. pro omni servicio et exactione et pro rebus cunctis. Ita quod ego predictus Milo nec heredes mei nullatenus poterimus dehospitalari predictum Reginaldum nec Lecie uxori sue nec heredes eorum causa me vel heredes meos vel aliquem alium hominem vel feminam ibidem hospitalandi. Et ego predictus Milo debeo s. et heredes mei debent warrantarie finabiliter predictam terram cum omnibus pertinentiis et edificis super edificatis predicto Reginaldo et uxori sue et heredibus eorum contra omnes homines et feminas. Pro hac autem dimissione et concessione et Warrantizatione et presenti Carte mee confirmatione dedit michi predictus Reginaldus quatuor solidos in gersumam. Hiis testibus: Jacobo sacerdote persona de Holveburne: Rogero capellano suo: Andrea diacono: Alexandro nepote Fulcheri: Henrico fratre suo: Hervico fratre suo: Hunfrid Bukuinte: Walkero filio Roberti: Jacobo filio Riardi carbonarii: Godefrido caretario: Viel de Partepole: Roberto fratre suo: Johanne fratre Symeonis: Pentecost filio Radulfi nadledre: Symone filio Brunning: Godefrido tegelatore: Serlone euerurio: Sanson extra barram: et multis aliis.

Miscellanies.

PART IV.

By Dr. SAMUEL GEE.

18. "Whatever discoveries they made upon diseases by a long course of observation, these they threw into aphorisms or short sentences, tied up to no rules of method, but clearly and openly delivered." Baglivi: *Praxis med.*, lib. i, cap. 9. "Short maxims drawn from long experience."

"The most ingenious way of becoming foolish is by a system. And the surest method to prevent good sense is to set up something in the room of it." Shaftesbury: *Soliloquy*, part 3, § 1.

19. OPEN-AIR TREATMENT OF PULMONARY TUBERCLE.

"Such occupations as require constant labour or exercise in the open-air, in all kinds of weather, should be chosen for a young man who, either from hereditary predisposition or an accidental affection of the lungs, is in danger of falling into a consumption. . . . Doctor Sydenham pronounced riding on horseback to be as certain a cure for consumptions as bark is for an intermitting fever. I have no doubt of the truth of this assertion. If riding on horseback in consumptions has ceased to be a remedy in Britain, the fault is in the patient and not in the remedy. 'It is a sign that the stomach requires milk (says Dr. Cadogan) when it cannot bear it.' In like manner the inability of the patient to bear this manly and wholesome exercise serves only to demonstrate the necessity and advantages of it." Benjamin Rush: *Thoughts upon the Cause and Cure of the Pulmonary Consumption*, 1789.

20. PHOSPHATIC URINE.

Nothing is more easy than to render the urine alkaline by the use of drugs; but to make neutral or alkaline urine acid, by drugs or diet, is difficult or even impossible. Urine of deficient acidity, and therefore turbid with earthy phosphates, is fortunately a condition which is temporary and does the patient no harm, when there are no other signs of disease. It is a mistake to say that such a patient is passing an excess of phosphoric acid unless repeated volumetric analysis has proved that this is so. These persons tend to become hypochondriac when their attention has been drawn to the state of their urine.

21. PHYSIOLOGY AND MEDICINE.

"It is not all physiology which can be made useful towards the knowledge and treatment of diseases, but only those parts of physiology which are undeniably true, and not only true, but easily and at once seen to be so. A great deal of what is termed physiology has turned out to be a mistake, and so far as it has got mixed up with our notions of disease (and this has happened to a deplorable extent) it has hindered the progress of practical medicine." P. M. Latham: *Diseases of the Heart*, lect. 1.

"Doctor Harvey gave the first credit, if not rise, to the opinion about the circulation of the blood, which was expected to bring in great and general innovations into the whole practice of physic, but it has had no such effect." Sir William Temple: *Of Health and Long Life*, about 1680.

22. SPLENIC CACHEXIA.

"The Emperor Trajan used to compare the spleen to his exchequer, because as his coffers, when full, drained his subjects' purses, so a full spleen makes the body sapless." Phineas Fletcher: *Purple Island*, iii, 19.

On Mediastinitis.

Being an Abstract of a Clinical Lecture.

By W. P. HERRINGHAM, M.D. Oxon., F.R.C.P.

CASE 1.—A man, æt. 43, was admitted with cardiac symptoms. His previous illnesses were chorea in childhood, pleurisy, and in the last five years three attacks of rheumatic fever.

For three months he had been short of breath, and he had noticed swelling of his legs and abdomen gradually coming on for two months. On admission there was œdema of legs and loins, swelling of abdomen without definite ascites, the liver was much enlarged, and cyanosis.

Such symptoms are obvious indications of disease of lungs or heart, but in this case there were no signs of disease of the lungs except a small area of dulness at the base of the right lung. The heart, however, produced a double apical murmur, clearly due to mitral stenosis and regurgitation.

But such valvular disease does not explain the cardiac failure, which is always due to failure of the heart wall itself. This can be recognised by certain signs:—(a) *anatomical*, of dilatation; (b) *functional*, of palpitation, of irregularity of force and rhythm of pulse, and of low pressure. For the discovery of these signs the following methods of examination must be used:—(a) *Of the heart*. It is necessary to practise deep percussion by which, in the great majority of cases, the outline of the heart can be mapped out with an error of less than a quarter of an inch all round. The percussion of the superficial dulness gives results which are much less exact.

(β) *Of the blood pressure*. This can be estimated by means of the fingers of two hands, and can be corrected by aid of an instrument, e.g. that of Riva Rocci, which, however, gives the systolic pressure only; therefore it is inferior in this respect to the finger, which can notice the diastolic pressure also.

In the present case neither of these two methods gave evidence of myocardial failure sufficient to account for the severity of the venous obstruction. The right border of the heart, which is of chief importance as a landmark in cases of venous obstruction, was not more than one inch to the right of the sternum, that is, little more than natural (half to three quarters of an inch); the apex-beat was only one inch to the left of the nipple line; there was no palpitation; the pulse was regular with a frequency of 100 beats a minute, and the blood pressure was natural.

Therefore we came to the conclusion that, in this case, such marked venous obstructions must be due to some other cause than failure of the heart itself.

DIAGNOSIS.—Adhesions surrounding heart, probably spreading from adherent pericarditis, the result of rheumatism.

POST-MORTEM.—Mitral stenosis. Adherent pericardium. Dense adhesions uniting pericardium to pleura, and the two layers of pleura to one another. Great matting of structures in mediastinum by dense fibrous tissue constricting superior vena cava. Peritoneal adhesions, especially over liver. Liver 64 oz., congested.

CASE 2.—Mariner, æt. 39, temperate. One year ago pleurisy with effusion left side; tapped thrice. Losing flesh ever since. Has lost 2 stones in weight. For three months cough. On admission wasted. Cyanotic in head and neck. Slight impairment at right apex with râles there. Dulness at both sides and backs, but with preservation of breath-sounds, and even of vocal vibrations. Over whole precordial area marked systolic retraction of interspaces except at apex. Heart otherwise natural. Abdomen prominent, resistant. Umbilicus transversely creased, but no thrill or dulness.

DIAGNOSIS.—Chronic peritonitis. Chronic adhesive pleurisy on left side, with retraction of lung over heart and adherent pericardium. More recent pleurisy on right side with tuberculosis at apex. The whole due to tuberculosis.

But tuberculin, both old and new kind, had been injected without reaction, the explanation of which is that the reaction was probably masked by the existent hectic fever, which was due to the disease itself. No tubercle bacilli were found in sputum at any time. This negative evidence, however, was neglected in favour of the positive signs.

The post-mortem examination confirmed the diagnosis except that the pericardium was perfectly natural. The retraction of the intercostal spaces, which is usually due to pericardial as well as pleural adhesion was, in this case, present with pleural adhesions only. Dense adhesion of the left pleura was discovered with recent serous effusion on right side, and dense matting of the mediastinum.

Such cases have recently been dignified with a special name—Chronic Indurative Mediastinitis—but this is not a separate or a distinct disease. Very rarely it may be due to conditions peculiar to the mediastinum, such as abscess or tuberculosis of the glands, etc., but in the vast majority of cases it is the result of a direct extension from pleurisy or pericarditis.

These two cases teach the following lesson: That when obvious pulmonary or cardiac disease does not fully explain symptoms we must not be content to say that the unexplained residue is accidental, but we must consider whether it may not be due to an extension of an inflammatory process to the surrounding structures.

NOTE.—We wish to call the attention of old Bartholomew's men to the reorganisation of the Clinical Research Department. Full particulars are given on page 105. Subscribers to the JOURNAL, who have made use of this department, will recognise that up to the present time they have benefited by the work and opinions of experts at purely nominal charges. Therefore we sincerely hope that they and all Bartholomew's men will support the new Clinical Research Department.

Medical Consultations.

R. NORMAN MOORE, on Thursday, March 1st, asked his colleagues, the physicians and assistant physicians, to give him their several opinions on a case of hemiplegia now under his care. The consultation was held in the old operating theatre at 3.15 p.m. The patient was a boy, æt. 15, who had suddenly lost power in his right arm and leg a few days before. The seizure was unaccompanied by convulsion or insensibility, but for some time before the attack he had had occasional headaches. On admission to the hospital he was somewhat confused, but had no aphasia and no facial paralysis. He had complete loss of power in his right arm and leg. The right arm had recovered some power since. He had well-marked double optic neuritis. He had twice vomited without obvious cause and had had some slight headache. There were no signs of valvular disease and no albuminuria. The temperature had been slightly raised on admission but soon became normal.

Hæmorrhage was unlikely, had the patient an embolus or a cerebral tumour? The optic neuritis seemed to indicate tumour, yet the marked improvement seemed against this view and in favour of a vascular obstruction. Was embolus or thrombus ever associated with optic neuritis?

Dr. Horton Smith-Hartley, in accordance with the custom of the College of Physicians that the junior physician should, in a consultation, first express his opinion, was first asked, and stated that he inclined to the view that an embolus was the cause of the hemiplegia.

Dr. Drysdale thought that the case might be one of ulcerative endocarditis and cerebral embolus.

Dr. Fletcher thought tumour the probable cause, that the optic neuritis pointed altogether in this direction, and that the actual attack was perhaps due to hæmorrhage into or near the tumour.

Dr. Herringham was in favour of tumour, of which, he said, the optic neuritis was distinct evidence.

Dr. Ormerod agreed in this opinion, attached great importance to the optic neuritis, and mentioned a case of tumour in which the onset was as sudden as it had been in this patient.

Dr. West thought embolus unlikely from the distribution of the paralysis, and in particular from the absence of aphasia.

Dr. Norman Moore thanked his colleagues, and said that he gathered that the general opinion was that a cerebral tumour was present, and that all were agreed that optic neuritis was not to be expected in association with embolus.

Dr. West brought to medical consultation on March 8th two cases of exophthalmic goitre, both of nearly twelve months' duration.

The first case was that of a woman, æt. 24, who had palpitation of the heart in August, 1905, and large neck in September. She became worse and worse till Christmas, and then was seized with thirst and polyuria, and at the same time sugar in large amount was found in the urine. Dr. West raised the question of the frequency of glycosuria in such cases, firstly, in the transient form, which was easily amenable to dieting; and secondly, the persistent form, *i.e.* true diabetes, and of the effect of the two conditions upon the course of each disease.

Dr. Herringham thought the association probably accidental, and Dr. Norman Moore agreed with him.

The second case was that of a woman, æt. 27, who was admitted very seriously ill indeed. The tremors and nervous condition were pronounced. The respirations always accelerated—40 in the minute, and occasionally more. The pulse was normally 90.

(1) Shortly after admission the ankles began to swell. The swelling did not pit on pressure, but was associated with a good deal of cutaneous hyperæsthesia. The swelling rapidly increased upwards, and in about fourteen days time reached the level of the nipples.

Apparently in a grave case of exophthalmic goitre the condition of myxœdema had developed. The patient was so ill that hesitation was felt concerning the administration of thyroid extract, but it was at last decided to give it in small doses gradually increased. Improvement began at once, and in a month the swelling was greatly reduced.

(2) While the swelling was developing the patient became very much worse, and one day passed into a condition resembling diabetic coma. She became drowsy, almost unconscious, with rapid panting and noisy respiration, about 60 to 70 in the minute. The urine was examined, but no sugar, albumen, acetone, nor diacetic acid was found. The patient was treated with diaphoretics, pilocarpin, and continuous administration of oxygen for fifteen hours, when she rallied, and passed out of the state of danger.

(3) The patient was extremely emotional, and at times gave trouble in the wards. During some of the attacks of dyspnoea, when the respirations were between 40 and 60, the diaphragm ceased from time to time to act, so that she had functional paralysis of the diaphragm.

(4) Irregular patches of pigmentation developed on the right side of the body, chiefly on thorax, not quite uniform, but to a great extent limited by the middle line of the body, in front and behind.

Dr. West raised the following questions:

1. As to the character of the swelling?
2. As to the association of myxœdema and Graves' disease?
3. As to the diabetic coma-like attack?
4. As to the pigmentation?
5. As to any line of treatment?

Dr. Drysdale raised the question of removal of the thyroid gland in the treatment of Graves' disease, though in this country the results have so far been unfavourable, possibly from the effects of anesthetics.

Dr. Tooth found that the administration of thyroid extract to patients with Graves' disease made them worse.

Dr. Herringham thought this case upset the validity of the theory that Graves' disease was due to over-action of the thyroid gland. He regarded such a theory as quite unproven.

Dr. Ormerod referred to the pigmentation, which in some respects resembled that which occurred after the taking of arsenic.

Dr. Norman Moore thought the association of exophthalmic goitre and diabetes mellitus probably accidental.

All seemed to share Dr. West's opinion that the swelling was myxœdematous in nature, but no one present had seen a similar case.

On February 15th Dr. Herringham showed two cases.

1. A woman who had been suffering for six months from aphonia, which was probably tubercular in origin, as abnormal physical signs were found at the apex of both lungs. In June, 1905, she was admitted to Elizabeth Ward on account of a rash on the face, wrists, and ankles. The rash was bullous in character, but the bullæ soon became pustular and hæmorrhagic, and disappeared in a week or two.

In March, 1906, the patient was admitted to Mary Ward with a rash of the same description. On careful investigation it was found that the rash appeared two days after treatment with potassium iodide. It was interesting to note that there had been no other symptoms of iodism.

All those present agreed with Dr. Herringham's diagnosis, which has been confirmed by the rapid improvement of the patient without active treatment.

2. A clerk, æt. 55, with double ophthalmoplegia. The patient had been a heavy drinker. Beyond the fact that he had been married fourteen years, and that his wife had had a single miscarriage but no children, there was no evidence of syphilis. The patient also denied it.

He was at work as usual on March 6th, but in the afternoon went out into the courtyard to get some air as his vision was misty. He suddenly fell down unconscious, and was brought to the Hospital in this condition. Seven hours later he suddenly regained consciousness, and said that he felt quite well, but complained of seeing double. His pupils during the next two days varied in size from time to time, but they always reacted to light and accommodation. The ocular paralysis (third and sixth nerves of both eyes) remained *in statu quo*. His fundi were normal. He had had no headache or vomiting. His urine was natural. Knee-jerks easily obtained. He had never had fits or lost consciousness before.

Dr. Norman Moore and Tooth had both had the advantage of seeing the patient the day before, and agreed with Dr. Herringham in regarding the lesion as basal.

Dr. Tooth suggested general paralysis as being a possible cause.

Dr. West and Fletcher not having had the advantage of a previous examination were unable to give a decided opinion as to the exact site of the lesion. Dr. West agreed with Dr. Tooth in regarding the region of the cavernous sinus as the most likely position of the lesion which could produce the symptoms described.

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.

- Brown, W. L., M.D., M.R.C.P. "A Rational Basis for Organotherapy," *Clinical Journal*, December, 1905.
- Edkins, J. S., M.B. "The Chemical Mechanism of Gastric Secretion," *Journal of Physiology*, March, 1906.
- Garrod, A. E., M.D., F.R.C.P. "Rheumatoid Arthritis," *The Practitioner*, March, 1906.
- Hall, A. J., M.D., F.R.C.P. "Some Points in connection with the more severe Skin Eruptions produced by the Bromides and Iodides," *Edinburgh Medical Journal*, March, 1906.
- Hall, A. J., M.D., F.R.C.P. "A Note on the Treatment of Simple Warts by Internal Remedies," *British Journal of Dermatology*, March, 1906.
- Haynes, G. S., M.B. "The Pharmacological Action of Digitalis, Strophanthus, and Squill on the Heart," *Bio-Chemical Journal*, vol. i, No. 2.
- Klein, E., M.D., F.R.S. "A new Microbe, pathogenic for Rodents, Bacillus Equi," *Lancet*, March 17th, 1906.
- Paterson, H. J., M.B., B.C., F.R.C.S. "Tables of Cases to illustrate the Hunterian Lectures on Gastric Surgery," Ballière, Tindall and Cox, 1906.
- Paton, E. P., M.D., M.S. (part author). "A Series of Four Cases of Multiform Streptococcal Infection, apparently all derived from the same source," *Lancet*, March 17th, 1906.
- Rivers, W. H. R., M.D., F.R.C.P. "Report on the Psychology and Sociology of the Todas and other Indian Tribes," *Proceedings of the Royal Society*, B. 517, February 26th, 1906.
- Ross, P., M.D. "Tick Fever," *Journal of Tropical Medicine*, March 1st, 1906.
- Rundle, H., F.R.S. "A Case of Asymmetrical Congenital Malformation of the Lower Extremities," *Trans. Path. Soc. Lond.*, vol. lvi.
- Selby, P. G., M.R.C.S. "Frequent Tappings for Ascites; Recovery," *British Medical Journal*, March 17th, 1906.
- Vincent, R., M.D., M.R.C.P. "The Practical Methods of Preventing the Prevalent Disease and Mortality among Infants," *The Journal of Preventive Medicine*, March, 1906.
- Wrangham, W., M.D. "Plumbism from the Ingestion of Diachylon as an Abortifacient," *British Medical Journal*, March 10th, 1906.

Surgical Consultations.

MR. ECCLES showed a case of elephantiasis of both legs. The patient was a woman, æt. 60, who for several years had suffered from osteo-arthritis considerably deformed.

Four years ago her feet and legs began to swell. This swelling has progressed up to the present time, and for the last three years she has been unable to stand. She cannot extend her knees beyond a right angle.

The deformity is shown in the accompanying photograph. The affected parts are soft, but do not fluctuate or pit on pressure. There is considerable tenderness, which is most marked in the right leg. No cause of obstruction



in the thighs or pelvis could be found. The superficial lesion of the abdominal wall were not enlarged. The patient had never been abroad.

Mr. Eccles remarked on the combination of osteo-arthritis and elephantiasis in the same patient, suggesting that both conditions were due to trophic nerve origin. In the present case there was no evidence of obstruction to the lymphatic flow.

Treatment.—Mr. Eccles mentioned that there was no known specific treatment for this condition, but as this patient complained of considerable pain, especially in the right limb, he suggested amputation of the right leg if the patient wished it.

Mr. Bowby said he had never seen an exactly similar case. He would not amputate unless he could convince himself which leg was causing the most discomfort.

Mr. D'Arcy Power thought the condition was due to lymphatic obstruction. He had seen a similar case in a baby six weeks old. He would not amputate.

Mr. Waring thought the patient would not be benefited by any operation.

The patient left the Hospital without having any operation performed.

On February 15th Mr. McAdam Eccles showed a man, æt. 40, who had a swelling situated at the upper and back part of the right arm. The patient first noticed the swelling five months ago. Since then it had been getting larger. There was no history of injury. The patient denied syphilis, and his general condition was good. There was a distinct fulness at the upper part of the right arm, most marked posteriorly. The swelling was oval, smooth, and fluctuating. It was not attached to the skin, and there was no œdema. The tumour moved independently of the humerus. There was free movement of the right shoulder

without any swelling of the joint, and a skiagram showed the swelling to be separate from the humerus.

Mr. Cripps thought the swelling might be a Baker's cyst or possibly a tuberculous abscess connected with the shoulder joint. He suggested putting in a needle and examining the fluid withdrawn.

Mr. Bowlby thought it was a tuberculous abscess. He advised exploration.

Mr. Bailey said the diagnosis lay between gumma and malignant disease of the triceps. He thought it most likely would prove to be sarcomatous.

Mr. Harmer thought it was a hæmatoma or the triceps; he advised exploration.

On February 16th Mr. Eccles explored the swelling, which was found to be in the triceps. Several ounces of altered blood were let out, and at the bottom there was some solid necrotic-looking material, which appeared to be old blood-clot, but which was shown microscopically to be spindle-celled sarcoma.

Clinical Research Department.

WHEN the *St. Bartholomew's Hospital Journal* was still in its infancy, the late Professor Kanthack organised a department called the Pathological Department of the *JOURNAL*, which undertook the examination of pathological material for old St. Bartholomew's men, who were subscribers to the *JOURNAL*, at nominal fees. It has been felt for some time past that this department required reorganisation. In the interval similar organisations have grown up in considerable numbers, and among these competition has been so keen that in some instances the fees charged have sunk to a figure at which, as it appears to us, the trained pathologist cannot afford to work. In the reorganisation of the old department it has been determined to adopt those features of other similar enterprises which have been found to recommend themselves to practitioners, but at the same time to fix fees which will have a value in some degree proportionate to the training and experience of the pathologist, and to the amount of time and skill expended in the production of an accurate report. By reference to the advertisement which appears on p. ii in the present number of the *JOURNAL* it will be seen that for the most part the fees charged are somewhat higher than those of similar organisations, but that for this higher fee the practitioner will obtain not only the advantages of outfit and of promptness of report which he now has elsewhere, but also the satisfaction of the assurance that the work has been done and the reports signed by the men who are actually engaged in teaching the subject of pathology in the School, and in the work of clinical pathology in the Hospital. It is hoped that all old St. Bartholomew's men will support the new department.

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

DUBLIN.

FEBRUARY 13TH, 1829.—The more I hear of Dr. Macartney the more I am pleased with him—his Pathological Lectures are quite splendid. In surgery he has some rather pet notions, but still not theoretical altogether. He simplifies the practice by using water-dressing, as he terms it, and would apply it to nearly everything—stumps, wounds, dissecting wounds—and says that since he applied this method of treatment he has never been prevented lecturing one day, whilst before he was frequently laid up in consequence of such wounds. . . . The doctor recom-

* The previous extracts from these letters appeared in Vol. XII of the *JOURNAL*, Nos. 1, 2, 3, and 8.

mends strongly the use of leaden ligatures in tying arteries, as he says it is well known that a piece of lead, as a bullet, will remain in the flesh for many years without causing any inflammation. Talking of that, a nice hoax was played off upon Kingston (I believe the same fellow who was to have had my lodgings here). He is very (if I may use the expression) gullible, and is constantly looking out for, and of course finds very often, morbid appearances which do not exist. He was a few days ago dissecting an upper extremity, and was out of the room, when Dr. Macartney's nephew and two others, who were dissecting the same subject, agreed they would try to hoax him in some way or other. One of them immediately got a bullet, enclosed it in a fold of peritoneum, and very adroitly introduced it under the deltoid to the subscapularis. The deltoid was partially exposed. The next day he found it and rubbed the peritoneum off to examine it, and, when he saw what it was, started off to the doctor with it. The best of the joke was that the doctor himself was humbugged, and began to abuse him for throwing off the lymph or sac, and took care of it, claiming it as a curiosity. One of the fellows went down soon after and explained. The doctor was almost choked with laughing, but said it was too bad to hoax him too. Kingston gave a very full account of it, going round the room to tell everyone; he talked most cognoscently on the subject—"how lymph was shed round it, which he unfortunately destroyed, though he was rather surprised that the ball dropped out, and did not seem attached. It might be a hoax, but he could not find any way by which it had been introduced." . . .

APRIL 28TH, 1829.—We have not had many operations lately—Colles made an attempt at removing a tumour from just above the orbit—what was evidently firmly attached, and what our professor calls an ivory tumour of the orbit. He was warned what it was, but as the Surgeon-General, Crampton, supported him, he determined to try. He had to remove it piecemeal, bit by bit, it was like sawing through ivory and in fact a week after the operation it looked as if a piece of ivory was laid within the wound over the frontal bone. Crampton attends the Meath and *ex-officio* is a consulting surgeon to Steevens and often comes bothering. . . . If you have an opportunity, will you try the water dressing in dissecting wounds? it is remarkably efficacious, not that I know it from personal experience I am happy to say, but I have seen such beneficial results from the use of it that I should place more reliance on it than any other mode of cure. In sprains, inflamed ulcers, wounds, both incised and contused, and many others it answers very well. It consists in covering the place with wet lint and covering that again with oiled silk and keeping the lint always wet. . . .

MAY 8TH, 1829.—I had a roughish day of it to-day. I started to Steevens' at half after six, was there till nine, as there was the examination of a limb which was removed

yesterday, just below the trochanter minor, on account of exostosis, and a bloody operation it was. It was very formidable in its appearance, and it was thought must be removed at the joint. The operator there is hardly any occasion to name, as where anything doubtful is concerned there is only one man to do it and take the praise or blame—Mr. Cusack. He cut through the integuments and then through the muscles in every part but where the vessels were, and left them to the last. There was a great deal of blood lost as the veins were very large, the arteries were secured as soon as possible—but he must have lost at least thirty ounces of blood—he fainted, and afterwards when in bed fainted, but passed a very good night, and is pretty well this morning. I left Stevens as soon as I could and posted off to Dr. Montgomery's in Cuffe Street, and followed him to the Meath, and about ten I got home to breakfast. I then went to dissect, and have been to the Meath Hospital twice since.

JULY 21ST, 1829.—Have you seen or heard anything of the *Lancet* lately? In two of the numbers two months ago, I think, there are two letters criticising Dr. Macartney's evidence before the House of Commons on the Anatomy Bill signed "Erinensis." When Abernethy had read them, he said to the Doctor he thought his scarlet robes were rent. They are extremely severe. Boulton takes the *Lancet*. Erinensis is a fellow of the name of Brennan, I think a demonstrator of Kirby's at the Peter Street School, a very clever man, but one who does not scruple, under the shadow of an anonymous letter in that blackguard publication, the *Lancet*,* to advance things which he dare not, as a man, put his name to. For several years back he has been pulling the other schools in pieces in the *Lancet*, and has attacked in a very scurrilous way every one but Kirby, who is to him the best and cleverest teacher and practitioner. Dr. M— was annoyed but he would not allow it. . . . There have not been any operations at the hospital since Mr. Cusack left. Mr. Wilmot is very regular. Mr. Colles not so regular, but it makes no difference as far as the pupils of the hospital are concerned whether he is there or not. . . .

Rebuilding Fund.

The following very generous donations have recently been received for the General Fund:

	£	s.	d.
Louis Spitzel	100	0	0
R. Raphael and Son	200	0	0
S. Symons and Co.	100	0	0
Chinnery Bros.	105	0	0
Ellis and Co.	105	0	0
Leon Bros.	105	0	0

* It is interesting to note that the character of the *Lancet* has entirely altered since 1829.—EDITOR.

As Others see Us.

Being an Abstract of an article* in "El Siglo Médico," of January 27th, 1906.

By Dr. A. PULIDO MARTIN.

IN my last letter I told you that if liberty has anywhere a true home it is in England; here every one is free to dress, to think as seems good to him. Hence everyone can follow his own bent untroubled by his neighbour's whims. Happy country! This freedom is as much in evidence at the hospitals as elsewhere.

Naturally the hospital I first visited made the deepest impression upon me. It was St. Bartholomew's, the richest hospital in London, with an income of nearly one and a half million pesetas; with an enormous capital comprising the valuable site upon which it stands in the City of London, together with houses, estates, etc., and a convalescent home of its own.

Dr. Attlee, a former student, kindly took me over the Hospital. St. Bartholomew's, which counts Harvey among its teachers, was founded in the twelfth century as a hospice. It has suffered the vicissitudes that attend so long a life. To-day it is composed of buildings of the last and the preceding centuries; the buildings are many storied without architectural beauty, gloomy, cheerless.

Having passed through some courtyards we entered a large building, and leaving our hats in a little passage we penetrated into a rather poor amphitheatre. Here each row of benches was separated from the neighbouring one by high iron bars. The students looking on at the operation were seated on the bars with their feet resting on the bars in front. The arrangement of those present—a consequence of the bad arrangements of the theatre—dismayed me. My dismay was increased when I saw the operation. It was a case of bone-surgery; the surgeons with their coats off had rolled up their shirt sleeves; their only operating dress was simply an india-rubber apron. The wound was closed and dressed with gauze wrung out of sublimate lotion. I had never seen anything similar. Leaving this place we mounted and then descended some stairs; then entering another building we were taken in a lift to the top storey. Here in a tiny room, amidst much chattering, with apparatus for sterilisation, anaesthesia, bottles, etc., all round, another celebrated surgeon was operating. He received me as cordially as did those in the first operating-room. Here at least was aseptic surgery and white operation uniforms. The surgeon afterwards took me round his wards. They had more furniture than one sees in the German wards, and, like these, they were decorated with flowers. In the wards I was immediately

* This article, for the translation of which we are indebted to Dr. M. D. Eder, is one of a series of articles written for *El Siglo Médico* from different countries.

struck by the consideration and respect shown for the patient. The first case was one of cancer of the rectum. "Let us examine him," said the surgeon. The water, towels, etc., were brought to the bedside, and two screens, which completely shut off the patient from the gaze of his fellow-sufferers, and even from those students who were not interested in the case. My mind leaped back three years and contrasted the different customs that obtain in Vienna. I recalled the profusion of nakedness which horrified me there; those Dantesque scenes in Finger's wards where all the patients, garbed as our ancestors in Paradise (first epoch), passing in single file, were giving themselves mercurial inunctions in the flanks, getting the final friction from an assistant who was the sole person in clothes; that vestibule of Lorenz's operating-room, where each person went about as undressed as he pleased, many pleasing themselves with the no-dress of Senegal.

From the wards I went to the gynaecological operating-room: it was well-lighted, a small table in the centre, the walls, the ceiling, the floor of rose-coloured marble. I must repeat my expression, I have never seen anything like it anywhere. In passing let me note that nowhere is there to be found such liberality, luxury, ostentation as in England.

Close by the Hospital is the Church of St. Bartholomew-the-Great, a piece of Norman architecture dating from the twelfth century. A visit there made a deeper impression upon me than the rose-coloured marble operating theatre."

The letter proceeds with short notices of the London, University College, St. Thomas's, and St. George's Hospitals.

The author makes these remarks on English nurses, "There is no doubt that the nurses are one of the factors in the progress of our science in England. They receive a sound scientific education. This corps of efficient medical assistants has been imitated in all countries. In our own land (Spain) D. Federico Rubio did much to inspire them with his zeal. Professor Schauta, of Vienna, who took every opportunity of attacking the matrons there, used, on the other hand, to have nothing but praise for English nurses."

The Last Apothecary to St. Bartholomew's Hospital.

MR. FREDERICK WOOD, who was elected Apothecary to St. Bartholomew's Hospital on March 23rd, 1847, was the last to hold that office. His predecessor, who had held the post for twelve years, was Mr. Philip Johnson Hurlock, whose death made the vacancy on which Mr. Wood, after a contest with Mr. Wheeler, was elected. Wood received 115 votes of Governors, and Wheeler 100.

The apothecary resided in the Hospital, and his work was that of fourteen men,

ἄνθρωποι ἑξήδεκα.

of the ten house physicians and the two casualty physicians, and the two junior assistant physicians. He also acted as a kind of secretary to the physicians, receiving the fees for medical practice then paid to them.

The celebrated Oxonian poet, Robert Bridges, speaks, in one of his prose works, of the feat, as he calls it, of emptying the casualty department. This feat was accomplished every morning by the apothecary, and Mr. Wood, after twenty years' service, used to take a justifiable pride in the belief that he had never overlooked a case of hernia or one of intestinal obstruction. His decision belonged rather to prognosis than to diagnosis. His acute observation enabled him rapidly to arrive at a determination of the degree of a patient's illness rather than of its nature. He knew who ought to be admitted to the wards at once, and, as for the remaining patients, if he had not time to be elaborate, he had great skill in the use of what Johnson calls—

"The power of art without the show."

He went round all the medical wards every day.

In 1868 house physicians were created, and the apothecary retired on a pension.

The physicians of past times used to mention useful fragments of medical knowledge which they had learnt from him. He had some taste for botany, and grew *vallisneria* with a success uncommon in his time. He became M.R.C.S. in 1841, and was admitted F.R.C.S. in 1860, and was, of course, a Licentiate of the Society of Apothecaries. We may be glad that our last apothecary enjoyed so long a period of honourable retirement after twenty years of laborious service. He died at Brighton on February 8th, 1906.

The King still has an Apothecary, but, outside the walls of the royal palace, those who discharge the duties of the old apothecaries in institutions, are called resident medical officers by way of higher distinction. At St. Bartholomew's any man might feel it an honour to bear the same official title as Francis Bernard, who tended the poor throughout the plague, and whose learning was such that, after he was incorporated M.D. at Cambridge in 1678, and resigned his membership of the Apothecaries Society, he was admitted a Fellow of the College of Physicians (in 1687). Few Fellows of the College had read more books or had a finer library than he.

We regret to announce the deaths of three old Bartholomew's men during the past month—namely, Dr. H. M. Tuckwell, of Oxford, Mr. J. D. James, of Blackwood, Mon., and Mr. T. E. Williams, of Talgarth, Brecon. Obituary notices of the two former appear on the next page, but pressure upon our space compels us to hold over until the next issue the notice of Mr. Williams, and also a memoir of Mr. T. F. Odling, C.M.G., of Persia, whose death we recorded last month.

Obituaries.

HENRY MATTHEWS TUCKWELL, M.A., M.D.

OXON., F.R.C.P.LOND.,

Consulting Physician to the Radcliffe Infirmary, Oxford.

HR. TUCKWELL, who died at Oxford on March 2nd, was the son of a famous surgeon and medical practitioner of Oxford, of whom a short memoir appears in a volume entitled *Some Reminiscences of Oxford*, recently published by another of his sons. This volume is of special interest to our profession, as it gives the early history of the Faculty of Natural Science in Oxford and the preparation for the institution of the Oxford Medical School.

Dr. Tuckwell himself was educated at Bromsgrove School, Birmingham, and at Lincoln College, Oxford, where he took a First Class in the Honour School of Natural Science in 1856. Then he entered St. Bartholomew's Hospital, and became M.R.C.S. in 1858, and in the next year he was elected to the Radcliffe Travelling Fellowship, which enabled him to continue his medical studies for two years in Paris, Berlin, and Vienna. In 1863 he proceeded to the M.D. degree, for which he wrote as a thesis "On Effusions of Blood in the Neighbourhood of the Uterus." About this period he devoted a great deal of time and energy to the study and arrangement of the Van der Kolk pathological collection, which had been purchased for the University, and which has recently been transferred to the new and spacious Pathological Department of the University Museum, and wrote a second thesis entitled "Synopsis of the Pathological Series in the Oxford Museum." In 1866 he was appointed Physician to the Radcliffe Infirmary at Oxford, and very soon acquired a great reputation as a physician, and obtained a large consulting practice in Oxford and the neighbourhood. In 1870 he was elected a Fellow of the Royal College of Physicians.

However, at the very height of his successful career, and in the prime of his life, Dr. Tuckwell was compelled to give up all work and to retire from his practice, for he suddenly discovered that he was suffering from glaucoma. As a mark of sympathy and esteem all the medical men in the district, and many of his old friends and teachers at St. Bartholomew's, presented him with a testimonial and address, which bore many signatures, among which were those of Sir Geo. Burrows, Sir Jas. Paget, Dr. Andrew, Sir Wm. Savory, Dr. Southey, Sir Thos. Smith, Sir Wm. Church, and Mr. Willett.

Dr. Tuckwell wrote several articles for the various medical journals, among which may be mentioned "Contributions to the Pathology of Chorea," *St. Bartholomew's Hospital Reports*, vol. v.

JOHN DAVIES JAMES, M.R.C.S., L.S.A., J.P., D.L.

Mr. J. D. James died at Blackwood, Monmouthshire, on March 4th, in his 73rd year. He received his medical

education at St. Bartholomew's and became qualified as M.R.C.S. and L.S.A. in 1857, and in the same year he commenced practice at Blackwood, and did not retire from active work till 1890. In addition to his professional duties he found time to enter into the affairs of the county.

He was appointed a Justice of the Peace in 1869, and, after serving upon the school board and acting as Chairman of the Bedwelty Division of County Magistrates, he was elected an Alderman in 1903. He also was appointed Deputy-Lieutenant for the county of Monmouth.

Mountaineering.

Mrs. March and Mr. C. T. Dent, F.R.C.S., ex-President of the Alpine Club, delivered a lecture on "Mountaineering" before a large and appreciative audience in the Anatomical Theatre. Seldom have we heard a lecture on a subject so foreign to the minds of most of the audience, in which the interest was sustained from start to finish.

Beginning with a history of mountain folk-lore the lecturer led us from dragons and their slayers to our Lady of the Snows, who was turned to a toad, and showed us a just cause for mediæval awe, a series of slides depicting a falling avalanche and its awful havoc.

To those of us who are unused to ice and glaciers the lecturer's account of the varying hues of snow, which revealed deep crevasses here, safe traffic there, of the inaccessibility of a glacier manifested by the appearance of the dirt band or of the safe pass beyond indicated by its absence, and of the smoky appearance of the mountain top, which betokened wind, was indeed an education in the powers of perception. In imagination the mountaineer is never wanting, for does he not always bear his lyre in order that he may recount his deeds of daring to his credulous friends at home?

The snow scenes on the screen were admirable, so minute and clear were they in their detail. Our eyes were carried rapidly from Alp to Caucasus, and from Caucasus to Himalaya. It seemed almost a pity that the whole of the sheet could not have been utilised to enlarge the photographs a little more.

It was not until the very end, however, that the lecturer revealed his inner self—no longer the historian, no longer the keen observer of ice, and snow, and rock; no longer indeed the mountain climber, skilled in gymnastic grip and balance, expert with rope and axe, but the mountaineer—the man whose mind once fixed by the majestic grandeur of the snow-clad peaks, awe-struck by the infinite solitude of their hidden recesses, constantly awake to ever-changing scenes and varying conditions, can never, though he would, descend again to earth from the sublime.

The Clubs.

STUDENTS' UNION.

THE Third Annual General Meeting was held in the Great Hall on Tuesday, March 13th, 1906. In the absence of the President, Dr. Herringham, the chair was taken by the Vice-President, Mr. Burfield. There was a good muster of students.

The Annual Report of the Council was read by Mr. Loughborough, and its adoption moved by Mr. Burfield, and seconded by Mr. Marshall, and carried unanimously.

Mr. Gask proposed the re-election of Dr. Herringham as President for the ensuing year. Mr. Gask referred in suitable terms to the keen interest which Dr. Herringham continues to hold in the welfare of the Students' Union, which is evidenced by the fact that Dr. Herringham has been present at every meeting of the Council.

Mr. Burfield, in a similar manner, seconded the proposal, which was carried unanimously.

The result of the election was declared—

CONSTITUENCY A (those students, who may or may not be qualified, who are engaged in clinical work).—Hoskyn, C. R., London University; Walker, K. M., Cambridge; Batt, B. E., Oxford; Davies, S. Trevor, Conjoint; Phillips, L. L., Conjoint.

CONSTITUENCY B (students not engaged in clinical work).

—Stone, D. M., Conjoint; Lynn, G. R., London.

CONSTITUENCY C (Committees of the Clubs).—Oulton, E. V., Griffin, W. B., Page, G. F.

CONSTITUENCY D (Junior Staff).—W. G. Loughborough.

The Council of the Students' Union has much pleasure in presenting the second Annual Report. In submitting this report the Council begs to draw attention to its continued regard for the welfare of the students.

Changes have taken place in the Council. By the resignation of Mr. Harmer from the post of Warden of the College the Council has been deprived of his valuable services. We would like to take this opportunity of expressing our appreciation of the trouble and active interest he has taken in fulfilling the post of Treasurer. The Union, however, may congratulate itself in having secured the services of the new Warden, Mr. Gask. Mr. Burfield has also been elected *vice* Mr. Neligan, whose term of office on the Junior Staff expired in October.

One of the innovations of this year, which secured for itself immediate popularity, was the institution of a series of lectures on secular subjects. Already two have been given. For these the Council was fortunate in securing the services of such eminent men as Sir Robert Ball, who gave the introductory lecture, and Mr. Clinton Dent, F.R.C.S., who delivered the second lecture.

To further the interest of students in secular subjects the Council is considering the advisability of forming a Debating Society for students.

The First Year Book was published in September, 1905, and proved an unqualified success. It contained full particulars of all the clubs and societies of the Students' Union,

with an alphabetical list of past and present members of the Hospital. The addresses of the old St. Bartholomew's men were given in full, also a directory of those practising in the London district, the provinces, and abroad. The addresses of present students were omitted chiefly because it was found impossible to obtain a complete list. The book was well got up, and, in addition to interesting details of all the clubs, it contained three illustrations of the Hospital and its surroundings. The circulation exceeded three thousand copies, and a copy was sent gratis to every Bartholomew's man, but, in order to cover the cost of postage and to gain an estimate of the support the book would receive, it was decided to ask each recipient to become a subscriber to future editions at the cost of one shilling. Unfortunately less than 250 have become subscribers. A contract for three years was arranged with the publishers, and it is hoped that the second Year Book will be published in May, 1906. The total cost of publication was nearly £100, and of this more than three quarters was obtained from the advertisements. This being so, students should realise that it is worth their while to support the advertisers, as this means no small addition to the annual income of the Students' Union.

The JOURNAL has maintained its popularity under the able editorship of Dr. Hogarth, and the number of subscribers has steadily increased. Mr. Harmer unfortunately felt compelled to give up the management of the Advertisement Department, but the active interest displayed by him and by Mr. McAdam Eccles continues to have good results. The accounts for the year show a handsome profit, and the Council desires to tender its heartiest thanks to all the members of the Publication Committee, and particularly to those named.

Everything possible has been done for the comfort of students in the Smoking and Abernethian Rooms. By purchasing the original drawings of the Hospital by Mr. Howard Penton, the Union has secured a valuable and interesting addition to the pictures for adorning the walls of the New Common Room now in course of erection.

The Annual Dance was held in the Wharnclyffe Rooms as in the previous year, and proved to be an unqualified success, there being a larger number present. Two Smoking Concerts were held. An excellent programme was provided for each, but owing to the smaller attendance of students they were not the success desired.

THE RUGBY FOOTBALL CLUB has been unfortunate owing to accidents during the first half of the season, and in the Cup-tie *v.* Guy's they were beaten by 6 points to *nil*, the result being due to a lack of combination. The 2nd XV have shown improved form, and had bad luck in being beaten by Guy's in the Cup-tie after drawing twice. Increased "keenness" has been noticeable amongst the players, and it is hoped that this will have its effect in the near future.

THE ASSOCIATION FOOTBALL CLUB have, on the whole, enjoyed a successful season. The 1st XI hold an unbeaten record since Christmas, and have reached the Final Round of the Inter-Hospital Competition, when Guy's are our opponents for the Cup. The 2nd XI, though they have played fewer matches, are also in the Final Round of the Junior Inter-Hospital Competition. It is to be hoped that both teams will succeed.

CRICKET CLUB, 1905.—The excellent performances of the cricket XI, though bringing us into the Final, did not quite succeed in restoring the coveted Cup to the Library.

The Past *v.* Present match, which was favoured with magnificent weather, again proved one of the most popular events in the sports of the Hospital.

HOCKEY CLUB, 1905-6.—The Club is still flourishing grandly, and is a source of congratulation to all those who are concerned with it. This is proved beyond doubt by the keenness displayed by all three teams, who turn out regularly each week. The formation of a fourth team is contemplated.

LAWN TENNIS CLUB.—The last season of the above Club was not an altogether satisfactory one, partly on account of the fact that it was only on rare occasions when the same "pair" played together, and, no doubt, partly to the lack of talent. The prospects, however, for this season are far from unfavourable, as there are several of last year's "six" still available, and we hope to find some new blood amongst the freshmen. It is gratifying to note that the excellent courts at Winchmore Hill were in great demand last year, and we would urge upon all members that in tennis, perhaps more than in other games, frequent practice is essential.

ATHLETIC CLUB.—For the third year in succession the *Crass Country Running Team* won the Inter-Hospitals' Challenge Cup, gaining five places out of the first seven (C. R. Woodruff, A. L. Candler, W. H. May, T. R. Dobson, A. R. Snowdon).

The *Athletic Club* have not had altogether a successful year. The Sports were held at Winchmore Hill, and though the track was in fair condition, and much trouble had been taken in preparing the field, there were no good times, while the attendance was small. In the Inter-Hospitals' Athletic Meeting at Stamford Bridge, we were defeated by London Hospital, who, for the second time, won the shield. Owing to the absence, through illness, of W. H. Orton, our team was by no means at full strength. The following events were won by members of our Club:—*Hurdles.*—L. F. K. Way, *250 yards.*—R. Evans. *Putting the Weight.*—F. P. Young; also second places in the Mile and Three Miles. The Cup for the Tug-of-War was won from Guy's after a close fight.

RIFLE CLUB.—There is an increase of active members and greater efficiency among them. The "Armitage Inter-Hospital Cup" was won this year. Owing to examinations we were not represented at the United Hospitals' Cup Competition at Bisleigh.

SWIMMING CLUB.—Last year's season was a fairly successful one. Our team was specially unlucky in being deprived through most of the season of the services of S. Dixon, who is certainly our best water-polo player. In the Inter-Hospital Water-Polo we were beaten in the First Round by Guy's Hospital 4-1, but as this Hospital drew in the Final with St. Thomas's, and as all the goals were scored by Guy's in the first quarter of an hour, this was a closer game than it would appear. In the Inter Hospital Team Race we beat London in the First Round, but, through losing Dixon, Thomas's Hospital beat us in the Final by two feet after a close race. We played rather fewer matches than usual owing to several of the teams scratching. The total number of goals scored in friendly matches was 15 against 13. Out of six matches we won three, lost two, and drew one. The outlook for this year is good, as we only lose one member of last year's team.

ABERNETHIAN SOCIETY.

At the meeting held on March 8th Mr. J. K. Willis read a paper on "The Production of Immunity with special reference to Opsonins." The paper gave a general survey of the subject of serum-therapy, and afterwards dealt in greater detail with recent work with tuberculin. During the discussion which followed Dr. Crace-Calvert gave an interesting account of his work among sanatorium patients in the treatment of tuberculosis by means of Professor Wright's tuberculin.

The Annual General Meeting was held on March 15th. The chief business of the evening consisted in the closure of the poll for the election of officers, and the announcement of the result of the election.

The following are the officers for 1906-1907:

Presidents.—Mr. H. W. Wilson and Mr. W. Girling BAIL.
Vice-Presidents.—Mr. K. M. Walker and Mr. R. V. Favell.
Secretaries.—Mr. J. R. H. Turton and Mr. G. H. H. Almond.
Additional Committeemen.—Mr. E. V. Oulton and Mr. R. Wade.

ASSOCIATION FOOTBALL CLUB.

ST. BART'S *v.* OLD CITIZENS.

Played at Winchmore Hill on February 28th, ending in a victory for the Hospital by 5 goals to *nil*. The team played well as a whole, the defence being sound, whilst Gordon was in his best form amongst the forwards, scoring all five goals.

Woodruff was the best of the half-backs, and Dobson put in some good centres resulting in two of the goals.

ST. BART'S *v.* OLD BEKHAMSTEDIANS.

Played at Winchmore Hill on March 3rd. We were without Gordon and Rimington. A hard game resulted in a draw, no goals being scored. The play was fast and keenly contested, Upton nearly scoring for the Hospital with a fine shot, which hit the post.

Miles played his customary solid game at centre half, and Woodruff was the best of the halves.

ST. BART'S *v.* OLD FORESTERS.

Played at Snaredbrook. A poor game, in which we had most of the play, but could only win by 2 goals to *nil*.

Holthusen and Hutt scored the goals for the Hospital.

SEMI-FINAL OF HOSPITAL CUP.

ST. BART'S *v.* CHARING CROSS.

Played at Honor Oak on March 7th, ending in a win for us by 4 goals to one. Though the game was keen, the play was disappointing, the ball being very lively and hard to control. Our goals were scored by Burra, Dobson, Holthusen, and Gordon. Miles and Rimington both played well, while Burra and Woodruff were excellent.

FINAL CUP-TIE.

ST. BART'S *v.* GUY'S HOSPITAL.

Played at Chiswick under wretched conditions on March 20th. We played very badly, with two notable exceptions—Miles and Rimington, and were beaten by 1 goal to *nil*. The following was our team:

St. Bart's.—W. H. S. Hodge (goal); F. L. Nash-Worham, H. Rimington (backs); C. R. Woodruff, A. Miles, L. T. Burra (half-backs); J. Dobson, A. W. Holthusen, S. A. Tucker, F. J. Gordon, C. N. Hutt (forwards).

RUGBY FOOTBALL CLUB.

ST. BART'S *v.* LENNOX.

Played on March 10th. The Hospital was represented by rather a weak team, which was consequently beaten, although it managed to hold its own up to half time, when the score was 8 points each. Afterwards Lennox scored twice within ten minutes, and then Pearson was kicked severely on the head, and had to leave the field. Before the end LENNOX scored twice more. Result: 8 points to 19.

ST. BART'S *v.* OLD ALLENYMANS.

Played under the most depressing circumstances; the ground was under water in many places. We were poorly represented, while our opponents had a good "side," and were much heavier forward. However, we were not disgraced, only being beaten by 11 points to 3. As a game the match was a farce, and ought not to have been played on such a ground.

HOCKEY CLUB.

ST. BART'S *v.* STREATHAM.

Played at Streatham on February 24th, ending in a draw of 5 goals each. The Hospital played well in the first half, and had a lead of 3 goals, but in the second half the defence broke down completely, Streatham scoring 4 very soft goals. Pretty and Viner played well at half, and Gaskell combined well with Lewis on the left wing.

ST. BART'S *v.* WOOLWICH GARRISON.

Played at Woolwich on March 3rd, resulting in a win for the Garrison by 3 goals to 1. We were short of several regular players. It was a good fast game, but the forwards were weak in front of goal. Robinson played well at centre forward.

ST. BART'S *v.* BOWES PARK.

Played at Palmer's Green on March 10th, ending in a win for our opponents by 5 goals to 3. It was a poor game on a bad ground, and the Hospital played very badly, the shooting being very poor.

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

Played at St. Albans on March 17th, the Hospital losing a close game by 3 goals to 2. The game was fast, but the ground was rough, and there was little combination. Robinson and Page played well, but the shooting was again weak.

STUDENTS' UNION.

The first meeting of the new Council was held on Wednesday, March 21st, 1906. Dr. Herringham presided.

Mr. Loughborough was elected Vice-President, and Mr. Trevor Davies Junior Secretary.

The following gentlemen were elected to serve (i) *On the Finance Committee.*—Messrs. Hosky, Griffin, Oulton, and Datt. (ii) *On the Sub-Committee for the Publication of Year Book.*—Messrs. Miles, Walker, and Griffin. (iii) *On the Lectures' Sub-Committee.*—Messrs. Hosky, Walker, and Griffin.

Report of Lectures' sub-Committee on the question of the formation of a Debating Society was read.

"In the opinion of the Committee the suggestion is a good one, but before considering details they wish for evidence that there is a demand for such a Society, and that, if formed, the Society will receive adequate support from the students.

"With a view to obtaining such evidence Mr. F. J. Rees, as promoter of the suggestion, has been asked to draw up and send to the Secretary of the S.U.C. a programme of five debates, stating the subjects for debate, and the names of four speakers for each debate.

"The sub-Committee consider it is not advisable to discuss the question further until such evidence is forthcoming."

Mr. K. M. Walker was elected Assistant Editor of the Hospital JOURNAL upon the recommendation of the Publication Committee.

The Publication Committee also recommended the appointment of an Assistant Editor for Athletics for one year.

This suggestion was accepted by the Council, who elected Mr. W. R. Griffin to fill the post.

A sub-Committee was appointed to inquire into the question of an additional cricket professional at Winchmore Hill during the summer months.

Reviews.

CLINICAL APPLIED ANATOMY, OR THE ANATOMY OF MEDICINE AND SURGERY. By CHARLES R. BOX and W. McADAM ECCLES. 471 pages. Price 12s. 6d. net. (London: J. & A. Churchill.)

An attempt to relieve anatomy of any of its, to many, uninteresting characters, by clothing it in the garb of pathology, must be welcomed, and the joint authors are to be congratulated in so successfully gliding the pill.

This "Clinical Applied Anatomy" is a *résumé*, and no short one, of the whole of medicine and surgery, including bacteriology, stress being laid on any peculiar anatomical points in relation to each disease.

It is an ambitious work, but in the main it has attained its objects, namely, "to indicate the important influence of anatomy in the incidence and progress of disease, disorder, and injury of the human

body," and to "show that systematic anatomy has not yet said its last word in the education of the clinician."

It is entirely unlike any book we know and it is a refreshing change from the ordinary stiff text-books on medicine, surgery, and applied anatomy. It is, if one may respectfully say so, light reading, and the student is easily carried to the consideration of inflammation and various forms of infection, to the study of worms; and though the relation of anatomy to liver flukes is not at first sight apparent, one soon finds that the knowledge of anatomy is the clue to the method of dissemination of the parasite. From worms one is led to tumours, and thence to fractures, and so through the whole category of human ills. There can be no doubt that this book will prove a very useful one to senior students and will fill a decided gap, though whether it can, even if it is intended to do so, take the place of a more systematic "Applied Anatomy" remains to be proved.

We may say, in conclusion, that the general get-up of the book leaves nothing to be desired; the paper and printing are excellent, and the illustrations plentiful and good.

SURFACE ANATOMY. By R. J. A. BERRY, M.D., F.R.C.S.E., F.R.S.E., Professor of Anatomy in the University of Melbourne. With 46 illustrations. William Green & Sons, 1906. Price 7s. 6d. net.

Dr. Berry has produced a clear, concise, and attractive handbook. The illustrations are in the main excellent and we take a special liking to his bold and original diagrams, especially those illustrating the anatomy of femoral hernia and the relation of the kidneys, though we should like to see some obliquity in the long axis of the kidney in the latter.

The chapter on cranio-cerebral topography is very thorough and the method devised by the author in conjunction with Dr. Spelherd for marking out the fissure of Rolando and Sylvius is delightfully simple.

Dr. Berry makes a new and happy departure in a work on surface anatomy in dealing with the use of laryngoscope, cystoscope, etc., and describing in detail the landmarks which may be observed. In dealing with the abdomen Dr. Berry has brought into prominence the recent work of Dr. Christopher Addison in mapping out the abdominal viscera. The chapter is somewhat complicated by describing other methods, and figure twenty with no less than ten vertical lines does not attract.

The remaining chapters could not be improved, and Dr. Berry is to be congratulated on producing so attractive a volume and one serviceable alike to practitioner and student, to both of whom we strongly recommend it.

Reviews of the following books have been received, but are held over on account of pressure upon our space:

ON PROFESSIONAL EDUCATION. By CLIFFORD ALLBUTT. Macmillan.

THE DIAGNOSIS OF TUBERCULOSIS OF THE LUNG. By K. TURBAN, translated by E. C. MORLAND. Bale & Sons.

LECTURES ON TROPICAL DISEASES. By PATRICK MANSON. Constable.

ORGANO-THERAPY. By T. H. BATTY SHAW. Cassell.

LABORATORY MANUAL OF PHYSIOLOGY. By F. C. BUSCH. Baillière, Tindall & Cox.

GYNÆCOLOGICAL DIAGNOSIS. By A. E. GILES. Baillière, Tindall & Cox.

Royal Army Medical Corps.

Lieutenant P. A. Lloyd-Jones has embarked for Malta, and Lieutenant C. D. M. Holbrooke for India.

Captain E. P. Sewell has returned from India, too expired, and Lieutenant-Colonel H. J. Barratt is coming home on leave.

Major J. E. Brogden is at Wei-hai-Wei.

Captain H. K. Palmer, at the expiration of the last promotion course, was posted to Colchester.

Captains C. W. Mainprize and M. H. G. Fell are attending the present course.

Colonel T. M. Corker is transferred from the Irish to the Scottish command.

Indian Medical Service.

Appointments—
Major F. O'Kinealy, now officiating Civil Surgeon of Darjeeling, is confirmed in that appointment.

Captain H. M. H. Melhuish has been appointed temporarily to the Gaol Department of the Central Provinces, and has been appointed to the executive and medical charge of the Jabalpur Central Gaol.

Captain J. W. Illius has been appointed acting Third Physician to the General Hospital, Madras, and as Professor of Pathology in the Madras Medical College.

Captain W. H. Cazaly has been appointed to the medical charge of the 125th Nagpur Rifles.

Leave:
Captain R. P. Wilson has been granted eighteen months' leave, ten of which are study leave.

Captain W. G. Hamilton has been granted five months' extension of leave for study.

Captain H. J. Walton is allowed to return within the period of his leave.

Promotion:
Lieutenant F. N. White to be Captain.

Appointments.

ARMITAGE, C. E. A., M.A., M.B., B.C.(Cant.), appointed House Physician to the Seamen's Hospital, Greenwich.

DISHOR, F. M., M.R.C.S., L.R.C.P., appointed House Surgeon to St. Peter's Hospital for Stone, Henrietta Street.

HARRISON, E., B.C.(Cant.), appointed Junior House Surgeon to the Scarborough Hospital.

NEDWILL, C. L., M.B., B.C.(Cant.), appointed Medical Inspector to the Sudan Government.

POTTOCK, R., M.A., M.B., B.C.(Cant.), appointed Assistant House Physician to the Westminster Hospital.

EVANS, E. SPENCER, M.R.C.S., L.S.A., appointed Assistant Emigration Officer at Queenstown.

TOSWILL, L. R., M.R.C.S., L.R.C.P., appointed Surgeon to the Exeter Dispensary.

New Addresses.

BAISS, L. A., Surgeon R.N., H.M.S. "Tamar," Hong Kong.

BENJON, J. M., Sandlings, St. Mary Cray, Kent.

CLEVELAND, J. W., Dunmore, Clarence Road, St. Albans.

COLLINGS, D. W., North Tawton, Devon.

COPE, R., Kumasi, Ashanti.

CRESSY, G. H., Oak Manor, Tonbridge.

DUNN, P. H., 87, Regent Street, W.

DUVOIGAN, V. J., Beech House, East Dereham, Norfolk.

EDMOND, W. S., St. Mary's Infirmary, Highgate Hill.

FORBES, J. G., 1, Duke Street, Manchester Square, W.

EVANS, E. SPENCER, Queenstown, Ireland.

HALL, W., Hodnet, Shropshire.

HOYLAND, S. S., 39, Berners Street, Ipswich.

LAMBERT, H. L., 110, Castlona, Barnes, S.W.

LLOYD, F. G., 103, Oakwood Court, Addison Road, W.

LLOYD, R. W., 103, Oakwood Court, Addison Road, W.

MACFARLANE, A. A., The Asylum, Kew, Melbourne, Australia.

MAPLES, E. E., c/o S.M.O., Calabar, S. Nigeria, W. Africa.

NEDWILL, C. L., Atbara, Sudan.

NIXON, J. A., 18, West Mall, Clifton.

PAGE, C. H. W., Bartonholme, Blakesley, Towcester, Northants.

PARSONS, H. COMPTON, Castle House, Torrington, N. Devon.

PRYCE, H. VAUGHAN, 104, Bethune Road, Stamford Hill, N.

RICHARDS, W. G., Capt. I.M.S., care of the Surgeon-General, Madras.

RISIEN, E. RUSSELL, East Ilsley, Berks.

SELBY, W., D.S.O., Capt. I.M.S., Sitapur, U. P., India.

STARR, W. H., Lieut. Col., R.A.M.C., Trimulgherry, Secunderabad.

STATHAM, H., Grosvenor House, Lymington, Hants.

WALTON, H. J., Capt. I.M.S., c/o Messrs. King & Co., Bombay.

WIMBLE, H. C., 47, Chalk Hill, Bushey, Herts.

Births.

HOWELL.—On Monday, March 12th, 1906, at 53, Queen Anne Street, Cavendish Square, W., the wife of Conrad M. Hinds Howell, M.B., M.R.C.P., of a son.

HUNT-COOKE.—On February 9th, at Jhansi, N. P., India, the wife of E. Hunt-Cooke, M.A., M.B., B.C., of a son.

MASTERMAN.—On February 18th, at Jerusalem, the wife of E. W. G. Masterman, F.R.C.S., D.P.H. Cantab., of a daughter.

NUNN.—On March 19th, at the White House, Hadley, Barnet, the wife of J. Wilfred Nunn, M.R.C.S., L.R.C.P., of a son.

STORRS.—On the 18th March, at Hall Gate, Tunbridge Wells, the wife of William Townsend Storrs, M.R.C.S., L.R.C.P., of a daughter.

WOOD.—On the 8th March, at the Wood, Turner's Hill, Cheshunt, Herts, the wife of Frank H. Wood, M.R.C.S., L.R.C.P., of a daughter.

Deaths.

JAMES.—On March 4th, at Blackwood, Mon, J. Davies James, M.R.C.S., L.S.A., J.P., D.L.

TUCKWELL.—On March 2nd, at his residence, 64, High Street, Oxford, Henry Matthews Tuckwell, M.D., F.R.C.P., in his 72nd year.

WILLIAMS.—On March 7th, at Talgarth, Brecon, T. E. Williams, F.R.C.S., L.S.A., J.P.

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 Journal Office, St. Bartholomew's Hospital, E.C. Telephone: 1436, Holborn.

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St. Bartholomew's Hospital



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St. Bartholomew's Hospital Journal,

MAY 1st, 1906.

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

Calendar.

Tues.,	May 1.—	Dr. Ormerod and Mr. Bowlby on duty.
Wed.,	" 2.—	Clinical Lecture, 2.45 p.m. Mr. Harrison Cripps.
Thurs.,	" 3.—	Primary F.R.C.S. Examination begins.
Fri.,	" 4.—	Clinical Lecture, 1 p.m. Dr. Moore.
		Dr. Herringham and Mr. Lockwood on duty.
Mon.,	" 7.—	Special Lecture, 1 p.m. Dr. Lewis Jones. "Electrolysis in Medical and Surgical Treatment."
Tues.,	" 8.—	Dr. Tooth and Mr. D'Arcy Power on duty.
Wed.,	" 9.—	VIEW DAY. Entertainment in Great Hall 8.30 p.m.
Fri.,	" 11.—	Clinical Lecture, 1 p.m. Dr. West.
		Dr. Moore and Mr. Cripps on duty.
Mon.,	" 14.—	Special Lecture, 1 p.m. Dr. Ormerod.
		Examination for Lawrence Scholarship begins.
Tues.,	" 15.—	Dr. West and Mr. Bruce Clarke on duty.
Wed.,	" 16.—	Clinical Lecture, 2.45 p.m. Mr. Bruce Clarke.
Fri.,	" 18.—	Clinical Lecture, 1 p.m. Dr. Ormerod.
		Dr. Ormerod and Mr. Bowlby on duty.
Mon.,	" 21.—	Special Lecture, 1 p.m. Mr. Cumberbatch. Subject: "Chronic Purulent Catarrh, its Complications and Treatment."
Tues.,	" 22.—	Dr. Herringham and Mr. Lockwood on duty.
Wed.,	" 23.—	Clinical Lecture, 2.45 p.m. Mr. Bruce Clarke.
Fri.,	" 25.—	Clinical Lecture, 1 p.m. Dr. Herringham. Subject: "Cases of Chronic Nephritis in Young Persons."
		Dr. Tooth and Mr. D'Arcy Power on duty.
Sat.,	" 26.—	Examination for Matthews Duncan Medal.
Mon.,	" 28.—	Special Lecture, 1 p.m. Mr. W. D. Harmer.
Tues.,	" 29.—	Dr. Moore and Mr. Cripps on duty.
Wed.,	" 30.—	Clinical Lecture, 2.45 p.m. Mr. Bruce Clarke.
Fri.,	June 1.—	Dr. West and Mr. Bruce Clarke on duty.
		Clinical Lecture, 1 p.m. Dr. Tooth.
Mon.,	" 4.—	Examination for Brackenbury Scholarship begins.
Tues.,	" 5.—	Dr. Ormerod and Mr. Bowlby on duty.
Wed.,	" 6.—	Clinical Lecture, 2.45 p.m. Mr. Bowlby.
Fri.,	" 8.—	Dr. Herringham and Mr. D'Arcy Power on duty.

Editorial Notes.

VIEW DAY takes place on Wednesday, May 9th. We hope that many old Bartholomew's men will take the opportunity of paying a visit to the Hospital, so as to see the progress of the rebuilding operations, and to hear what is proposed for the New Pathological Block. In the last issue of the JOURNAL we gave a short account of the Ancient Dances which will be given as an entertainment in aid of the Special Fund for this Block.

CONSIDERABLE progress has been made with the New Buildings, even during the short Easter holidays, and it is a matter for congratulation that various temporary buildings have been erected and equipped without any interference with the general routine of the Hospital work, and with little or no discomfort to those concerned. The transference of the Dispensary took place, as it were, in the night, and, apparently, no one knew that it was taking place. If we had no knowledge of the forethought, ingenuity, and organisation which were necessary for this change we should have guessed that the authorities had invoked the aid of Aladdin's Lamp or some other power of darkness.

We beg to congratulate Dr. T. H. S. Pullin, of Sidmouth, upon his recent presentation to His Majesty the King by the First Lord of the Admiralty. Dr. Pullin is, by service, the Senior Admiralty Surgeon and Agent, having completed fifty years' service. He has been in practice in Sidmouth for fifty-six years, and for thirty-five years has been its Medical Officer of Health. He was one of the earliest Volunteer officers, receiving his commission in the Sidmouth Battery of Artillery, the first company to follow the 1st Devon Volunteer Company formed at Exeter in 1852 by the late Sir John Charles Bucknill, M.D., the originator and founder of the Volunteer movement in Great Britain. In 1849, whilst he was a student at St. Bartholomew's, he was appointed, with five or six other Hospital Prizemen, by

the then General Board of Health to give assistance in the severe epidemic of cholera at Portsmouth. He became a Member of the Royal College of Surgeons of England and a Licentiate of the Society of Apothecaries in 1850, and subsequently a Doctor of Medicine of St. Andrews, and a Fellow of the Royal College of Surgeons of Edinburgh.

Dr. Pullin has written to the Dean of the Medical School a letter full of interesting reminiscences, from which we make the following extract:

"The remarks in the Hospital JOURNAL re 'The last Apothecary to St. Bartholomew's Hospital,' much interested me, as Mr. Wood was a great friend to me when I was Dresser to Sir William Lawrence and Clinical Clerk to Sir George Burrows, and Assistant Anatomist to Luther Holden, the latter of whom I attended professionally here on two occasions during the two years prior to his decease. And a relative of Mr. Wood knew my father when he was an apprentice (so-called) to Abernethy at St. Bartholomew's. He had the painful privilege of assisting to embalm the Duke of Kent, the grandfather of H.M. King Edward VII, who died during a visit here with his infant Victoria.

Eight of my family, besides myself, have been Bartholomew's men, and I take the liberty of enclosing a leaflet,* the particulars of which I think you will not think a disgrace to your humble servant or the Hospital that tutored him.

SEVERAL members of the Indian Medical Service have been appointed "Specialists" in certain departments of medicine. It is interesting to notice the names of two old Bartholomew's men in the first seven appointments—Capt. F. N. White in "Fever," and Lieut. A. F. Hamilton in "Surgery."

We congratulate Mr. Harmer most heartily upon his marriage to Miss Hedley last month. The ceremony unfortunately took place far away, and so the contingent from St. Bartholomew's was very small; nevertheless the good wishes of all were present.

We are glad to hear that the Matron, Miss Isla Stewart, has been elected to the Nursing Board of Queen Alexandra's Imperial Military Nursing Service. Her long experience at St. Bartholomew's, and her profound interest in all questions relating to Nursing Reform, will prove invaluable to the Board. Her capacity for constructive organisation, as illustrated by her splendid work in connection with State Registration of Nurses, must always add weight to her opinions.

On April 30th an interesting little ceremony took place in the Council room, although it marked a serious loss to the Hospital, namely, the retirement of Sister Mark. Sir William Church, on behalf of all the medical officers who had worked with Miss Greenstreet in Mark Ward since her appointment in 1879, made a presentation as a token of their esteem and regard. Those present included Sir

* The leaflet was a reprint of a note in the *British Medical Journal*, the particulars of which we have embodied in the above note.—EDITOR.

William and Lady Church, Lady Brunton, Dr. Norman Moore, Dr. and Mrs. Garrod, Mr. Bruce Clarke, Dr. Tooth, Dr. Andrewes, and Dr. Drysdale. The Matron and several of the Sisters were also present.

The Past and Present Cricket and Tennis matches will take place at Winchmore Hill on Wednesday, June 20th, and the Athletic Club has decided to hold the Sports on Wednesday, May 30th.

WE are pleased to note that the tickets for the entertainment—ANCIENT DANCES and MUSIC—in aid of the Pathological Block Fund are being sold in fairly good numbers, the guinea seats being especially in demand. We are authorised to say that the buying of half-guinea and five-shilling seats is by no means *infra dig.*, and the Hon. Secs. at the School Offices will be only too pleased to forward them on receipt of a remittance.

It is with great regret that we record the death of Peter Morris, the oldest of the school servants. He was in his office in the School on Saturday, April 7th, in his usual health, but he died suddenly at his house on Monday morning, April 9th, from heart failure. Morris was well known to many generations of students as a trusted and respected servant. Altogether he had completed twenty-four years' service at the School. His well-known figure will be sadly missed from the staircase outside the lecture theatres, where it was his duty to stand and "mark" those who attended the lectures. The Students' Union sent a wreath.

DR. T. J. HORDER and Dr. J. H. Thursfield have been elected Fellows of the Royal College of Physicians. We are glad to see Dr. Horder at the Hospital again after his long absence. He desires to thank all who made kind inquiries after his progress during his severe illness.

THE Jacksonian Prize has once more fallen to the lot of a Bartholomew's man. We congratulate Mr. R. C. Elmslie most heartily on the distinction which he has gained.

THE following sums have been received for the Pathological Block since the publication of the last list:

	£	s.	d.
Rev. W. H. Start	10	10	0
L. B. Rawling, Esq., F.R.C.S.	10	0	0
H. M. Jay, Esq.	10	10	0
Messrs. Giles and Cresswell	10	10	0
R. B. Borill, Esq.	5	0	0
Messrs. Hoare and Nye	10	10	0
W. Allen, Esq. (per Dr. Norman Moore)	9	0	0
* R. W. Jameson, Esq.	5	5	0
Capt. J. W. Illius, I.M.S.	5	0	0
Per Dr. Griffith	1	1	0
Collected by Dr. H. R. Kidner	1	11	0
C. A. Coventon, Esq.	100	0	0

* Has subscribed to the General Fund also.

The Milroy Lectures on Epidemic Disease in England—the Evidence of Variability and of Persistence of Type.

Delivered before the Royal College of Physicians of London, March 1st, 6th and 8th, 1906.

By W. H. HAMER, M.A., M.D., F.R.C.P.

(Abstract.)

THE topic has been variously approached. Murchison, fifty years ago, argued that "diversity resided in the mental revolutions of practitioners, rather than in the actual revolutions of disease," and insisted that too much reliance had been placed in the past on symptoms and pathology, and too little regard paid to investigation of the causes of disease. We are, nowadays, increasingly mindful of all this, and are beginning also to appreciate the fact that disease, as Clemow has explained, is "only a morbid phenomenon or rather a group of morbid processes in the tissues of a particular animal organism. In the language of logic it is not even a phenomenon, but an epiphenomenon." The rhythm of epidemic movement may therefore find explanation not in evolutionary change in an organism, but rather in variations in that epiphenomenon, the interaction between germ and tissues.

In appealing to history, as it is proposed in these lectures to do, for light upon change of type, we need none the less to have in mind the possibility of evolutionary change in the germ.

In the higher forms of life instances of extraordinary persistency of type have been noted by various observers; Darwin has shown, on the other hand, how rapidly, under exceptional conditions (*e.g.* domestication and isolation) modifications may occur. *Lingula* and *Nautilus* have scarcely changed since the grey dawn of primitive times, while of the pigeon Sir John Sebright said "he would produce any given feather in three years, though it would take him six to obtain head and beak." We must recollect, however, that disease organisms are lowly forms, and that their transmutations may be more rapid than those of creatures more highly organised. Furthermore, we know very little of the reproduction of pathogenic germs, and the question of the occurrence or non-occurrence of amphimixis may be of importance; or, again, as Möbius supposes, "the parasitic habit may be regarded as making up in some way for the lack of re-mingling of the germ plasm."

We are greatly hampered by the scanty and meagre character of our materials; the difficulties presented to the geologist by imperfections in the geological record are as nothing compared with ours, for epidemic diseases "leave no bones behind them in the strata."

Turning first to *plague*, the evidence certainly demonstrates

the operation century after century of a disease entity calling forth again and again descriptions which, despite the diversity of the circumstances under which they have been written, bear a striking resemblance one to another.

We are next confronted with *English sweat*, *sudor Anglicus*, the "mist-born spectre," which is said to have suddenly appeared in 1485, 1508, 1517, 1528, and 1551, and then to have vanished from the scene—a disturbing phenomenon truly. But examination shows that the annalists, poet laureates, court historians, men of affairs, ambassadors, and others (there is but little medical writing on the subject) to whom, in the main, we owe the accounts of sweating-sickness, are not wholly to be relied upon.

Thus the extraordinary doctrine that the disease only attacked English people completely breaks down on examination—the description of five clean-cut epidemics is almost certainly misleading—when "sweat" occurs in one part of England, "ague," "stop gallant," "stop knave and know thy master" and the like occur elsewhere—"sweats" continued to appear when, according to the annalists, the day of the *English* sweat was over,—but, most important of all, a dissection of the materials collected by Hecker demonstrates a striking contemporaneity of occurrence in the recorded outbreaks of English sweat, and of variously designated continental epidemics. Encephalitis or hauptkrankheit in Germany, *trousse galant* or febrile cerebritis in France, epidemic pleuritis in Italy, epidemic tracheitis in Holland, plague in Lisbon, a new plague in Germany, pestilential diseases in Spain—all of them posing epidemics suddenly involving large masses of population—fall into place when plotted out in a chronological table, in such striking correspondence as to make it clear these diseases so variously named must oftentimes have constituted parts of one and the same epidemic prevalence. Then it transpires that 1551, the year of the last sweat, is one in which the chroniclers consider that the disease we now call influenza prevailed in France; further, in 1510, when influenza raged in England and on the Continent, Spain we are told was afflicted with sweating sickness, and again during the influenza prevalence of 1551 "the sweat was vexing Flanders."

It is surely no easy task to draw the dividing line between the English and continental outbreaks, or between the five recorded English sweats and later epidemics of like sort. In broad epidemiological characters the similarity is very precise—the "posting" from place to place, the "stop gallant" attack upon the young and robust, and upon the well-to-do, the two or three to five or six weeks' epidemic course, and the comparatively low mortality. Even the clinical symptoms are in close agreement—headache, prostration, and fever; these at least we have as well as sweat.

The historian of epidemics in this Tudor period, if he cling to the individuality of English sweat, cannot logically refrain from holding that the similar forms of disease con-

temporarily prevailing in the several continental countries, were also each one of them individual and distinct; such a position is untenable.

On passing now to the disease called *influenza*, we find strong confirmatory evidence of the views just expressed. *Influenza* has in the past been emphatically a sweating sickness, and this feature is apparent enough in the modern descriptions. It is noteworthy that the five English sweats occurred in summer time, and in our summer outbreak of influenza in 1891 sweating was an especially prominent symptom.

An interesting attempt has been made to connect the English sweat with that of Picardy, but the evidence is far from conclusive, indeed there is considerable doubt as to the existence of a separate disease entity, Picardy sweat, and many of the outbreaks so styled were unquestionably outbreaks of influenza.

England, 400 years ago, was in frequent communication, more particularly, of course, in summer, with the Hanse towns, and it may be conjectured that it was from them rather than from Picardy that it received its influenza, just as that disease has again and again come to us from the Baltic and from Russia within the historical period. Before leaving sweating sickness it should be noted, strangely enough, that the disease is described as having descended at Roettingen "drawn from the clouds into the midst of Germany" in 1802—an extinct malady springing thus again into existence, we are asked to believe, after the lapse of 250 years. *Influenza*, however, was at the time widespread in Europe, and was admittedly prevalent in the near neighbourhood of Roettingen, so that no miraculous event seems to have happened there after all.

It remains to note the singular correspondence between influenza and dengue; this has been commented upon in Paris, India, Ireland, Australia, and elsewhere. A comparative study of the geographical distribution of the various outbreaks of these two epidemic diseases in relation to time yields strong evidence that only one malady is really in question. For it will be found that at times when influenza is widespread throughout the world the West Indies suffer now from influenza, now from dengue; the same story is forthcoming from the Southern States of the Union, and in the Eastern Hemisphere from India and the East Indies. Even in this country an outbreak of influenza closely simulating dengue has recently occurred. Examination of the supposed distinguishing characteristics of dengue such, for example, as its "hugging the coast," being unable to rise to an altitude, being limited to hot countries, and so on, shows that there are many sources of fallacy in applying such criteria.

In influenza, dengue, and sweating sickness we may claim, then, to detect the operations of a single disease entity, and may add that "few among the acute infective diseases have manifested in their prevalence, at all times and in all places,

the stamp of uniformity so strongly in the aggregate of symptoms as influenza."

In applying the historical method of inquiry to *throat distemper* (scarlet fever and diphtheria cannot always be distinguished in pre-bacteriological times), *continued fever*, and *tuberculosis*, the incompleteness of the records is a source of grave difficulty, but problems of great interest as regards change of type are met with.

This subject is best attacked, however, by dealing in the first instance with diseases such as smallpox and measles, the stability of which, when long periods of time are passed in review, is beyond all question. We may, for example, construct a curve exhibiting the type to which the London measles wave conforms, tracing each minor explosion from a minimum prevalence of some 400 cases a week to a maximum (of 6400 cases weekly) which is reached nine months later. We may further compute the number of susceptible persons in the London population, in the troughs and crests of the wave, at about 150,000—at these two points the numbers must be identical, for we then assume each case to be just capable of infecting one other case, the number of persons attacked in each unit of time being momentarily stationary. We may then further calculate that the number of susceptibles varies between 120,000 and 180,000. From the form of wave assumed in this simple case we may pass on to consider complications introduced by various disturbing factors; in measles the persistency of form is, indeed, remarkable, and evidence of changing virulence hard to find; in smallpox we clearly trace major prevalences in addition to the minor waves, and may, perhaps, largely find explanation of these in variations in degree of protection (by vaccination or by previous attack by smallpox) in the populations concerned.

In throat distemper alterations of case-mortality are clearly discernible; the question which naturally arises is, do they connote alterations of the virus itself or merely fermentations in the effect produced by it in the soil? Apparent change of type may, indeed, be merely the result of interplay between the organism and its environment.

A further set of phenomena—the shading off into one another of the alleged specific forms of the bacteriologist—remains to be discussed.

Bacillus coli and its allies, and the streptococci, are cases in point. Closely allied forms of bacilli are distinguished one from another by their behaviour as regards fermentation, agglutination, and so on, and refinement has followed refinement, until nowadays, whenever an outbreak of food poisoning occurs in Germany, the advent of a species new to science is proclaimed by the bacteriologist.

Question may be raised whether the conception of the bacillus as "host" with attached "enzymes" does not afford a clue for threading the mazes of this labyrinth. Why should not two "meat poisoning bacilli," for example, while closely approximating to each other in almost all respects, present

slight divergences as regards their attached "enzymes," divergences which find expression in the development of differing agglutinating properties in sera of immunised animals. In such an hypothesis of symbiotic development of bacillus and "enzymes" we can, by permutation and combination of the "enzymes," find scope for comprehending a large number of nearly related organisms.

If it should be possible thus to reduce, for example, the whole meat-poisoning tribe to two or three bacilli, in varied association with some half-dozen "enzymes," the simplification introduced would be great, and it would at least be no longer necessary to crowd the blood and tissues with standing armies of specific bodies.

Again, such a doctrine may find application in connection with tubercle bacilli of bovine and of human origin, or going still further afield, some difference, in the parasites associated with a parasite, may be expected to yield explanation of the association between smallpox and vaccinia, scarlet fever and diphtheria, dengue and influenza, enteric fever and dysentery, or typhus and relapsing fever. We may even conjecture that immunity, in some instances, may mean that the parasite has been harnessed to some other parasite or enzyme which robs it of its former virulence. Again, the particular organism the bacteriologist has called attention to, may be itself a mere sub-parasite capable of living symbiotically with the parasite in chief. Thus the influenza organism may at one time live in association with Pfeiffer's bacillus, at another with the *Micrococcus catarrhalis*, and so on. Or the throat distemper organism may live in association now with the diphtheria bacillus, and now with the *Streptococcus conglomeratus*. We may have to reckon, indeed, in some instances with a chain of parasites, and may begin to suspect that in studying the organisms which develop under laboratory conditions we have concentrated attention too exclusively upon particular links in this chain.

The records of epidemics suggest that some such explanation is needed to reconcile the extraordinary persistency of disease types with the no less remarkable variability of the organisms to which the bacteriologist attaches such large importance in connection with disease.

Miscellanies.

PART V.

By Dr. SAMUEL GEE.

23. "The moderns should not be opposed to the ancients, but united with them, as much as possible, by a lasting bond: for what can be more foolish than to make them disagree in words when they mean the same thing?" Baglivi: *Praxis medica*, lib. i, cap. i, § 5.

24. "When many remedies are recommended in the

treatment of a disease we always suspect that it is incurable." Heberden: *Commentaries*, chap. 33.

"All medicines will be found specific in the perfection of the science." Coleridge: *Table Talk*, May 23rd, 1830.

25. REGIMEN OF FOOD.

"Almost all our rich old men are the subjects of chronic duodenitis." Broussais: *Examen*, 3rd ed., vol. ii, p. 178.

These are they who complain of biliousness and a sluggish liver (much more sinned against than sinning), who speak evil of uric acid, who consume dinner pills, and after the London season go off to suffer a purgative "cure" at foreign spas. "Men only feel the smart but not the vice."

"The principal cause, in the opulent classes of society, for various functional diseases of the stomach, is overeating. To make such a stomach abstain for several days from any but the mildest nourishment, would of itself cure, in the same way in which a lady I remember, who lived to be ninety years of age, succeeded when she prescribed for herself:—'Doctor, I have had admirable health; never took physic in my life; whenever I felt ill I took no food except a little gruel for three days.' The old lady (wise woman) knew her real foible." E. J. Seymour: *On severe diseases*, p. 61.

Sir Andrew Clark said to an anxious mother who was plying her daughter with some kind of nourishment every hour of the day:—"You are poisoning her with food."

M. de Beussset had often heard the Emperor Napoleon say:—"Quelque peu de nourriture que l'on prit à diner, on en prenait toujours trop." Broussais, loc. cit., vol. iii, p. 307.

26. CONTRAQUE.

"Gerson, a spiritual man, wisheth all to incline rather to too much food than to too little: his reason is, because diseases of exinanition are more dangerous than diseases of repletion." George Herbert: *Country Parson*, chap. 26.

27. ALCOHOL.

"The effects of Wine, like tyranny in government, are felt first in the extremities; while Spirits, like a bold in vader, seize at once upon the vitals of the constitution." Rush: *Medical Inquiries*, 2nd edit., p. 25.

"The habitual drunkard, the man engulfed in alcohol, I fear will scarcely be able to get out. I have, in the course of my life, known one instance, and I think that is all." Edward Jenner: *Life* by Baron, vol. ii, p. 39.

On some of the Commoner Skin Eruptions of Babies; their Diagnosis and Treatment.

By H. G. ADAMSON, M.D. Lond., M.R.C.P.,

Physician to the Skin Department, Paddington Green Children's Hospital; Physician in Charge of Skin Department, North-Eastern Hospital for Children.

I.

ANY of the eruptions of the skin which occur in infancy are essentially the same as those affecting older children and adults, but owing to differences in the grouping or in the distribution of the lesions, or to modifications of the lesions themselves, they may present clinically altogether different appearances. Other eruptions are seen only at this period of life.

It is convenient therefore to study these skin troubles in infants apart from those of older subjects.

I. ERYTHEMA AND INTERTRIGO.

An erythematous eruption may be met with in infants under many different conditions. It may be merely an exaggeration of the normal physiological erythema occurring just after birth; it may result from gastro-intestinal irritation or toxæmia; it may be the specific eruption of an exanthem; or it may occur in various other febrile states, such as pneumonia, diphtheria, enteric fever, varicella, and variola.

These will not be considered here, but attention will be confined to a clinical series of eruptions which have a special predilection for the region of the genitals, thighs, and buttocks. They may be divided into the following groups:

(1) Patches of erythema around the anus or on the genitals or the inner sides of the thighs, and sometimes also upon the backs of the legs and on the heels, as the result of constant contact with wet or soiled napkins. In the flexures of the groins there may be raw weeping surfaces (intertrigo) due to the maceration and removal of the horny layer of the epidermis.

(2) Similar patches of intertrigo in the groins may be due to local streptococcal infection (*impetigo*). Such patches are known by their phlyctenular margin (for they are really large, imperfect, bullæ) or by their association with impetiginous lesions elsewhere. Often there are similar intertriginous patches in other flexures, in the neck, the axillæ, the bends of the elbows, or behind the ears. Impetiginous intertrigo may spread widely on to the abdomen and thighs, and this occurs especially in association with bullous impetigo.

(3) Intertrigo of the groins may likewise be due to *seborrhœic eczema*, and it may, like impetiginous intertrigo, spread over a wide area. It is often associated with seborrhœic eczema elsewhere.

(4) Apart from these eruptions due to local irritation or to local infection there may occur, even in children who are well cared for, erythematous eruptions over the buttocks, loins, and backs of the thighs, the genitals and perineum, and sometimes extending far beyond these limits. The eruption is deep red and shining, in patches or in large sheets. Later it may desquamate, or largish vesicles may form, and these may give rise to a pseudo-papular eruption, due to the budding of granulations from their bases, or to isolated or conglomerated ulcers over the buttocks and thighs which are often wrongly regarded as syphilitic. These *infantile eruptions* have long been known and described, but they have lately received special attention from French observers, who regard them as distinct from local erythemata as the result of local irritation or of local infection.

(5) The eruptions of congenital syphilis, which will be described in a later section.

II. ECZEMA.

Eczema is an affection of very frequent occurrence during the first two years of life. Its causes are quite unknown. Dentition, gastro-intestinal disturbances, over-feeding and underfeeding, have all been accused with insufficient reason. The only clue that we have as to its causation is that local sources of irritation certainly appear to determine an outbreak, and there is no doubt that local irritation is the chief cause of its continuance; but of the conditions which predispose to this susceptibility of the skin we have no definite knowledge. Eczema is probably not of microbic origin.

In infants eczema begins usually upon *the face or the cheeks*. It is first noticed in these situations as an unusual redness and roughness, the redness varying in intensity from time to time. Close inspection of the red rough surface shows that it is not really dry; the epidermis is fissured in all directions, and the minute cracks are oozing with clear serum, or here and there the serum has dried into a network of tiny ridges. At a more advanced stage, if the patch has been undisturbed by rubbing, there are seen closely-set minute vesicles or papulo-vesicles on a red, hot, swollen surface. As the result of rubbing or scratching the vesicles break and a raw weeping surface is produced; the discharge dries in crusts, and results in the typical red inflamed areas covered with crusts, between which is seen the red weeping surface beneath. The eruption may spread over the face and scalp, it may appear upon the wrists, upon the legs, or even in patches about the trunk. *Its frequent occurrence on the face and its distribution there are important points to note.* In babies it is seldom absent on the face, and it is often confined to that part. It has a strikingly characteristic *mask-like distribution* over the forehead, the cheeks, and the chin, leaving out the orbits, the nose, and the mouth. *Pruritus* is a marked

feature of eczema in babies, and it is one of the most important factors to consider in the treatment; the rubbing and scratching keep up the eruption, and a single night's scratching may undo the result of many weeks of treatment. The *tendency to relapse* is a noteworthy feature of infantile eczema. Fresh outbursts may often be traced to patients in hospital who are properly protected by local applications or by restraining bandages. Except in neglected cases infantile eczema does not tend to continue into later childhood, and the majority of the cases are well before the end of the second year of life.

Writers are accustomed to divide eczema of infants into three groups, viz. *nervous eczema*, *impetiginous eczema*, and *seborrhœic eczema*. So far only the first and most common of these, the so-called *Nervous eczema*, has been considered.

Of the others, *Impetiginous eczema* occurs especially in children who are pale and weak; it has been called "strumous eczema." It attacks the eyelids and nostrils, and has a tendency to affect the flexures and post-aural region in the form of *intertrigo*. The glands in the neck are sometimes enlarged. Itching is absent or little marked. Many of these cases are not eczema at all, but extensive impetigo due to local coccic infection of the skin. The distinction is important because of the different method of treatment. Sometimes, however, these cases are eczemas upon which a local pus infection has been engrafted.

Seborrhœic eczema attacks the same areas as impetiginous eczema. The scalp is generally covered with greasy yellowish scales. The eruption on the face and trunk is less red and angry looking than in ordinary eczema, and it has a tendency to get moist. When it attacks the flexures, as it often does, red moist areas are produced analogous to those seen in impetiginous eczema, and in young babies it may spread over the buttocks and thighs in large areas simulating the eruption of congenital syphilis. The mother is sometimes the subject of patches of "eczema seborrhœicum" on the face or of scaldiness of the scalp. Well-marked uncomplicated examples are perhaps seldom seen. Often they become irritable and weeping, so that it is difficult to draw the line between "eczema seborrhœicum" and true eczema.

One occasionally sees some remarkable cases in infants which apparently begin as scaly affections of the scalp, spreading thence to the face as "seborrhœic eczema," and then suddenly bursting out over the whole body as generalised erythematous scaly eruptions, "acute seborrhœic dermatitis."

III. IMPETIGO AND IMPETIGINOUS ERUPTIONS.

The delicate nature of the infant skin, the ease with which the superficial epidermis may be abraded, the constant handling to which it is subjected, the frequency of discharge from the mucous orifices, ears, nose, eyes,

genitals, all favour its ready inoculation with pathogenic cocci; and among hospital patients this class of eruption is very prevalent.

The following are the chief forms in which *Impetigo contagiosa* (*streptococcal impetigo*) may be met with in infants:

(1) Typical amber-crusts lesions of *Impetigo contagiosa* are sometimes seen upon the face of babies as in older children, often with impetiginous patches on the scalp, ecthymatous lesions on the trunk, and phlyctenules on the fingers.

(2) *Impetiginous eczema*, already described.

(3) *Intertrigo*, as described in section I.

(4) The eruption may take a bullous form as in *Pemphigus neonatorum*, which is really an impetigo in a newborn infant, and which may be generally traced to some infection soon after birth, such as a whitlow on the finger of the nurse or impetigo of the scalp or face of the mother or some other member of the family. Such bullous impetiginous lesions are not confined to newborn babies; they are sometimes seen in somewhat older infants. In some cases the bullæ contain little fluid, and the eruption, which, nevertheless, spreads rapidly over large areas, appears as large red patches or sheets covered with dry papery scales, so that to the inexperienced such a case may be puzzling. They may be confused with the generalised "acute seborrhœic eczemas" mentioned above. It is generally possible to find somewhere a flaccid bullæ which confirms the diagnosis.

(5) More rarely ecthymatous lesions may occur extensively upon the trunk in cachectic babies, and lead to deep ulcerations and scarring difficult to distinguish from the more severe forms of syphilis.

The *Impetigo of Bockhart*, which is a follicular pustular eruption due to the *Staphylococcus aureus*, is not often seen in babies except as a sequel or as a complication of *Impetigo contagiosa of Tilbury Fox*. It occurs in the form of scattered follicular pustules, of boils, or of subcutaneous abscesses. The "multiple subcutaneous abscess" in babies are frequently the result of deep suppuration around such follicular lesions.

IV. SCABIES.

Scabies is seen very frequently in babies in hospital practice, but it is not wholly confined to this class of patient. In babies, contrary to the rule in adults and in older children, it commonly attacks the *face*. The eruption has a great tendency to become pustular. *An eruption of pustules or vesico-pustules upon the hands and feet of infants is always suggestive of scabies.* In many instances the infant presents a *generalised eruption of eczematous nature*. The face and head, and trunk, and even the limbs may be almost wholly covered with what is apparently an acute eczema. The presence of such a generalised eczematous

eruption in infants is almost always the result of scabies. The burrows of the acarus are often well seen upon the palms and soles. The mother's wrists and fingers should be examined for confirmatory evidence. As young infants do not scratch there may be no evidence of pruritus beyond extreme restlessness.

V. LICHEN URTICATUS (Papular Urticaria).

This form of urticaria, which is almost peculiar to children, attacks particularly infants during the period of first dentition. It is a most obstinate affection, and it is chiefly troublesome on account of the *intense itching*, especially at night. The eruption consists of wheals and of papules, the papule arising in the centre of a wheal. The wheals come out at night when the child gets warm, and they are often absent during the day, but they leave behind them the red itchy papules. When seen in the daytime the child presents only these red papules scattered irregularly, mostly over the back, buttocks, and loins, but also upon the limbs. Many of the papules are scratched and bleeding or scabbed at the top. Careful search will often reveal a wheal around one or more of the papules. Sometimes instead of papules clear vesicles or even pustules are formed, leading not infrequently to a wrong diagnosis of varicella; or impetiginous lesions may be added, and the eruption may closely simulate scabies.

In very young babies the papules may be of a smaller type and the lesions very numerous, producing the condition which was formerly called "strophulus."

The cause of this eruption is not definitely known. It is generally attributed to some gastro-intestinal disturbance, but often no such disturbance can be discovered, and even when present its treatment does not always effect the cure of the urticaria.

VI. HEREDITARY SYPHILIS.

The eruptions of the skin occurring in congenital syphilis manifest themselves at three periods.

(1) *At birth, or immediately afterwards*, in the form of a bullous eruptions upon the hands and feet—"syphilitic pemphigus." This eruption is very rare. The eruption *Pemphigus neonatorum*, already mentioned as a form of impetigo, was formerly confused with this syphilitic eruption. Syphilitic pemphigus attacks all parts, but especially the *palms and soles*; the bullae are often flaccid or they have ruptured and are covered with large brownish or blackish flakes of epidermis. They dry up rapidly into copper-coloured discs, and they are often associated with copper-coloured patches elsewhere. The child is always marasmic. The prognosis is bad, though cases are not invariably fatal.


(2) *At from six weeks to three months of age* an eruption of the skin is one of the commonest manifestations of

syphilis. The child may have shown no sign until this time, and it is frequently apparently healthy and well nourished. There may sometimes be snuffles or fissuring of the lips, and the characteristic "earthy pallor" may be present, but often such other signs are absent. When congenital syphilis attacks the skin it seems often to spare the other organs. The eruption is usually seated about the genitals, the thighs, and the buttocks. Sometimes also upon other parts, particularly on forehead and around the nose and mouth, and on the palms and soles. It consists most usually of disc-like erythematous patches, which often run together into large areas over the napkin region. Sometimes the eruption is more infiltrated and papular, especially towards the margins giving it a ringed appearance, or it may be scaly. Pustular eruptions are rare. The characteristic points are the colour, red at first, then coppery red, then brown; the sharply circumscribed patches; the occurrence upon the palms and soles, around the mouth, and on the genitals.

(3) *At about two years of age or later* it is common to find mucous tubercles about the mouth or anus either in patients who have shown earlier symptoms or apparently as a first manifestation.

(To be continued.)

The Skin Department.


 OUR of our special departments—the Ophthalmic, the Aural, the Orthopædic, and the Skin Department—appear to have been started at the same time, namely, at or about 1867. Fortune favoured the Ophthalmic Department most, for within three years' time it was equipped with special wards and an operating theatre, whereas the aural surgeon had to wait long before he could obtain beds in the general wards, and the Orthopædic and Skin Departments still continue officially with a purely out-patient existence.

We understand that in 1867 Dr. Andrew and Dr. Southey were called demonstrators of diseases of the skin, but that there was no separate clinique for the purpose; the demonstrators had no further material than that which presented itself in the course of their ordinary out-patient practice. In 1870, however, special times were set apart for seeing diseases of the skin, and Dr. Gee was put in charge; so it appears that the father of the skin department is Dr. Gee. He was succeeded by Dr. Duckworth, and though there may be comparatively few of us who remember his *régime* in the department, all Sir Dyce's house physicians and clerks can testify to the keen interest he maintained in the study of skin diseases till he resigned the office of physician; and doubtless now, at the Seaman's

AN ASPECT OF EVOLUTION.

Being a lecture delivered before the West London Ethical Society in Kensington Town Hall.

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

 F the doctrine of evolution be a universal truth, if there be nowhere any breach of continuity, then must our sense of right and wrong, and our senses of sight and sound, have come equally under the sway of natural selection. It is the object of this paper to prove that natural selection is no less responsible for the evolution of righteousness than for the evolution of man; that it acts upon morals as upon animals and vegetables; that continuity is unbroken in the mental as in the material world.

Restating the theory of natural selection, that we may the better apply it to our moral evolution, we find that it rests secure upon three indisputable facts.

(a) The fact that every species produces varieties, differing slightly from one another and from the parent type. All the pups of one litter are not exactly alike; neither, if one may believe the press, are all the children of one creed. The higher the type the greater the variation. The differences between brother men are greater than those between brother fish, and the differences between brother Christians are greater than those between brother fetish worshippers. Whether these varieties be the result of chance or of design we know not, but we do know that no two blades of grass are precisely similar.

(b) The fact that characteristics are, more or less faithfully, reproduced in offspring. Inheritance and variability are complementary factors; they represent, in nature's government, the Tory and the Whig.

(c) The fact that the reproductive powers of organisms always exceed the available food supply; that organisms increase and multiply at a rate which renders the survival of all impossible.

From these three facts results the struggle for the survival of the fittest; in which the great majority succumbs, that it may form food for the small minority which survives. So severe is this struggle that the slightest advantage, possessed by one individual over another, may make the difference between life and death, between eating and being eaten. Individuals that vary in a useful manner tend to survive; and by heredity to leave an equally, or more, useful progeny; while those that vary in an unfavourable manner tend to perish because less adapted to their surroundings. The only test is utility; the useful survive, the harmful succumb; and the only test of utility is the environment, to which, if it would survive, the

animal must adapt itself. The struggle is unending, for not only do the organisms vary, but the environment varies. If there were no change a final and perfect adaption between surrounded and surroundings would end the strife.

Such are the three foundation stones upon which the theory of natural selection rests. If any one of them be proved non-existent the theory must collapse. Without variability there would be no material upon which selection could work; without heredity there could be no progress and no origin of species; without the struggle for existence there would be no premium upon the useful, and no penalty for the harmful, variation.

Now let us take our morals and apply to them this law of natural selection. It is generally agreed that the earliest form of duty, apart from looking after number one, was parental duty. Let us trace its upward course. The codfish merely voids her spawn and goes on her way rejoicing; her parental duty is finished, and she thinks no more about the matter. As a penalty for this lack of sympathy she must deposit over one million eggs in the ocean every year, that one may be brought to maturity. If 1 per cent. of these eggs were fertilised by the milt of the male, and if 1 per cent. of those fertilised were hatched, and 1 per cent. of those hatched were brought to maturity, the ocean itself could not contain the cod which would exist in ten years time. Yet codfisheries are deteriorating, because less are produced than are required for race preservation. Picture the competition against which the race has to be kept in existence. The chance of survival is inexpressibly small, for during the thirty-one days of incubation spawn is devoured by fish and fowl, killed by cold and storm, stranded on shore or broken on rock. Overwhelming fertility is the one and only means by which the cod can meet this competition, for it has no sense of parental responsibility.

The stickleback is an example of the advantage of parental care. In spring the male collects bits of weed and leaf, smears them with a sticky mucus, works them with his tail into a round nest which he anchors with tiny stones, in which he keeps his mate until she has laid her eggs. Three weeks later when they are hatched he knocks down the walls that the family may go in search of food. The nest is protected by a father, who is about as pugnacious as a cock robin, who rips open a small, or blinds a large, foe with one stab of the formidable stickle on his

back. The result of this parental care is that the eggs are not devoured by other fish, and therefore the most numerous of all European fishes keeps up his numbers while laying only fifty eggs a year.

Skipping intermediate types, such as those which carry eggs in their mouth to protect them, or glued to their sides by mucus, or in a pouch like the sea-horse and the pipefish, or attached to sheltered seaweed for protection, like the porbeagle, let us glance at the blenny. She is viviparous; instead of hatching her eggs outside her body, like the stickleback, she hatches them inside like our own mothers, so that she may bring forth living active fish instead of spawn. Her two hundred fry are perfectly transparent, yet so fully developed that they swim away, to fight life's battle for themselves, the moment they leave their parent's body. Protection of eggs, outside the oviduct, is a blind lane, a mere dodge; internal hatching is the true aristogenic path; it leads onward to the placenta, to the sending out of villi which dip down into the maternal blood-supply and gather nutriment for the embryo.

The dogfish knows better; she keeps watch and ward over her young for a week ere they make off to fight life's battle. She teaches them during that week who are enemies and how to escape,—educates them to meet their environment. As a result, although a full-grown cod weighs six times as much as a full-grown dogfish, yet the young dogfish makes a meal of thousands of cod-spawn which have come into the world, or rather into the water, simply to be his breakfast. Calculate her advantage; no longer need she waste her substance in providing yolk for a million eggs, which merely feed other fish; forty suffice for race preservation, because they are saved from the dangers of spawn, and are only exposed to those of fish. Fewer young, better nourished, longer guarded, that is the lesson of the dogfish, and it is the lesson of evolution.

Among cold-blooded animals the turtle is little better than the cod. She crawls up from the sea, scrapes a hole in the sand, covers her eggs, and returns to her native element, to think no more about the matter. When hatched her young may find their way into the water, to take their chance of being eaten by fish or alligators; but more often they find their way into the mouths of birds and beasts, who wait for them as they waddle seaward. Mrs. Turtle lays 112 eggs and rears one of them, while the crocodile, who stays near her eggs, and helps her young to reach the water when hatched, lays but twenty and rears two.

It is in warm-blooded animals that parental care shows best, for in them it merges from attention into sympathy. The birds, just in proportion as they become better nest builders, become better parents, with fewer children. The lowest birds, such as the emu, make no pretence of a nest, and therefore have to lay a dozen eggs, to keep their species from extinction. The medium birds, like the grouse, hatch in a sheltered sandhole and lay but six. The penguin lays

six eggs, and her young can swim two days after birth, and require little or no care after the first week. The highest, like the tailor bird, who weaves a leafy nest by passing a thread through and through from the hen inside to the cock outside, lay but two, which are hatched in abject helplessness and remain dependent upon parental care for weeks.

With mammals a new form of parental care begins; the mother must suckle as well as protect her young. She must sacrifice herself for the good of her race. The cat who weighs eight pounds when her kittens are three days old, will weigh but six when they are three weeks old.

The kangaroo carries her "Joey" in her pouch until eight months old; and, when hunted, will suffer herself to be overtaken rather than drop it, although well aware that she could escape if unencumbered. Could self-sacrifice go further?

A young monkey does not leave its parents' roof until three or four months old. Both father and mother defend it and teach it climbing and nut-cracking, and both clout it over the ears when necessary. The anthropoid apes do not reach maturity until nine years old. The mother has to nurse her child in her arms, for, whereas the young monkey is fairly active, the young ape is, next to the human babe, the most helpless creature in existence. The ape keeps a family in the highest sense of the word, for three or four children, of all ages from infancy to ten years, can be seen with each couple. The elder children take care of the younger in a manner not unknown among ourselves, for the youngest child can often be seen in the arms of the eldest sister.

So much for the animal kingdom. Let us trace this parental sympathy on through the three main divisions of man—savage, barbarian, and civilized. The savage, flat nosed and woolly-headed, pot-bellied and spindle legged, a wanderer, completely naked, and knowing nothing of home, mates promiscuously at eleven years old, and never gives the resulting child a thought after its seventh year. Not being able to count beyond three, her many children become a mathematical problem which kindly Dame Nature solves by removing 75 per cent. of them before they reach twelve months old. Death is a ready reckoner.

The barbarian hoers up a patch of soil to grow food. His is the first attempt to make nature do some work for man; to alter the environment in which he finds himself, instead of letting it alter him. Tied to the spot, both by his crop and by the cattle which he has tamed, he finds it worth while to build a home. First comes the wind-screen wall, and then the rain-screen roof, and so the four-walled room. Having built the house, he shares it with the female of his species; marriage follows, and then joint education by both parents. The father hands down the arts of kindling fire and making spears; the mother those of weaving and grinding corn. Given a home, life becomes

longer and marriage later; consequently less numerous but far more healthy children are born, and better care is taken of them. The death rate falls even more rapidly than the birth-rate.

In civilisation the same road leads onward. Diminished fertility is in exact ratio to increased length of parental care, and if you examine any civilised race you will find the rule applies to-day. The higher the culture the later the marriage age, the more helpless the offspring, and the longer the education. In England we come of age at 21 (and not always then); not at 9, like the Andaman Islander. The average age at which our girls marry is 25; not 12, like the Bushman. That nature to-day is on the side of the less prolific, but more careful parent, is well shown by the fact that the children of 100 professional families average 315, of whom 9 per cent. die before completing the fifth year; the children of 100 artisan families average 370, of whom 35 per cent. die before the end of the fifth year: leaving, after the five years have passed, 280 professional children, and but 240 artisan, a result not due to heredity but to environment.

Even in physical form the advantage of parental care is visible. In the lower cells the nucleus is of almost the same size as the cell itself; there is little yolk stored up for its nourishment. Therefore must the incubation period be short, and the animal born immature. In the hen's egg the germ is but a speck in the mass of yolk upon which it thrives. Therefore the chick is a miniature hen, with each physiological system distinct and separate, before it makes its appearance in the world.

We have now sketched the evolution of parental sympathy along its whole line; we have seen that we share it with the beasts that perish. If parental sympathy be the beginning of all sympathy, the ultimate analysis of all progress, moral or material, it must be as a stone cast into a pond: from it in concentric circles develops all morality. Let us consider first the pond, and then the widening circles of morality. Picture the life alike of ape-like man and man-like ape, not idle in the Garden of Eden, but fighting for life in the primal forest; running for his life from the larger beasts, hunting the smaller when his own was not in immediate danger; gregarious to the extent of about twenty in the family, regarding as hostile every other living thing; always suspicious, always regarded with suspicion; always in danger, always a source of danger; watching and watched, he depends upon twenty and twenty depend upon him; life is alternate fight and flight, because he does unto others just as little good as he expects them to do unto him. Is it any wonder that he died young, eaten the moment he passed the zenith of his strength? Is it any wonder that we have never found the bone of primal man or animal which showed one sign of senility? That is the pond into which the stone of sympathy is cast. Let us note, first, how the stone deepens, and then how the circles widen. Like the stone in the pond, sympathy is first deep but narrow. Sir John Hawkins, the owner of the 700 ton slave ship "Jesus," was so sympathetic that he spent his whole fortune in founding Chatham Hospital; yet, in acquiring that fortune, he tore from their homes 300,000 negroes, and exchanged them for "hides, ginger, sugar, and pearls in the island of Hispaniola. Some, being oppressed with famine, died continually die, and they that were left grew into such weakness that it was only by God's grace we were enabled to barter them." His sympathy, although deep enough to found Chatham Hospital, was

just too narrow to cross the boundary line of colour. So it is with the savage, his sympathy, although deep enough toward his own family, is not wide enough to prevent him from spearing an outsider at sight. The sympathy of the barbarian is as wide as the tribe—the dozen families which have united for offence and defence against the world at large.

Let us note how the circles widen:

1. Sympathy is the basis of family life. While the mother is evolving from an egg depositor into a guardian the father is evolving from lust to love; his periodic outbursts of passion give place to life-long companionship. The swan, when once mated, keeps to his partner year in year out, until parted by death, and a man need do no less. The marriage tie becomes stronger, as the number of wives reduces from the casual "to every man a damsel or two" to one, and that for life. Even polygamy is an orderly system of reproduction, as opposed to promiscuous breeding. The children of a permanent union, no matter how many wives it may embrace, are brothers, whereas those of promiscuity are but animals of the same species.

2. Sympathy is the basis of religion. Fear may be the parent of the bended knee, but sympathy begot the doing unto others as you would that they should do unto you. The path of man is strewn with fallen faiths, like leaves in autumn. Zeus and Jupiter, Bael and Rimón, Thor and Wooden are past, but the sympathy which begat them is permanent. It was not man's religion which gave birth to his sympathy, but his sympathy which gave birth to his thousand religions.

3. Sympathy is the basis of law. Our statutes are but family rules, cultivated by the praise of what is useful and blame of what is harmful, until crystallised into sacred duties and codified as law. They are a statement of what, at some given time and at some given place, was considered the greatest good of the greatest number, and, when the environment which evolved them has changed, they become obsolete and pass from the statute book, thus the enactments of the nineteenth century do not always suit the politician of the twentieth.

4. Sympathy is the basis of society. There are two stages of social sympathy. The earliest is mere selfish co-operation. A shoal of herring numbers many thousands; when one, on the outer flank, sees a foe, it starts off; all are warned, and all are in instant flight. The foe, that one might fail to see, will surely be seen by one out of so large a shoal, for the eyes of each are the eyes of all. No advantage is given, but each takes what advantage he can from the company of all. The second is unselfish co-operation. Baboons, for instance, travel in large columns, which are led, flanked, and closed in by the males, while the young ride in safety on the shoulders of their mothers in the middle. If one wishes to overturn a stone to hunt for insects he calls others to his aid, that, by united effort, they may lift a rock far beyond the strength of a single individual. That is active co-operation. Gorillas post sentinels round the feeding band; that is division of labour. The sentinel who, on an empty stomach, will keep a good look-out while others feed must have a sound idea of the greatest good of the greatest number.

5. Sympathy is the basis of peace. From the old war of annihilation, the "Smite and utterly destroy, slay both man and woman, infant and suckling," *vid* the tormenting of captives "with saws and harrows of iron," *vid* Caesar selling

his captives as slaves to the present-day war of policy, the path has been steadily upward.

Three typical wars fought by English men on English ground show the evolution in history. Stephen and Matilda fought in the twelfth century. Gardiner, in his 'Students' England,' tells us that "Prisoners were hung up by the feet, while knotted cords were twisted round their heads until the brains gushed out. Lands were given wholly to fire and sword." Of the Wars of the Roses, in the fifteenth century, Green, in his 'Short History,' says "Land was not devastated, the mischief of war was upon those who made the war, the swashbuckler barons," of whom four fifths were eliminated by death, while peaceful men replenished the earth with peaceful children. The Cavaliers and Roundheads fought in the seventeenth century, and they fought for what they considered right, not for the sake of fighting. Surgeons were attached to the regiments, and tended alike the wounded of enemy and friend. There have been thirty-six kings of England: of the first eighteen nine perished by the sword, of the last eighteen only one has met a violent death.

While science has vastly increased man's power of destroying man, yet the actual proportion of the population who fell in battle during the nineteenth century was not one two-hundredth part of what it was in Caesar's Gallic wars. This is simply the effect of natural selection, which, in accord with Christ's precept that "those who take the sword shall perish by the sword," has, by the agency of war, eliminated those who made war by allowing, as all history shows, an average of but one third of those who went to war to return again from war. Surely evolution shows that bloodshed, as a world power, must cease, and is ceasing, for only through natural selection can the words of Isaiah come true that "Nation shall not rise up against nation, neither shall they learn war any more."

6. Sympathy is the basis of patriotism. It was not any intrinsic virtue of the Israelite, but the union of the twelve tribes into one nation, which gave the victory over the Amorite and the Moabite. The law of sympathy has been the law of progress, in both public and private life, and the connection is obvious, for a good father cannot well be a bad citizen. Sympathy will widen out until man learn that he is a citizen of the world, and that patriotism is not merely hatred of any particular foreigner whom the daily paper may instruct him to hate. Thus unbroken do the circles widen from parental care to modern morality, from codfish to cabinet minister.

Recall again the world-old formula of natural selection; the useful survives, all else is lost. Has our parental sympathy, our moral instinct, been of use to us? If it had not been so we should have left it where we left the power to prick up our ears. Primitive man was almost an individualist; he lived for self and family alone. Which primal man survived? Surely he who best looked after the succeeding generation, not merely the bodily, but the mentally and morally fit, he with sufficient sympathy to hold fast by wife and child, by family and tribe. He who lived for others was helped by others.

It is a parody of evolution to say that "He should take who has the power, and he shall keep who can"; such a statement leaves all the lemon out of its lemonade. He who kept was not merely he who had the power, but he who best used the power.

Further, the upright mind is of greater use than the upright body, both of which attitudes came equally under the sway of nature's selective power. The erect attitude enables man to hurl a stone at his enemy and dodge him at the same time, to combine fight with flight, an advantage of which considerable use was made in a recent war. The ape must stop still and steady himself before he can aim or strike, the man can do both as he runs. The upright mind is of much more permanent effect. Darwin had an amiable Terra-del-Fuegian friend, who, when his son dropped a fish, took him up by the heels and dashed out his brains on the rocks. Did his lack of sympathy do much to strengthen his line of descent? Which is the more likely to found a family, this man or some more sympathetic savage, who, in the kindness of his heart, would, under like provocation, have simply broken a few of his erring son's ribs?

To-day the bodily is not half so important as the mental evolution. We cannot compete with the deer in speed or with the lion in strength, but from the moment that the first spear was fashioned man has been the master of both. Natural selection affects our bodies little now; it is concentrated upon our minds. The man who makes his mark upon the twentieth century must do it with his brain, not with his arm. Natural selection ceased to have full power over man on the day that man began to control his environment, to be the master of his surroundings. If the temperature fell animals were compelled to migrate southward, or slowly to evolve a warmer coat; man procured his warmer coat, there and then, from the back of his brother beast. The animal is the sport of his environment, the man is its master exactly in proportion as he has eaten of the tree of knowledge. He who first sharpened a flint with which to smash in the brain of a foe was fitter than that foe. He who, to-day, applies his money where it will do most good is fitter than he who squanders it. The fittest in the mental, political, financial arena is still he who best commands artificial means to guide and control the primal forces of nature, but education has taken the place of the sharpened flint in the fight for life. The same nature which selected the social savage from his individualistic neighbour is now selecting universal man from his merely civilised neighbour. Every invention which holds the field to-day is one which, in some way, tends to break down the limits of time and space, which tends both to socialism and to sociability. The microscope and the telescope break down space in opposite directions, the telegraph and the telephone break down time, and they have done more to promote the *entente cordiale* than the whole corps diplomatique of England and France combined.

The long history of the evolution of morality is like a rosary. The beads are the successive ideals of right and wrong, and, as each is lived and its use is over, it is passed down by the fingers. The fingers are those of the hand of natural selection, but the thread on which the beads are strung is love.

To the writer, personally, evolution is as a gospel, a bringer of good news. To him it announces the rise as opposed to the fall of man. To him it seems more noble to have fought through ages stone and ages bronze, love conquering lust, brain conquering beast, from brute to brother. He turns from the old "creation and fall" to the new "evolution and rise" of man, from the origin of evil to the origin of good.

Hospital, he is still investigating strange foreign diseases of the skin. Mr. Morrant Baker next took the department from 1875 to 1881. He became a well-known dermatologist, and made many contributions to the literature of the subject. The skin cases were then seen on one afternoon in the week in the small room next the dispensary, at the women's end of the surgery. Clinical assistants were not officially recognised, but Dr. Stowers worked constantly as Mr. Baker's assistant, and the late Dr. Thin did much microscopical work. When Mr. Baker resigned Dr. Wickham Legg took his place, from 1882 to 1884. Since that date the successive heads of the department have been as follows:—Mr. Cripps, from 1885 to 1891; Dr. West, from 1892 to 1898; Dr. Ormerod, from 1899 to the present time.

The time and place for seeing the "skins" were altered (we think it was during Dr. West's time) from the surgery to the medical out-patient room, and from the afternoon to 9 a.m. on Tuesdays; and insufficient though this room was in many ways it nevertheless enjoyed the great advantage of a good light, the one essential for seeing skin diseases. In 1900 or thereabouts another morning per week was added; so that now women and children are seen on Tuesdays at 9 a.m., and men on Fridays at 9 a.m. This separation of the sexes has been a great convenience to all concerned; but increased facilities seem to have brought more patients, for the books show their numbers to have increased considerably.

A few years ago, in February, 1901, the Medical Council took all the special departments into consideration, and resolved that clinical lectures or demonstrations should be given in the various subjects at fixed times; so that now in addition to the out-patient work, clinical lectures are given twice in each term on diseases of the skin, at 1 o'clock on Mondays, in the medical theatre. They generally deal with common subjects, such as can be well illustrated by cases actually under treatment, and of a kind likely to be useful to those students who have not time to "clerk" in the skin department.

Subsequently the Medical Council very wisely resolved to recognise officially the assistance given by qualified men to the heads of the special departments, and instituted the titles of "chief assistant" and "clinical assistant." The chief assistants in the skin department so far have been Dr. Horder, Dr. Thursfield, and Dr. Howell. Dr. Horder still continues as chief assistant, and Mr. J. E. R. Macdonagh is clinical assistant.

So much then for the history and the *personnel* of the skin department. But what sort of a clinical *menu* is provided there? It must be admitted that the dishes are of the plain and wholesome kind, little in the way of rarities, much of common things. This perhaps is for the best. The student who knows all about Darier's disease, or Kaposi's disease, or pemphigus vegetans, but who cannot

recognise a ringworm of the scalp, is not likely to make a desirable general practitioner. At any rate eczema, psoriasis, seborrhoeic dermatitis, alopecia, may be seen *ad libitum* in the skin department. Ringworm comes in tidal waves, which presumably are determined by the meeting of the Board schools. Lupus seems to find its way more frequently to the surgical and electrical departments than to the skin department. Of tertiary syphilitic lesions there are a fair proportion, but of the secondary syphilides there is a strange scarcity. From the student's point of view this is greatly to be regretted; but whenever appeal is made to the casualty authorities to send more of them, the reply is that they are rare even in the surgery. Some other diseases, as, for example, lichen planus, which are neither very rare nor very common, are less frequent in the skin department than one would have expected *a priori*.

All the special departments are looking forward to the golden days when each shall have its special rooms in the new block which is now arising, and this department no less than the others. An additional day may then be provided, which is at present impossible. More too may be done towards giving immediate local treatment, and more perhaps towards the microscopical investigation of disease, which is at present limited mainly to the staining and demonstration of ringworm fungi. Such work is difficult when the room has to be swept and garnished by a given time for another set of out-patients. Perhaps too it will be worth while to try the experiment of letting patients come directly to the skin department, from the street so to speak, without passing through the surgery stage.

We do not under-estimate the value of the filtration process that goes on in the surgery, nor the time and trouble that is spent upon it, but we imagine that many patients, when they are given a yellow card and told to come again, never do so. Perhaps some day special wards may be provided for the treatment of skin cases within the Hospital, as was originally done for ophthalmic cases. But this goes beyond the provisions of the new Out-patient Block, welcome though these will be.

Recent Additions to the Library.

- Industrial Efficiency: a comparative Study of Industrial Life in England, Germany, and America (two vols.) By Arthur Shadwell, M.D.
- A Treatise on Comparative Embryology (First Edition). By Francis M. Balfour, F.R.S.
- The Clinical Journal, vols. i to xxiv.
- The Medical Review, vols. i to v.
- The London Medical Recorder, 1879 to 1891.
- Modern Surgical Technique in its Relation to Operations and Wound Treatment. By C. Yelverton Pearson, M.D., F.R.C.S.
- De curtorum chirurgia per insitionem, libri duo. Venetis, 1597, folio. By Gaspar Taliacotius.

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.

- Abraham, F. S., M.D., F.R.C.S.I. "An Address on Psoriasis and its Treatment," *British Med. Journal*, April 14th, 1906.
- Adamson, H. G., M.D., M.R.C.P. "On Cases of Hydroa Æstivale of mild type: their Relationship with Hutchinson's 'Summer Prurigo,' and with 'Hydroa Vacciniforme' of Bazin," *British Journal of Dermatology*, April, 1906.
- Andrews, F. W., M.D., F.R.C.P. "A Case of Acute Meningococcal Septicæmia," *Lancet*, April 28th, 1906.
- Armit, H. W., M.R.C.S. "The Quantitative Estimation of Small Quantities of Nickel in Organic Substances," *Proceedings of The Royal Society*, April 12th, 1906.
- Atkinson, S. B., M.B. "Hereditiy and Affiliation," *Edinburgh Medical Journal*, April, 1906.
- Atkinson, S. B., M.B. "Concerning Stillborn Children," *Nursing Notes*, April, 1906.
- Carl, S. W., M.D., M.R.C.P. The Arris and Gale Lecture on "The Arterial Pulse, its Physiology and Pathology," *Lancet*, April 21st, 1906.
- Duckworth, Sir Dyer, F.R.C.P. "The Effect of Diet on Chronic Heart Disease and Diseases of the Circulatory System," *Practitioner*, April, 1906.
- Eddowes, A., M.D., M.R.C.P. "Notes upon the Management of Skin Diseases," *Medical Magazine*, January, 1906.
- Eve, F., F.R.C.S. "A Clinical Lecture on the Surgical Treatment of Gastroptosis, with an account of Five Cases," *British Med. Journal*, April 7th, 1906.
- Frazer, J. E. S., F.R.C.S. "On some Minor Markings on Bones," *Journal of Anatomy and Physiology*, April, 1906.
- Grant, J. Dundas, M.D., F.R.C.S. "A Case of Thrombo-Phlebitis of the Jugular Bulb and Cerebellar Abscess," *Journal of Laryngology*, March, 1906.
- Grant, Dundas, M.D., F.R.C.S. "Two Cases of Otitic Lateral Sinus Phlebitis, one complicated with Cerebellar Abscess," *Lancet*, April 14th, 1906.
- Griffith, W. S. A., F.R.C.P., F.R.C.S., and Herringham, W. P., M.D., F.R.C.P. "A Case of Necrosis of the Entire Renal Cortex of both Kidneys, together with Thrombosis of all the Cortical Arteries, occurring in the Puerperal State," *Journal of Pathology*, March, 1906.
- Habershon, S. H., F.R.C.P. "The Dietetic Treatment of Dyspepsia and Diseases of the Stomach," *Practitioner*, April, 1906.
- Hewetson, J. T., M.D., F.R.C.S. "Remarks on a Case of Large Ovarian Cystoma with Twisted Pedicle, complicated by Suppurative Appendicitis," *British Med. Journal*, April 7th, 1906.
- Hutchens, H. J., D.S.O., D.P.H. "Diphtheria: its Prevention and Treatment," *Public Health*, March, 1906.
- Keeley, C. R. B., F.R.C.S. "On Appendicotomy and on Appendicotomy as a substitute for Cecal Colotomy: Appendicotomy and Enterostomy in the Treatment of Typhoid Fever," *Lancet*, April 14th, 1906.
- Knobel, W. B., M.D. "On the Etiology of Asylum Dysentery," *Journal of Mental Science*, April, 1906.
- Lucas, A., F.R.C.S. "Remarks on some Cases of Intestinal Resection," *Birmingham Medical Review*.
- Power, D'Arcy, F.R.C.S. "A Paper on Recent Advances in the Surgery of the Blood-vessels." Read before the section of Surgery, Congress of Medicine, at Lisbon. *Lancet*, April 28th, 1906.
- Power, D'Arcy, F.R.C.S. "The Diagnosis and Treatment of Cancer of the Large Intestine," *Medical Magazine*, April, 1906.
- Ross, R. C. B., F.R.S. "Notes on the Parasites of Mosquitoes found in India between 1895 and 1899," *Journal of Hygiene*, April, 1906.
- Thursfield, H., M.D. "A Clinical Lecture on Enuresis and its Treatment," *British Medical Journal*, April 21st, 1906.
- West, Samuel, M.D., F.R.C.P. "Some Points in the Treatment of Chronic Bright's Disease," *Lancet*, April 14th, 1906.
- Whiteford, C. H. "A Case of Epithelioma of the Tongue in a Young Woman," *Bristol Med. Chir. Journ.*, March, 1906.
- Wrangham, W. "Pneumococic Arthritis," *British Medical Journal*, April 21st, 1906.

The Anatomical Museum.

By LOUIS B. RAWLING, F.R.C.S.



ESS than ten years ago the student of anatomy was seldom disappointed in his desire to secure a "part" to himself, and the supply was sometimes even greater than the demand. This abundance of material was obviously of great benefit to the dissector, as it enabled him to exercise his skill unfettered by the exertions, not infrequently misplaced, of one or more energetic colleagues. The demonstrators were also able to choose a subject on which to demonstrate some particular region without in any way interfering with the work of an individual. They also were afforded opportunities of showing their own skill in regional and special dissections, an opportunity which was readily seized, as is evidenced by the numerous excellent dissections which have been handed on to the present generation.

All these dissections were transferred on completion to the Pathological Museum, not massed together in such a way that any particular specimen could be rapidly identified, but scattered here and there according as space permitted. The many disadvantages of such an arrangement were very apparent, but the demands of the rapidly-developing science of pathology were imperious, and the anatomical specimens were even more crowded-out, whilst many of the preparations began to show the inevitable signs of neglect.

The time had therefore arrived when necessity demanded the institution of a special Anatomical Museum. The early student of anatomy would then be able to see what his predecessors had done, and to what a state of excellence he himself might attain, the more advanced student would appreciate fully the value and use of the specimens, whilst the fully-developed student would be enabled to refresh a mind which, in the eager pursuit of medical and surgical knowledge, had suffered correspondingly in anatomical data.

The specimens were therefore transferred to the Anatomical Department, sorted, and arranged in the galleries of the Dissecting Room, of easy access to the student, and of ready transference, by means of a hand lift, to the lecture theatres.

We now have a museum which is worthy of the high traditions of the Anatomical Department.

The accompanying plan will demonstrate the general arrangement. The old method of enumeration has been adhered to whenever possible, but some alterations and numerous additions will necessitate the publication of a new catalogue. This will be issued as soon as completed.

An examination of the specimens will soon reveal how deeply we are indebted to the late Mr. Luther Holden, to Mr. Harrison Cripps, to the late Mr. Walsham, to Mr. C. B. Lockwood, and others, all of whom subsequently

achieved a great surgical reputation. This fact alone should urge the younger men to follow strenuously in their footsteps, and add to the collection. Certain regions of the body are well represented, but the anatomy of the brain, the neck, the lungs, the rectum, and of certain of the abdominal viscera is inadequately exemplified.

The Senior Demonstrator of Anatomy will therefore be only too pleased to receive aid in the filling up of the various gaps.

FAMILY HÆMATURIA.

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

SIR,—It may be well to record in your columns the state of the three children whose condition was described by Dr. W. II. Atlee in your issue of December, 1901.

They came under my notice at the North-eastern Hospital for Children in December last, and appeared to be much in the same state after the four years, except that, as far as could be ascertained, the albumen and blood seemed to have increased. The albumen was in excess of that necessary to hæmaturia, and at times was alone present. Any small ailment produced an exacerbation with a rise of temperature for a few days, but their general health was very good.

The only further fact that I gleaned, not already reported, was that the mother stated they all commenced this infirmity with an attack of chicken-pox when they were not vaccinated (only one has ever been vaccinated). The pock marks seen were more probably due to varicella than variola as far as appearances go.

Wright's index of excretion was normal, and they gave no response to the calcium chloride treatment.

Unfortunately an attack of scarlet fever removed them from my observation, but I hope to recover the chance of further noting these cases.

SHEFFIELD NEAVE.

NOTE.—The chief points in the cases, as described in the *JOURNAL*, vol. ix, p. 41, are as follows:

Three sisters, aged 4½, 5½, 2 years 4 months respectively, were admitted to the Metropolitan Hospital with recurrent hæmaturia, of which no definite cause was discovered. Their father had died, aged 39 years, of uræmia.

The first case, aged 4½, had suffered from one previous attack of hæmaturia; had been subject to fits since 11 months old. There was no history of scarlet fever. She was a perfectly healthy child, except for the condition of the urine, which was smoky and contained granular and blood casts, but no crystals. She was readmitted four months later for a recurrence of hæmaturia following frequent attacks of vomiting and one fit. She was feverish and had some bronchitis, but soon improved. Six weeks later the hæmaturia recurred with a slight febrile attack. The blood decreased to a mere trace before she left hospital.

The second case, aged 5½ years, was admitted after four days' malaise. She was feverish and had some bronchitis, but was in other respects perfectly healthy, except for hæmaturia. This disappeared in two weeks, but a trace of albumen was present, and was found five months later.

The third case, aged 2 years 4 months, was admitted with a slight febrile attack following frequent vomiting and one convulsion. The urine contained a cloud of albumen, but no blood.—EDITOR.

Medical Consultations.

N April 5th, 1906, Dr. Norman Moore showed two cases.

The first was a man aged 25 years who, at the end of January this year, had an attack of influenza, followed on February 1st by a sore throat.

On February 2nd he noticed he was shaky on his legs, and, getting worse, was admitted on March 5th to Mark Ward.

He then had tabetic gait, his knee-jerks were absent, and he showed somewhat similar signs in his arms.

His throat was examined, and a slough was seen on one tonsil, the cultures, however, showed no diphtheria bacilli.

Since that time he has got steadily worse, and is now unable to stand. The pupils react normally to light and accommodation. His speech has not been noticeably affected. No reflexes are obtained in his limbs, he has slight footdrop on the left side. The electrical reactions of his muscles are unchanged. He has never had any affection of his sphincters.

Sensation is apparently slightly impaired, but his thermal sense is not altered. The cerebro-spinal fluid showed no lymphocytosis.

Dr. Tooth said it was a very difficult case for off-hand diagnosis; but that, on the whole, he was inclined to regard it as an unusual case of tabes dorsalis—unusual, in view of the absence of pupillary and other cardinal signs, in its rapid progress, and in its patchy distribution.

Dr. Herringham looked on it as a peripheral nerve lesion; he was not inclined to diagnose tabes, owing to the absence of most of the classical signs and symptoms, and the absence of any bladder or rectal symptoms.

Dr. Ormerod said that, as in recovery from peripheral neuritis some patients passed through a stage of absolute helplessness to an ataxic condition, he did not see any reason why in the onset of peripheral neuritis the same stages should not be gone through in the reverse order. He thought it was probably a case of peripheral neuritis and gave a fairly good prognosis.

Dr. Moore, in summing up, said that Ferrier laid great stress on the increased number of lymphocytes in the cerebro-spinal fluid in tabes. Seeing that there was no lymphocytosis in this case, he would adopt the diagnosis of peripheral neuritis.

Dr. Norman Moore's second case was a man, aged 39 years, who had the following history:

Three years ago he had had difficulty in swallowing solids. This became worse, and in December, 1905, he gave up attempting to swallow solid food.

On January 9th, 1906, he was admitted, and his condition was as follows:

Laryngoscopic examination showed nothing abnormal, and no sign of tumour was found on examination of his chest. When he swallowed liquids they apparently stopped at the level of the cricoid cartilage till something like eructation occurred, when they went on, and were heard to enter the stomach three seconds after he was told to swallow. Mr. Harmer tried to pass an œsophageal bougie, but failed until the patient was under a general anæsthetic,

when 26, 29, and 35 passed easily into the stomach. After this the patient was able to swallow finely divided solids with fair ease, and he was discharged much relieved.

On February 14th he again came to the Hospital with the same complaint.

Examination of the chest revealed no sign of tumour. Under electrical treatment he improved slightly. He had lost flesh on readmission, but with careful feeding had picked up considerably.

Dr. Moore said the possibility of an œsophageal diverticulum had entered his mind, but he regarded it as improbable as the bougies passed easily into the stomach, and no *débris* had ever come up after the patient had his food.

Dr. Herringham recalled a similar case in a younger man, in which again a bougie was easily passed under a general anæsthetic, though it could not be passed without one. He considered the diagnosis lay between nervous spasm and a diverticulum. Against the latter was the fact that there had no been return of *débris* of any kind. A new growth he considered out of court, in view of the long history of the case.

Dr. Ormerod had no other hypothesis to suggest, and brought to mind the case of an official of the hospital who had a similar history, and made a good recovery.

Dr. Moore said he had heard Sir James Paget mention such cases, which in the pre-anæsthetic days had proved fatal. He should regard it as a nervous spasm of the œsophagus, owing to its disappearance under general anæsthesia.

The third case was one shown by Dr. Ormerod—a man of 46, a ship's carpenter, who had been abroad a great deal.

He had suffered from yellow fever, enteric fever, and malarial fever—the last twelve months ago and several times since.

He came up with a history of abdominal pain and hæmatemesis.

On examination he had a very dark skin, with many light coloured spots on it, and marked enlargement of the spleen. As regards the condition of his skin, the patient said he was by nature very fair, and that the light patches were natural and the dark parts unnatural; an opinion from which Dr. Ormerod begged to differ diametrically.

If the pigmentation were not natural, Dr. Ormerod said it might be due to Addison's disease, or to arsenic poisoning, of neither of which was there any other sign; so that he was inclined to regard the light patches as pathological, probably "leukoderma" or "vitelligo."

The patient's blood showed no abnormal changes.

Since admission he had an attack of erysipelas of unknown origin.

Dr. Herringham suggested that the case might be one of Banti's disease in view of the large spleen, small liver, and bronzing of the skin. He had never seen a case, and from his reading would consider that the man was not sufficiently ill for this to be the case.

Dr. Moore regarded the enlargement of the spleen to be out of proportion to the smallness of the liver for a case of cirrhosis, against which also was the absence of any ascites and of any advanced wasting, though the hæmatemesis would fit in well with such a diagnosis. In view of his past history he should regard the marked splenic enlargement as mainly due to repeated attacks of malaria, combined with a slight degree of fibrosis of the liver. The pigmentation of the skin, he thought, might be due to long residence in hot climates, and quoted a case in which a man with fair hair had come home with dark hair after twenty years in Central Africa.

On April 26th Dr. Norman Moore brought a case of right partial hemiplegia in a boy æt. 15, whom he had previously shown at consultations on March 1st. An account of the case was given in the last issue of the JOURNAL. The administration of Potassium Iodide had been continued and the improvement in the boy's condition was maintained. The only sign of paralysis was weakness of the extensor muscles of the right foot. The swelling of the right optic disc was diminished by half, while the left disc was normal. The knee-jerk on the right side was increased, and ankle-clonus was present. The left leg was natural.

Second case.—Boy, æt. 17, from Colston Ward, was shown by Dr. Herringham.

History.—No fits or convulsions till four years ago, when he fell. Patient then had a fall when playing football, and cut his head on the left side against an iron post. Five months later he had the first fit, and has had them frequently ever since.

The fits have been carefully observed, and involve the body in this order:—1, right side of face; 2, drawing up right shoulder; 3, movement in right leg. Patient is often thrown down by the movements, but it is questionable if he has ever lost consciousness in the fits, as he has never hurt himself nor passed his urine in a fit. There is apparently no paralysis following fits, which are of varying intensity, but do not occur at night. The limbs are natural—plantar reflex flexor.

Dr. Herringham raised the questions of the nature of the fits and of surgical operation:—1. What was the lesion, if any, whether of nature of hæmatoma or of injury to inner table of skull; 2, or whether it was a case of idiopathic epilepsy?

Dr. Drysdale took the view of idiopathic epilepsy. As the "aura" occurred in the foot he would suggest trephining over "leg area." He remembered a similar case when nothing was found at operation, but good effect followed.

Dr. Morley Fletcher thought there was no lesion. He would like a more detailed past and family history. The patient had a low type of face, and was probably mentally defective. He regarded the fits as functional rather than epileptic. (By Dr. Herringham.—His character has changed since accident so much that he has attempted suicide.)

Dr. Tooth agreed with Dr. Fletcher's opinion as to character and mental powers of patient. But he regarded the fits as cortical. After much experience of epilepsy he was opposed to operation in such cases, except after prolonged observation. The accident he thought was a "red herring across the trail." He recommended keeping patient under observation for some time, with bromide treatment.

Dr. Moore thought the accident had nothing to do with the fits, as the immediate effects of the accident were apparently quite trifling. In view of the facies and history of attempted suicide he would regard patient as an epileptic. He remembered a patient with similar history who, after prolonged treatment, was operated on by the late Mr. Walsham. Nothing definite was found and the boy was without fits for two years. The fits, however, recurred then. He was not for operating till the patient had been under observation for a long time.

Dr. Herringham, in view of the doubt as to nature of fits, would not recommend patient to be operated upon, anyhow for the present.

The Clubs.

RUGBY FOOTBALL CLUB.

The season of 1905—1906 will always be recalled as one of little success as far as results show, although in many ways it was enjoyable, as many good games were played.

The most meritorious wins were against the Marlborough Nomads by 10 pts. to 5, the London Irish by 12 pts. to *nil*, and the results on both occasions showed what could be done if a full side could always be obtained. Good games were also played against Northampton (17 6), Old Leysians, Lennox, and Bedford.

The 2nd XV had better results than the 1st XV, but suffered through the constant changes in the composition of the team. Considerable keenness was noticeable, and the standard of play was better than in former years.

Both the teams were beaten by Guy's in the Cup Ties, the 1st XV losing by 6 pts. to *nil*, and the 2nd XV after playing two drawn games.

If the keenness is maintained, and some freshmen of ability can be discovered, there is no reason why the Hospital should not have a good side next season, and be rewarded with more success.

HOCKEY CLUB.

In reviewing the past season two features are rather striking. First, the number of drawn games, six out of the twenty games played. *Second*, the loss of the last four matches. There was a decided falling off in the play of the side after the Cup Ties were finished. The best performances were against the Berkshire Gentlemen, when, with only ten men, we lost by the odd goal, and Enfield, whom we defeated by one goal with a much weakened side.

Our Cup Tie misfortunes were most lamentable, drawing with St. Thomas, who eventually won the cup, and being beaten on the replay by 4 goals to 3 without our captain, G. F. Page.

Of the players themselves, G. F. Page has been conspicuous in most of the matches and has improved on his form of last year. L. L. Phillips played many fine games at full back and has improved immensely in reliability and in his power of stopping the opposing forwards. His good work and all-round keenness has done much to make the club as popular as it is.

The forwards are still very weak in front of goal, more dash being necessary to win matches.

Sylvester showed good form at times, but Lewis was not up to his form of last year.

The record of the season is—Played 20, won 7, lost 7, drawn 6.

CRICKET CLUB.

President—W. D. Harmer, Esq., F.R.C.S.

Capt. 1st XI.—W. B. Griffin.

Hon. Secs. 1st XI.—G. Viner, C. Noon.

Capt. 2nd XI.—B. A. Keats.

Hon. Sec. 2nd XI.—E. N. Snowden.

Committee—Messrs. Page, De Verteuil, Symes, Gaskell.

It is impossible to prophesy, in cricket of all games, what sort of a team we shall have this year; on paper it looks good enough, but many men do not find their old form till late in the season. We have suffered a terrible loss in losing two such fine cricketers as G. F. Page and P. R. Parkinson, and it is to be feared that our bowling will be the weak spot unless there is talent to be found among the freshmen. Mr. W. B. Griffin will captain the eleven, and we hope to see him full of centuries this year. It is hoped that a large number of men will be seen practising in the new nets at Winchmore Hill this summer.

We are drawn against St. Thomas's in the first round of the Inter-Hospital Cup Ties.

CLUB FIXTURES FOR MAY.

May 5th.—Cricket Club v. Wanderers, at Winchmore Hill.

Tennis Club v.

„ 12th.—Cricket Club v. Virginia Water, at Virginia Water.

Tennis Club v.

„ 16th.—Water Polo Club v. H.A.C., at St. George's Baths.

May 19th.—Cricket Club v. Royal Veterinary College, at Winchmore Hill.

Tennis Club v.

„ 26th.—Cricket Club v. Southgate, at Southgate.

Tennis Club v.

„ 28th.—Water Polo Club v. H.A.C., at Holborn Baths.

„ 30th.—Cricket Club v. Enfield, at Winchmore Hill.

Water Polo v. Artists' S.C., at Marylebone Baths.

PAST AND PRESENT MATCH.

The annual cricket and tennis matches will be played at Winchmore Hill on June 20th.

Will all who wish to play for the Past in the cricket match send their names to H. E. G. Boyle, 50, Welbeck Street, W., as soon as possible.

It is hoped that a large number of men will take the opportunity of visiting Winchmore Hill and making the day a success.

SWIMMING CLUB.

The officers elected for the coming season are:

Capt.—F. C. Trappell.

Hon. Sec.—S. Dixon.

The Water Polo team will greatly feel the loss of C. F. O. White who captained the team of 1905 with such good judgment.

It is as yet difficult to judge the merit of swimmers as polo players. J. R. B. Dobson, A. Ferguson, and R. L. E. Downer already have some knowledge of the game, and there is good material in the freshmen who are taking part in the practices with keenness. Of last year's team, beside the captain and secretary, there are H. V. Capon, A. C. Ryland and H. B. Folliot, all of whom are to be relied upon.

The practices are held at the Holborn Baths, in Broad Street, on Mondays, Wednesdays, and Fridays, and the "home" matches are played there on Mondays. With such good prospects, and keen competition for the remaining places in the team the season should be a successful one.

The fixture list includes matches with the Otter, Cambridge University and Ealing Swimming Clubs.

The inter-hospital cup ties will take place in June, Bart.'s meeting Charing Cross in the Water Polo Competition and Westminster in the Team Race.

Obituary.

SIR CHARLES BUCKWORTH-HERNE-SOAME,
J.P., M.R.C.S., L.S.A.

SIR CHARLES BUCKWORTH-HERNE-SOAME died at his house at Dawley, in Shropshire, on March 25th. He was the son of Mr. Charles Buckworth-Herne-Soame, and was born in 1830. He obtained his professional education at St. Bartholomew's Hospital, qualifying as M.R.C.S. Eng., and L.S.A., in 1854. He was for a time surgeon to the 3rd Battalion Bedfordshire Regiment, and then practised at Dawley until recently. In 1888 he succeeded his uncle as ninth baronet. Sir Charles was a member of the Shropshire County Council from its formation until the last election, and he was also a magistrate for the county and a commissioner of taxes. In 1855 he married Mary, daughter of Mr. Richard Fellows Procter, of Iron Bridge, Shropshire, and by her, who died in 1893, he leaves one son and two daughters.

Correspondence.

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

THE MOTOR CAR FOR THE PROFESSIONAL MAN.

DEAR SIR.—In the March issue of your most useful and estimable JOURNAL you published an article by a gentleman on the above subject, who was, I venture to say, rather more prejudiced in favour of that subject than it perhaps deserves.

It is impossible for us all as prescribers, and particularly country practitioners, not to look forward with pleasure to the time when our dreadful daily journeying may become a pleasure, and our delusory and slow search for wealth become quickened and actual by increased facilities of transport. Our consequent success, owing to our being the man most likely to be on the spot the quickest, opens up the vista of retirement at an age hitherto undreamt of.

But as to the facts of the case, what have they to say? In your correspondent's case they say that transport with a motor car is easier, quicker, more pleasurable, and more profitable.

What do they say in my case? That these things are not; and for a very simple reason, namely, that our climate gives us, on the average, only four months' dry roads to eight months wet per annum. In those four months I will agree most cordially with all your correspondent says, but of the rest he, all unconscious, lies. And with this soft impeachment, I would own to him that I am as keen an automobilist as he; but, with all my keenness, I am firmly convinced that for the general run of country practitioners, poor as they are, motors are a snare—pleasant and expensive. To obtain a car, of at least nine-horse power, £250 is the lowest sum as output. To keep up the car £150 is the lowest sum possible, for no medical man is going to look entirely after the works of the car himself, although I would go so far as to say he always thinks so until he has one. He will probably retain the same coachman, at the same wage; firstly, because he is used to him as a companion on his rounds, and, secondly, because the coachman knows the patients' houses, etc., in case a *locum* is necessary. And there is more in the "firstly" than an outside person would think. Also, any coachman of average ability, if he is conscientious, and that he is follows from his being retained, will make an excellent mechanician with three weeks' training by a good man from the works, and he will soon out of the owner from having anything to do with a car but driving.

This part of the world—Norfolk—is noted for the excellence of its roads, and, to keep up that well-maintained reputation, the country roads are thickly covered with flints, and kept so during the months of November, December, and January, and it is this, combined with the wet weather, and the side roads one is always using, that makes the car useless to a country practitioner during that busiest time of the year.

What happens when one drives a nine-horse power car along one of these roads in December, say against a prevailing head wind? One goes the same pace as a country trap, one is on the alert all the time to avoid the stones, and is constantly on second speed, especially after passing carts, thus getting one set of wheels into deep mud, and last, but not least, tyres get punctured and ruined, bolts loosened, and the engine jarred.

I use solid tyres, De Nevers'; they are excellent, but they leave a woeful mark in the best patient's drive, turning on a wet day; and they sink into the meadow of the ordinary farmer's "drift-way" when doing the same thing.

And then another drawback—Hills! A patient lives at the bottom of a big hill, a little out of the way of the morning round, and it is raining! One is apt, if one is not very earnest, to leave him out of the list, knowing that the car must turn and pant, from a standing start, first speed up the hill again.

Your correspondent said that a car could go out when horses could not travel. Nonsense; there is no weather that horses cannot travel in, be it ice, snow, hail, or rain. If any of the last one can wait with the horse somewhere, and in the former case he is roughshod. The comparison between a horse and a car is simple enough in favour of the latter; but we are discussing the comparison between the two for the uses of private practice. Looking at my diary, I see I drove my car fifteen days in November, four days in December, and twenty days in January. There were many days when I would have been better advised not to use it. When I first had it new, a year ago, I had a great number of breakdowns, due to ignorance of the special make, 7—y Vauxhall; but since then I do not look for them nor have them. Despite this, I do not yet think that a car is the

best, surest, and cheapest method of locomotion for the medical man. The charm of motoring lies in a long run on a good road at a fair speed, and this, a series of fifteen visits two or three hundred yards apart from each other on bad roads, renders pathetic. The question of the length of life of a car is closely bound up with the using during bad weather, and the constant starting and changing of gears.

I also know one medical man who has entirely broken down after outlaying his all on a car, and its constant falling him in his work: almost a man's life. It is such a serious thing for a medical man to get stranded with his car. Even one such makes one pause in one's ecstasy over its merits, and I confess I have often been glad that I have a partner. Say an accumulator runs down, or some little thing like that! It is only a matter of five minutes changing the wires to another, but you have first to locate the cause, and even this at the end of a long round, with a full surgery to look forward to at the other end, does not benefit one's health or temper.

I believe that even the veriest fool would not favour driving horses because "there's nothing like a good horse." There isn't, and there never was, anything like one driven by a country doctor. If it was good when he bought it, five minutes' waiting with its head hanging down in the wet, waiting outside each house, soon makes it forget it. But, on the other hand, no one can say that a horse failed him on a round more than once a year; and I would go as far as to say that country doctors look after their horses, and use them better, than any other class of men. Two horses will outlast a car, and depreciate say twenty or thirty pounds, where a car will depreciate a hundred or more. Of course the car can go miles and miles further, but we are talking about the comparison of the two for business purposes.

And then the nonsense about the case of going out at night. "Nothing to do but open the motor house and start driving." One constantly hears this. Who is going at dead of night to see that the lamps are lighted; that there's water in the radiator, which has all been drained out because its freezing; that the petrol tank is full; and who turns the starting handle till the engine sees fit to start? Even with three cylinders like mine it takes some time with the temperature at zero!

I believe firmly that cars will one day come for all of us, but I am at present of the following mind.—That the ideal thing is to keep both horses and motor, using the former in bad weather and during the stormy months. That the next best thing is to keep a motor, and hire freely for the rest of the work; it costs a little more, but you get the added pleasure of car driving in fine weather. I myself keep my old trap and harness, and have an arrangement with a stable for the hiring of a horse night or day.

But for motor cars to oust horses for our general utility we want, of all, good roads, universal lighting of carts behind, increased facilities for repairs and petrol, and cheaper cars. The time is not yet. The side roads and the cost are too much against us.

I remain, dear Sir,


Yours truly,

EDGAR WHITAKER.

THE COTTAGE, DISS;
27th March, 1906.

The Lucky Pin.

A TRUE STORY WITH A MORAL.

 ONCE upon a time there was a very clever medical student. Just before the time of his examination a lady came to him with a small packet in her hand, and said, "Although I know you will get through your examination, yet I am going to give you a lucky pin to make assurance doubly sure."

So, when the clever student went to Lincoln's Inn Fields, he wore the pin in his tie, and was ploughed.

Feeling that he required a holiday, he went to Spain. Before he went on shore he again put on the lucky pin, and, as he walked about the streets of Algeiras, he was followed by a crowd of knavish fellows, who offered to show him all sorts of curious things that are not seen every day. When he was a little way out of the town the knavish fellows hustled him and demanded money, and one tried to take his pin, the lucky pin, whereupon the clever student inflicted a grievous injury on the would-be pin-stealer, so that he bit the dust. His fellow-knaves then fetched the police, and the clever student entered the police court.

But he had been there before, and knew. So he fumbled with a piece of paper money, and the magistrate said he might leave the court without a stain on his character, while the pin-stealer was put in prison.

Not being popular in Spain, our hero went to Gibraltar, across the bay, but forgot to take the lucky pin from out his tie.

After finding an hotel he went for a walk. "Oh," said the first policeman he met, "you can walk anywhere on the Rock you can get." So the clever student, who had walked up mountains before, climbed the rocks, and saw all sorts of funny things behind walls. And, as he wandered about picking flowers and listening to the birds singing, he was arrested.

The military policeman took him to the guard-room, and then to the "great man." The "great man" said "you are a spy, and must be tried."

So for the second time he was arraigned before the magistrates.

After he had been cross-questioned for an hour the "great man" said, "What did you see up there?" meaning the fortifications. "Disappearing guns," said the clever student. "How do you know they were disappearing guns?" roared the great man. "Because they had disappeared before I got there," said the would-be clever student.

Verdict—discharged with a caution.

Moral—beware of Lucky Pins.

Reviews.

ORGANOTHERAPY, or Treatment by means of Preparations of various Organs. H. BATTY SHAW, M.D., F.R.C.P. (Cassell & Company, Ltd., London, 1905, 6s.)

The great increase in the employment of organic extracts that has characterised the last decade has led to a literature that is extensive but scattered. For this reason we welcome Dr. Batty Shaw's book, which deals systematically with the physiology of the organs, from which the extracts are prepared, and the therapeutic action of those extracts. The work has been thoroughly and carefully done, so that the book will be found valuable and interesting. We rather regret that he has not given us more criticism of the results he has collected. Amid such a mass of facts the underlying principles might have been more insisted upon. Thus, he does not mention the fact that adrenalin produces the same effect on any

part as the stimulation of the sympathetic nerves to that part. This generalisation enables the effects of adrenalin to be easily remembered, and provides a principle for its use. On many points perhaps it would be premature to generalise, but we think Dr. Batty Shaw has gone rather to the other extreme. With this exception we have nothing but praise for the book, which makes another step in advance of the old "hair of the dog that bit him" method of organic therapy that is still too prevalent to-day. Heart muscle will not cure heart disease, nor will extract of brain cure insanity! As Cushing says, such things may be relegated to the realms of quackery. Only by an intelligent study of the active substances contained in organic extracts can advance in this subject be expected. The basis for such a study will be found in this book.

THE SCIENCE AND ART OF PRESCRIBING. By E. H. COLBECK, B.A., M.D., F.R.C.P., and ARNOLD CHAPLIN, B.A., M.D., F.R.C.P. (London: Henry Kimpton.) Price 3s. 6d. net.

In days when the art of prescription writing is in danger of being crowded out of the medical curriculum a handbook on the subject of prescribing is of great service. The second edition of the above work does not differ substantially in form from its predecessor. It supplies a concise and reliable guide to the art of prescribing, and contains much useful information concerning the preparations and dispensing of drugs. A useful addition to the book is a list of the better-known patent medicines with their chief ingredients.

Royal Army Medical Corps.

Lieutenant (on prob.) A. S. Williams is seconded whilst holding a resident civil appointment. * * *

The names of Lieutenants R. L. V. Foster, M.B., and M. G. Winder were published in Army Orders as having obtained a special certificate in the examination for promotion to rank of Captain. * * *

Lieutenant W. S. Nealar has embarked for India. On arrival in that country Lieutenant L. V. Thurston is posted to Mhow, and Lieutenant C. W. O'Brien to Peshawur. Lieutenant G. E. Cathcart has arrived home on leave. * * *

On arrival in South Africa, Major W. E. Hardy is posted to Pretoria. * * *

Twenty-two Bart.'s men, among whom were several of the resident staff, have joined the corps since it was re-organised in 1902. * * *

According to a recent Army list, the distribution of Bart.'s men now serving at home is as below; though minor changes may have taken place, as from headquarters of a district to outlying stations.

London District.—Major T. H. F. Clarkson (Tower of London); Major J. Girvin (Wellington Barracks); Major F. W. Begbie (Millbank); Capt. E. P. Sewell.

Aldershot.—Capts. A. L. Scott and F. G. Richards.

Netley.—Major N. Marder.

Woolwich.—Major J. H. Rivers.

Salisbury.—Lieut.-Col. J. M. Reid.

Portsmouth.—Lieut.-Col. J. G. Harwood.

Shorncliffe.—Lieut.-Col. W. H. Pinches.

Chichester.—Major E. M. Hassard.

Colchester.—Capt. H. N. Palmer.

Norwich.—Lieut. F. P. Nichols.

Chester.—Majors H. E. Smithson and H. Pearse.

York.—Lieut.-Col. S. Westcott, C. M. G.

Edinburgh.—Col. T. M. Corker and Capt. R. H. Lloyd.

Dublin.—Lieut.-Col. W. J. Baker.

R.A.M. College.—Capts. C. W. Mainprize and M. H. G. Fell; Lieut. (on prob.) F. W. M. Paine.

Half-pay.—Capt. J. T. Clapham.

Indian Medical Service.

Appointments—
Major R. Bird, M.S., F.R.C.S., C.I.E., is appointed to officiate as Professor of Surgery in the Medical College, Calcutta, and *ex-officio* Surgeon to the College Hospital.

Major A. G. Hendley is appointed to the civil medical charge of Sangor and to charge of Sangor District Gaol.

Capt. W. Selby, D.S.O., F.R.C.S., is appointed to the civil medical charge of Bareilly.

Capt. H. J. R. Twigg is appointed to the charge of Hyderabad Central Prison.

Capt. L. B. Scott, M.D., is appointed to the medical charge of the 8th Rajpoots.

Capt. F. P. Connor, F.R.C.S., is appointed to the medical charge of the 13th Rajpoots (the Shehahwati Regiment).

Capt. H. Whale, M.B., is appointed to officiating charge of the 25th Cavalry (Frontier Force).

Capt. G. E. Charles, M.B., is appointed to officiate as Professor of Anatomy in the Lahore Medical College.

Capt. F. N. White, M.B., is appointed "specialist" in "Fever" to the 7th Meerut Division.

Lieut. A. F. Hamilton, M.B., B.S., F.R.C.S., is appointed specialist in Surgery to the 6th (Poona) Division.

Lieut. A. D. White, M.B., B.S., is with consent of the military authorities appointed to the civil medical charge of Buscar.

Examinations.

CONJOINT BOARD.

- Physics*—C. Noon, H. Rimgton, W. R. Sadler.
- Elementary Biology*—C. N. Hunt, R. K. MacGregor, C. Noon, L. L. Satow.
- Practical Pharmacy*—F. J. Gordon, C. H. T. Ilott, T. H. V. King, F. W. O'Connor, E. L. Sturdee.
- Anatomy and Physiology*—F. J. Craddock, G. C. Gray, C. F. V. Kobbell, J. A. A. Kernahan, A. P. Phillips, R. G. Riches, D. M. Stone, L. F. K. Way, A. L. Weakley, K. Wolferstan, J. F. W. Wyer.

Appointments.

- ADAMS, G. D. D., M.B., B.Ch.(Oxon.), appointed Assistant Medical Officer to King Edward the Seventh's Sanatorium, Midhurst, Sussex.
- BARTON, B. H., M.R.C.S., L.R.C.P., appointed House Physician to the Royal Portsmouth Hospital, Portsmouth.
- DAVIS, F. H., L.F.P.S.(Glas.), has been appointed Certifying Surgeon under the Factory and Workshop Act for the Dawley District of the County of Salop.
- DUNCAN, E. H. G., L.R.C.S., L.R.C.P.(Edin.), L.F.P.S.(Glasgow), appointed House Surgeon to the Walthamstow Hospital.
- LEGG, T. P., F.R.C.S.(Eng.), appointed Assistant Surgeon to the Italian Hospital, London.
- RENDALL, S. S., M.R.C.S., L.R.C.P., appointed Assistant House Surgeon to the Salisbury Infirmary.
- RIDOUT, C. A. S., M.S.(Lond.), F.R.C.S.(Eng.), appointed Hon. Pathologist to the Royal Portsmouth Hospital.
- TOSSWILL, LEONARD ROBERT, appointed Surgeon-Lieutenant, 1st Devonshire and Somerset Royal Engineers (Vols.).

New Addresses.

A large number of new addresses are held over until the next issue of the JOURNAL.

Births.

- LADELL.—On April 17th, at 54, Canonbury Road, N., the wife of Ernest W. J. Ladell, M.B., of a son.
- LETCHWORTH.—On the 1st April, at Fairlight, 156, Parkwood Road, Bournemouth, E., the wife of T. W. Letchworth, B.A., M.B., M.R.C.S., L.R.C.P., of a son.
- STEPHENS.—On April 11th, at Seaforth House, Hoylake, Cheshire, the wife of J. W. W. Stephens, M.D., of a son.
- WARREN.—On April 15th, at 15, Lansdowne Crescent, W., the wife of Alfred C. Warren, M.A., M.R.C.S., L.R.C.P., of a son.

Marriages.

- ELLIS—WHEELER.—On the 13th April, at St. Jude's Church, Belfast, by the Rev. W. H. Davis, Henry Reginald Ellis, M.B., West African Medical Staff, second son of W. H. Ellis, of Shipley Hall, Yorkshire, to Isabel, second daughter of C. G. Wheeler, of South Parade, Belfast.
- HARMER—HEDLEY.—On the 5th April, at St. Hilda's, Middlesbrough, by the Rev. F. H. Stock, M.A. (Vicar of Middlesbrough), assisted by the Rev. G. Cobham, M.A. (Vicar of Guisborough), William Douglas, youngest son of Frederick William Harmer, of Cringleford, Norwich, to May (Mittie), elder daughter of John Hedley, M.D., of Cleveland Lodge, Middlesbrough.
At Home, 45, Weymouth Street, W., May 22nd, 23rd, 24th, and 25th. No cards.
- STREET—JOSEPH.—On the 18th April, at All Saints' Church, Norfolk Square, W., by the Rev. Turberville Evans, of Buckland Rectory, Dover, Alfred Francis Street, M.D. Univ. Camb., of Westgate-on-Sea, to Edith, daughter of the late N. Joseph, of 12, Cleveland Square, W.

Deaths.

- EVANS.—On March 28th, at Zanzibar, Wilfred F. Evans, M.R.C.S., L.R.C.P.
- SOAME.—On March 25th, at Dawley, in Shropshire, Sir Charles Buckworth-Herne-Soame, Bart., J.P., M.R.C.S., L.S.A., aged 76.
- SPACKMAN.—On April 21st, in London, Coniston Spackman, M.R.C.S., L.R.C.P., of Maldenhead, eldest son of the late Dr. Frederick Charles Spackman, of Faringdon, Berks, aged 46.

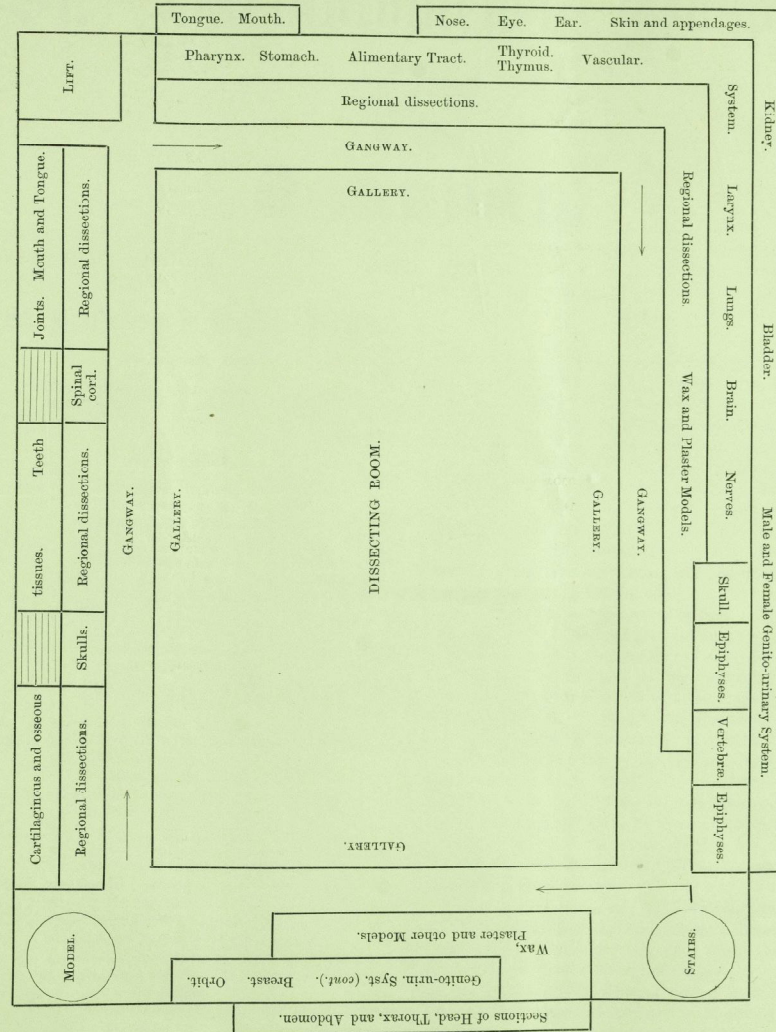
NOTICE.

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 ADVERTISING MANAGER, The Journal Office, 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.

PLAN OF THE NEW ANATOMICAL MUSEUM.



St. Bartholomew's Hospital



JOURNAL.

VOL. XIII.—No. 9.]

JUNE, 1906.

[PRICE SIXPENCE.]

St. Bartholomew's Hospital Journal,

JUNE 1st, 1906.

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

Calendar.

- Fri., June 1.—Dr. West and Mr. Bruce Clarke on duty.
Clinical Lecture, 1 p.m. Dr. Tooth.
- Mon., " 4.—Examination for Brackenbury Scholarship begins.
- Tues., " 5.—Dr. Ormerod and Mr. Bowlby on duty.
- Wed., " 6.—Clinical Lecture, 2.45 p.m. Mr. Bowlby.
- Fri., " 8.—Clinical Lecture, 1 p.m. Dr. Norman Moore.
Dr. Herringham and Mr. Lockwood on duty.
- Mon., " 11.—Special Lecture, 1 p.m. Mr. Cumberbatch. "A
Demonstration of the Complete Mastoid Operation
on the Cadaver, with a description of Cases
suitable for the Operation."
Cambridge 1st and 2nd M.B. Examinations begin.
- Tues., " 12.—Dr. Tooth and Mr. D'Arcy Power on duty.
- Wed., " 13.—Clinical Lecture, 2.45 p.m. Mr. Bowlby.
- Thurs., " 14.—Oxford 1st and 2nd M.B. Examinations begin.
- Fri., " 15.—Clinical Lecture, 1 p.m. Dr. West.
Dr. Moore and Mr. Cripps on duty.
- Mon., " 18.—Special Lecture, 1 p.m. Dr. Ormerod.
- Tues., " 19.—Dr. West and Mr. Bruce Clarke on duty.
- Wed., " 20.—Clinical Lecture, 2.45 p.m. Mr. Bowlby.
- Fri., " 22.—Clinical Lecture, 1 p.m. Dr. Ormerod.
Dr. Ormerod and Mr. Bowlby on duty.
- Mon., " 25.—Special Lecture, 1 p.m. Dr. Lewis Jones.
- Tues., " 26.—Dr. Herringham and Mr. Lockwood on duty.
- Wed., " 27.—Clinical Lecture, 2.45 p.m. Mr. Lockwood.
- Thurs., " 28.—Conjoint Board 2nd Examination begins.
- Fri., " 29.—Clinical Lecture, 1 p.m. Dr. Herringham.
Dr. Tooth and Mr. D'Arcy Power on duty.
- Mon., July 2.—Shuter Scholarship.
Special Lecture, 1 p.m. Mr. McAdam Eccles.
"Torticollis."
- Tues., " 3.—Conjoint Board Final Examination begins.
Dr. Moore and Mr. Cripps on duty.
- Wed., " 4.—Clinical Lecture, 2.45 p.m. Mr. Lockwood.
- Fri., " 6.—Clinical Lecture, 1 p.m. Dr. Tooth.
Dr. West and Mr. Bruce Clarke on duty.

Valete.

It is customary for an outgoing Editor of this JOURNAL to bid farewell to his readers, to apologise to them for his own shortcomings, and to commend them to the tender mercies of his successors. It is with regret that we take up this pen for the last time after more than two years in office—regret not so much for the mixed pleasure afforded by the scribbling of editorial notes, of editing indifferent copy, and of making bricks out of straw or rather copy out of blank paper, but regret that our ideals of what a Hospital Journal should be have not been realised. We recognise, probably better than our readers and our critics, what are the shortcomings of the JOURNAL, but the hindrances are many. On the other hand we have been fortunate in two respects—firstly, in having a plentiful supply of copy, though it may not always have been of the most desirable kind, and secondly, in following in the footsteps of Eustace Talbot, our predecessor in office, under whose guidance the JOURNAL showed vast signs of improvement. From the first we set ourselves three tasks to perform—namely, to publish with punctuality, to shorten the length of articles, and to increase the number of articles and items of general, apart from medical, interest. We had other ideals, for instance to include an illustration every month, and to publish a series of light and humorous sketches, but the task of the Hospital humorist is hard. These ideals we leave as a bequest to our successors.

It is no easy matter to edit this JOURNAL, firstly, because the Editor is an amateur, and, secondly, because a very small number of students and others about the Hospital are willing to show their active support by contributing articles or by supplying items of general interest, even the Club Secretaries are very backward in furnishing the news of the various Clubs, and last, but not least, because the promises of contributors are not kept or they are only fulfilled after the lapse of two or three months.

But we must not complain. The Editor now has an office and a desk. Let us rather thank our several Assistant

Editors for their loyalty, energy, and goodwill. There are also many others who have helped us with small paragraphs every month, for instance, the notes of the various Services, the Special Departments, Medical and Surgical Consultations, and the Lists of Books and Papers by old Bartholomew's men. Each of these small paragraphs involves the expense of a considerable amount of time and energy, and without the kind co-operation of all these friends the JOURNAL would not have appeared with such regularity. Therefore we thank one and all of those who have helped us, and so farewell.

Editorial Notes.

MR. A. H. HOGARTH has resigned the Editorship of the JOURNAL. The post, however, will not be declared vacant until September of this year. But meanwhile the Publication Committee have invited Mr. R. C. Elmslie, M.S., F.R.C.S., to act as Editor temporarily.

IN the May issue we gave a short account of a presentation to Miss Greenstreet (late Sister Mark) on her resignation. Miss Greenstreet wishes to thank most heartily all who have joined in the testimonial. She feels very grateful to all her old friends for their very kind expressions of goodwill and esteem, and assures them that she will never forget the happy time that she worked with them in Mark Ward.

MRS. GOODMAN, who has acted as Masseuse to the Hospital during the last eighteen years, has also resigned her appointment. A testimonial was presented to her in the shape of a cheque for £26, which was raised by collection among the Staff, students, and nurses. Mrs. Goodman desires us on her behalf to thank all her kind friends. We hope to publish in a subsequent issue the new arrangements which have been made for massage at the Hospital in consequence of Mrs. Goodman's resignation.

THE Annual Election for the five vacant Pensionerships for necessitous Medical Men or their Widows, and for four Foundation Scholarships for the sons of necessitous Medical Men, at Epsom College, takes place shortly. In the list of candidates we only find the name of one old Bartholomew's man. The son of Mr. G. R. Adcock is seeking election to a Foundation Scholarship. All voting papers should be returned to the Secretary of Epsom College, 37, Soho Square, W.

WE have been asked by Lt.-Col. J. E. Nicholson, late R.A.M.C., to state that the orphan daughter of the late Major Feltham, R.A.M.C., an old Bartholomew's man, who died of cholera at Allahabad in 1897 after nineteen years' service, is seeking election for admission to the Royal School for the daughters of officers of the army.

The votes of all old Bartholomew's electors are solicited on her behalf.

VIEW DAY has come and gone again. This year it was raised to the dignity of a notice in the Public Press, though it was rudely called "Indigestion Day." The flower gardens in the Square were a distinct improvement, and we hope that they have come to stay, though a well-considered rotation of vegetable crops would prove a more profitable source of gain.

THE Past and Present Cricket and Tennis Matches are fixed for Wednesday, June 20th. The Council of the Students' Union is sparing no effort to make the day a success, and therefore we hope that all present students will consider it a duty to attend. Lectures and work are suspended on the afternoon of that day to further this object, and not to allow men to go home "and knit their stockings" or work for the next examination.

DR. W. H. R. RIVERS, F.R.C.P., will deliver the Croonian Lectures at the Royal College of Physicians, on Tuesdays and Thursdays, June 12th, 14th, 19th, and 21st, at 5 o'clock. The subject will be "The Action of Drugs in Fatigue."

THE Rahere Chapter will be consecrated in the Great Hall on Tuesday, June 12th. The Consecrating Officers are Sir Edward Letchworth, the Lord Mayor, the Dean of Bocking, the Rev. H. M. Twiner, and Frank Richardson, Esq. The Principals Designate are Dr. Samuel West, Mr. Swinford Edwards, and the Rev. Sir Borradaile Savory, Bart. Further information about the Chapter may be obtained from the Secretary, Dr. Morley Fletcher.

THE Mid-Summer Address of the Abernethian Society will be delivered on July 5th, by Mr. C. B. Lockwood, F.R.C.S., the subject being "Drill, Tactics, and Strategy in Surgery."

MR. R. C. ELSLIE, M.S., F.R.C.S., has been appointed Assistant Demonstrator of Pathology. Dr. A. R. Neligan has been appointed Chief Assistant in the Department for Diseases of Children, and Acting Assistant Demonstrator of Pathology.

WE regret that the name of Dr. G. H. D. Robinson, Assistant Obstetric Physician, Westminster Hospital, was omitted from the list of old Bartholomew's men who were recently elected Fellows of the Royal College of Physicians.

J. F. ALEXANDER has taken the M.D. degree at the University of Cambridge.

THE Wix prize has been awarded to Mr. K. M. Walker. The subject of the essay was "The Life of Sir William Savory." The Hichens Prize on "Butler's Analogy" was awarded to Mr. A. J. W. Cunningham.

View Day.

ANOTHER View Day passed off with a flourish of success on Wednesday, May 9th. Of the unseen preparations which preceded the great function of the hidden doing of pastry-cooks and of florists we are unable to speak. Of the somewhat wooden ceremony, repeated with a desperate attempt at novelty in each successive ward, we are equally in ignorance owing to the Cerberus-like attitude of the porters stationed at the door. But on the subject of the beauty and grace which invaded our gloomy walls and crowded our wards, and inspected our museum, and drank our tea, we could write columns. However, for particulars on these points we would refer our readers to the fashionable news of our society papers, wherein it has become customary to record so many scraps of hospital news, from the appointments of Junior House Physicians downwards. Of the various notices, however, which appeared in the morning papers, the account in the *Daily Mail* was the most inspired. The writer began by substituting the title of Indigestion Day for the generally accepted name of View Day, and proceeded to describe scenes of revelry in the wards which were lacking alike in veracity and in humour.

The Ninth Decennial Club.

IN the Summer Session the fancy seems to turn naturally to thoughts of dinners. We have the Oxford and Cambridge Graduates Dinners, we used to have, but times are changed, the Amalgamated Clubs Dinner, and last, but not least, we have the dinners of the several Decennial Clubs. Of these the sixth, seventh, and eighth are certainly in existence, and the ninth is over-due; its first dinner should have taken place in 1905. It is, however, to be hoped that this summer will see its successful inauguration. For the benefit of those who do not know, we may explain that these, properly called contemporary, clubs are open, as to membership, to all who enter as students of the Hospital during a period of ten years; the Ninth Club includes all who entered between 1895 and 1905, and everyone is at liberty to join immediately after qualifying. It will be understood that, as the object is the annual meeting at a dinner of those who were contemporaries, those who come on the border line between two clubs, are usually admitted to both; for example, those who entered in or about 1895 are eligible for admission to the ninth club, although they are probably already members of the eighth. It remains only to elect secretaries for the new club and arrange for the first dinner. The Editor of the JOURNAL will be pleased to receive the names of all who wish to join, and it is hoped that a meeting will be held early in June to arrange matters.

Rebuilding Fund.

The following Donations of £50 and upwards have been sent to the General Fund:

	£	s.	d.
T. S. Whitaker, Esq.	50	0	0
S. G. Holland, Esq.	52	10	0
Messrs. Foster, Porter, and Co.	52	10	0
A. W. Smithers, Esq., J.P.	52	10	0
Waldron Smithers, Esq.	52	10	0
Mostyn Pritchard, Esq.	50	0	0
Charles de C. Barker, Esq.	50	0	0
Messrs. Hill and Sons	52	10	0
Messrs. Marnham and Co.	105	0	0
Messrs. Heseltine, Powell, and Co.	105	0	0
Theodore Pim, Esq.	100	0	0
Messrs. Coates, Son, and Co.	52	10	0
Messrs. Oates and Singleton	52	10	0
Joseph Pollak, Esq.	50	0	0
Messrs. Crews, Lichenstadt, and Co.	50	0	0
Legacy: M. A. Davis, Esq. (deceased), per E. J. Wilde Esq.	1377	2	0
Messrs. Prior and Williams	50	0	0
W. Curling Anderson, Esq.	50	0	0
Messrs. Hammon Pain, jun., and Co.	52	10	0
Messrs. Kennedy and Robertson	52	10	0
Robert Nivison, Esq. (2nd donation)	52	10	0
James Hilton, Esq. (2nd donation)	50	0	0
G. H. Durnsmure, Esq.	50	0	0
Anonymous (3rd donation)	100	0	0

The following sums have been received for the Pathological Block since the publication of the last list:

	£	s.	d.
A. B. Stevens, Esq., M.B.	5	5	0
Collected by G. H. Dive, Esq.	1	0	0
E. Bertram Smith, Esq.	1	1	0
P. E. Turner, Esq., M.B.	1	1	0
Capt. F. P. Connor, I.M.S.	2	2	0
The Rahere Lodge	105	0	0
Proceeds of Performance of "Ancient Dances and Music"	125	0	0

For the General Fund the following amounts have been received from old Bartholomew's men:

	£	s.	d.
A. B. Stevens, Esq., M.B.	26	5	0
B. T. Taplin, Esq. (3rd donation)	1	1	0
" " (collection)	4	19	0

Miscellaneous.

PART VI.

By DR. SAMUEL GEE.

28. FORTUNE PLAYS THE PHYSICIAN.

"Jason Pherans being given over by his physicians for an apostema which he had in his chest [no doubt a pleural empyema], and having a mind to rid himself of his disease, at least by death, in a battle threw himself as a forlorn hope into the thickest of the enemy, where he was wounded quite through the body, so that the apostema brake and he was cured."—Montaigne, book i, chap. 33.

"In Marcellus Donatus we read of a French nobleman

who, being troubled with the epilepsy, took a journey into Italy in order to consult the most skillful physicians there; but being plundered by robbers upon the road and very much wounded, he was left for dead. Besides other wounds, he had received a very large one in his forehead, which carried off a great part of the bone. After a very long time he was cured of this wound, and at the same time was freed from his epilepsy."—Van Swieten, *Commentaries*, § 1081. Cases of epilepsy being cured by injuries to the head are not very uncommon, and it probably was observation of facts of this kind which led to the practice of trepanning for this disease.

29. LIBENTIS OBSCURA CREDUNTUR.

"Indian specifics derived all their credit from our being ignorant of their composition. The influence of secrecy is well known in establishing the credit of a medicine. The sal seignette was an infallible medicine for intermitting fever while the manufacture of it was confined to an apothecary at Rochelle; but it lost its virtues as soon as it was found to be composed of the acid of tartar and the fossil alkali. Dr. Ward's famous pill and drop ceased to do wonders in scrofulous cases as soon as he bequeathed to the world his receipts for making them."—Rush, *Medical Inquiries*, 1789, p. 34. A fashionable physician used often to prescribe Pil. Rufi, knowing very well that had he told his patients to take a little aloes they would have thought nothing of it. It is more easy to cajole men than to convince them. And in all professions the most successful men are the born actors.

30. RETROCEDENT LOSS OF MEMORY.

"Cerebral disturbances sometimes cause a sort of retroactive effect, and wholly upset the memory of the moments which have preceded the crisis. This is what I experienced in my attack of pernicious fever at Byblos. All recollections of the eve of the day on which I lost my senses are totally effaced from my mind."—Renan, *Les Apôtres*, p. 182. It is well known that the same thing sometimes occurs after an epileptic fit or a blow upon the head.

31. BOILED WATER FOR DRINKING.

"Now the great king makes his marches, not only well furnished from home with provisions for his table and with cattle, but also taking with him water from the river Choaspes which flows by Susa, of which alone, and of no other river, the king drinks; and of this water of Choaspes, boiled, a very great number of waggons carry a supply in silver vessels, and go with him wherever he may march at any time."—Herodotus, *Clio*, chap. 188.

"The Emperor Nero devised to boil water, and when it was taken from the fire to put it into a glass bottle, and so to set it in snow to cool."—Pliny, *Nat. Hist.*, book 31, chap. 3.

On some of the Commoner Skin Eruptions of Babies; their Diagnosis and Treatment.

By H. G. ADAMSON, M.D. Lond., M.R.C.P.,

Physician to the Skin Department, Paddington Green Children's Hospital; Physician in Charge of Skin Department, North-Eastern Hospital for Children.

II.

THE diagnosis of these eruptions is generally easy provided one is well acquainted with their main features; but now and then they may simulate one another so closely that difficulties arise.

In making a diagnosis the main points to be observed are—(1) The distribution and the general arrangement of the eruption, (2) the character both of its primary or essential lesions and of its more fully developed lesions, (3) the presence or absence of itching. Certain skin eruptions most commonly affect the face and scalp, others the buttocks and genitals, while others are more widely distributed. Some eruptions are always accompanied by itching, others seldom or never. Most eruptions show characteristic primary lesions, such as the urticarial wheal of *Lichen urticatus*, the burrow of the *acarus scabiei*, the closely set minute vesicles of *eczema*, the isolated larger vesicle of *impetigo*. These are often obscured by subsequent processes, but they should always be carefully looked for.

Eruptions upon the face and scalp. The mask-like distribution of *eczema* upon the cheeks and forehead, leaving free the eyes, nose, and mouth, is very characteristic. Other features are the redness and heat, with a tendency to sudden exacerbations, and the intense irritability of the eruption. The eruption of *impetigo* has a less inflammatory appearance; the lesions are often patchy and irregularly distributed; they attack especially the regions of the eyes, nose, mouth, and behind the ears, and they are frequently accompanied by impetiginous lesions upon the trunk and limbs, or upon other persons in the same family. Itching is generally absent. In severe cases the lesions may be marked in either affection by thick crusts or scabs, and the scalp may be extensively involved by either. A study of the earliest lesions will show in the case of *eczema* areas of closely-set minute vesicles or excoriations on an inflamed base, while the primary impetiginous lesions will be found as small isolated vesicles and crusts.

In *congenital syphilis* the central parts of the face may be the seat of coppery coloured patches often running into one sheet around the mouth and nose, sometimes with scaly surface and cracked in lines radiating from the mouth. There is absence of itching, there may be snuffles, fissures of the lip, eruptions upon the buttocks or upon the palms and soles.

A generalised eruption is most commonly *scabies* or

papular urticaria, or more rarely one of the wide-spread eruptions of *impetigo* or of *seborrhœic eczema*, which have been referred to in the previous paper. A pustular eruption upon the hands and feet, or a generalised itching eczematous eruption on the trunk and limbs, are each characteristic of *scabies*. The diagnosis is made certain by the finding of the burrows of the *acarus*, which in children are often seen upon the palms and upon the inner sides of the soles of the feet. The mother is usually found to be infected. These cases of *scabies* are quite common in hospital and in dispensary practice, but the fact that they may also occur in better class patients must not be overlooked. It is sometimes difficult to decide between *scabies* and *Lichen urticatus*. *Scabies* is excluded by the absence of burrows; *urticaria* by the absence of wheals.

The lesions of *Lichen urticatus* may be vesicular and widely distributed, and the eruption is then commonly mistaken for that of *varicella*, and the mistake is often only found out owing to the long duration of the eruption. The presence of itching does not help in the diagnosis, for *varicella* eruptions generally itch considerably. The presence of wheals and the absence of lesions in the mouth is in favour of *urticaria*.

An eruption of the buttocks may be that of *congenital syphilis*, or it may be due to local irritation, to *impetigo*, or to *eczema seborrhœicum*, or it may be a "simple erythema." The point of most practical importance is to distinguish the eruptions of *syphilis* from those not due to *syphilis*. The diagnosis of *syphilis* is suggested by the age of the patient at the onset of the eruption—six weeks to three months—by the markedly circumscribed patches which have a more or less pronounced coppery tint, by the presence of lesions upon the palms and soles, or of groups of circumscribed patches about the centre of the face. Other signs of *syphilis*, snuffles, fissured lips, etc., should of course be looked for, and the family history may be of some guide.

Erythemas due to local irritation, to impetiginous infection, to *seborrhœic eczema*, and what have been called "simple erythemas," are often difficult to distinguish from one another, but their differential diagnosis, although of much interest, is not of great practical importance. All these eruptions have more serious phases; in conditions of ill-health and neglect they may lead to extensive ulcerative lesions, which may be difficult to diagnose from *syphilis*.

III.

Eczema.—The principles of the treatment of *eczema* in babies may be summed up in three words, *protection from irritation*.

It matters little what application be used provided it is non-irritating, and that it protects the skin from changes of temperature and from all sources of local irritation. It is important first of all to avoid any sort of washing, certainly

not with soap and water. In mild cases the withholding of washing and the application of a simple ointment will sometimes effect a cure. In most cases, however, it is necessary to protect the parts more thoroughly by masks or bandages, as will be presently described. In those severe cases in which there are already masses of scales and crusts these must be first removed by means of applications of lint soaked in olive oil. After the removal of the crusts a simple dressing of zinc ointment or of zinc cream may be applied. A very useful application is Lassar's paste, which is a zinc ointment thickened by one part of powdered starch to three parts of the ointment. These are spread thickly upon strips of butter muslin, which are bound on to the parts with soft bandages, or, better still, the whole face is covered with a mask of thin lint, with holes for the eyes, nose, and mouth, and for the ears to help to keep the mask in position. If the scalp is affected the mask should be made with a large flap above, which is brought over the top of the head, and fastened round the neck or to the lower end of the face mask. The dressing must be changed once or twice in twenty-four hours; not oftener as it disturbs any new formed epithelium. The ointment must be spread thickly so that the muslin does not get dry and stick, or if this should happen it must be oiled from the outside. This is a most important detail. It is quite common to find that the dressing has been allowed to dry and stick, so that on removing it the new epidermis is pulled away, leaving raw points or patches, besides which the dried discharge is mechanically irritating to the affected skin. Each time that the dressing is changed all old ointment must be carefully removed with pledgets of wool soaked in olive oil—the ointment must in no case be allowed to cake on.

When some simple non-irritating application does not seem to suit, the fault will in most cases be found to be due to the fact that there is present some overlooked source of local irritation. One of the most frequent of these is rubbing or scratching by the child itself. To prevent this, even in mild cases, the arms should be put into little cardboard splints—a roll of cardboard round the arm from the shoulder to the wrist. This allows movement of the arms, but prevents the hands from getting to the face. In severe cases the baby must be put to bed, and one of the several devices employed to keep it still and to prevent scratching. One of the most simple methods is that recommended by White, of Boston. A sleeveless night shirt is made from a pillow-case. The head goes through a hole made in the blind end of the pillow-case. The arms are kept down at the sides by a row of safety pins between the arms and the trunk. A similar row of pins fixes each leg. In some cases in spite of such protective treatment patches here and there will refuse to heal, and such patches may be painted occasionally with a weak solution of silver nitrate. When there is anæmia or rickets cod-liver oil and iron

may be prescribed. Small doses of arsenic are sometimes useful. To relieve itching and procure sleep bromide of potassium or chloral may be given in doses suited to the age of the patient.

The diet should be a normal diet adjusted to the age of the patient. The bowels should be regulated if there is constipation. This is a point of importance, infants with eczema are often constipated.

Impetiginous eczema.—In these cases the impetigo must first be got rid of in the way to be presently described. If any eczema remains it must then be treated as an ordinary case of eczema.

Schorrhoeic eczema.—Here one should begin with ointments containing small quantities of sulphur, which may be continued if improvement takes place, as it often does. If the sulphur, on the other hand, is found irritating the case should be treated as an eczema.

Impetigo and impetiginous eruptions.—Here the treatment is (1) to remove any source of local infection, e.g. otorrhoea, nasal discharge, pediculosis of the scalp (rare in young infants); (2) to clear off crusts and scales by soaking in oil or by frequent bathing in warm water; (3) to apply a mild parasiticide, e.g. ointment of Hydrarg. ammoniata gr. v ad ʒj. By these simple means, if thoroughly carried out, an ordinary phlyctenular impetigo is readily cured. Pustulation or ecthymatous lesions are best treated by boracic acid fomentations. Multiple subcutaneous abscesses must be incised and fomented. If the impetiginous eruption is generalised or spreading rapidly as in the bullous type baths of saturated solution of boracic acid followed by a boracic acid ointment is a good method of treatment. The main point is to remember that these affections are due to a local infection, and that a thorough application of even mild antiparasitics will cure them.

Scabies.—The delicate skin of the infant will not permit of the severe treatment that one employs in adults, and it does not require it. Three or four warm baths with soap followed by the application of a mild sulphur ointment (gr. xv ad ʒj) is usually sufficient for a cure. Accompanying impetiginous eruptions require appropriate treatment. In place of sulphur some prefer to use applications of naphthol, balsam of Peru, or styrax. A point to remember is, that the child may become reinfected from its clothes or from its mother, and precautions must be taken to avoid this.

Lichen urticatus is often a very obstinate affection. Much relief, even if the case be not cured, may be afforded by attention to the diet and by local antipruritic applications. It is often found that the child is given raw fruit, bananas, apples, oranges, etc. These as well as sweets of all sorts are to be prohibited. A simple diet and food only at regular times must be insisted upon. An occasional grey powder is of service. In some cases when these precautions have not reduced the severity of the eruption sodium

salicylate or salicin internally appears to have beneficial results. As local applications the following are useful:—Borax ʒj to half a pint of warm water; B. naphthol ointment 2½ per cent.; a lotion made by adding one tea spoonful of Liq. plumbi subacetatis or of Liq. carbonis detergens to half a pint of water, or the two may be combined in one lotion. A warm bath at night often considerably aggravates the pruritus, and the bath should be given in the morning.

Hereditary syphilis.—The main point in the treatment is the proper nourishment of the infant; but the general management cannot be discussed here. The skin eruptions generally clear up rapidly under the administration of mercury, and require no special local treatment.

A Case of Periosteal Sarcoma of Superior Maxilla Sixteen Years after First Operation.

By HENRY RUNDLE, F.R.C.S.



C. T., æt. 21, a dockyardman, with good family history, was admitted into St. Thomas's Hospital, under Mr. Sydney Jones, in April, 1889, suffering from a swelling on the left side of the face. On examination there was a prominence on the left cheek the size of a walnut, situated over the antrum of Highmore, and growing from the left superior maxilla. The skin over it was freely movable and not altered in colour; the mass was uniformly hard and immovable; no areas of fluctuation could be felt; no displacement of palate or outer wall of nose; no tenderness. On May 2nd, 1889, the left cheek was split, and the tumour was removed with chisel from the surface of superior maxilla without opening the antrum. The base was treated with Zinc Chloride. The wound healed well, and the patient was discharged on May 11th.

Microscopical report.—Mixed round and spindle-celled sarcoma, with points of commencing ossification.

The man remained well until March, 1903, when he was admitted into the Royal Portsmouth Hospital under my care, with a recurrence of the growth. This I removed from the anterior surface of the superior maxilla, and, on examination, it was reported to be a spindle-celled sarcoma.

In September, 1905, the man again came under my care, with a growth involving the lower border of left superior maxilla. This, with the adjoining bone, was freely excised, the wound healed rapidly and well, and he was discharged on October 3rd.

The growth was examined, and was found to present some interesting features. I am indebted to Mr. C. A. S. Ridout, M.S., F.R.C.S., Hon. Pathologist to the Royal Portsmouth Hospital, for the following note:

"The microscopical appearance of the tumour is interesting, not only from its structure, but also from the varied opinions which have been given in regard to it. To the naked eye the tumour presented a fibrous appearance with a number of hard nodules, apparently points of ossification. The section shows large numbers of spindle-shaped cells, varying in intensity at different points, with well-marked nuclei. There is no definite arrangement of the cells nor grouping into definite bundles; scattered about are points of ossification; the blood-vessels are not numerous, and there are no hemorrhages. There is no well-defined growing edge, but in places the nuclei are far more numerous than in others, and the cellularity far more marked. I consider the section to show a spindle-celled sarcoma which is undergoing ossification."

Two authorities report as follows:

"A nodule of closely-felted fibrous tissue undergoing ossification without any signs of malignancy," and "The section presents a fibro-sarcoma of low malignancy corresponding with the recurrent fibroid of Sir James Paget. There are areas in which the nuclei are abundant, and the vessels tend to be thin-walled."

A distinguished microscopist reports:

"I have carefully looked at the section, and should say that it will well admit of being classed as a fibro-sarcoma histologically, because of its high cellularity and the general disposition of its cells."

Remarks.—Tumours in connection with the jaw are most frequently sarcomatous in character. Such cases are not very common. Butlin writes:—"I have only had fourteen cases of malignant disease of the upper jaw, although they extended over many years, for it so happens that I have not had an average even of one case in the course of every year." As to results after operation, he tabulates them thus:

Died of operation	4
„ recurrence	5
Alive and well within 3 years	2
„ more than 3 years	3
	14

The case, which I have described, is noteworthy from the long period, sixteen years, which has elapsed since the first operation. Billroth states, "Cases of infiltrated and periosteal sarcoma of the jaws are very unfavourable, for the patients usually die early of recurrence of the growth. The duration of life in these cases varies from nine months to two years."

Sarcomata of the jaw are of two kinds—(1) those which commence in the bone (round-celled or encephaloid), cause great swelling of the bone, grow very rapidly, and are among the most malignant of neoplasms; (2) those which commence in the periosteum, and frequently arise from the gums; rarely, according to Bland-Sutton, from the facial surface, as in this case, and very rarely in connection with the mucous membrane of the palatine process. They are much less malignant in character, and affect the upper jaw more frequently than the lower (in this way differing from necrosis), probably because the upper jaw is much more abundantly supplied with blood.

Sarcoma, as distinguished from Carcinoma, is found more frequently in men than women, and is a disease of early

adult life, the average age of patients being thirty-five years. This man is now thirty-seven. Carcinoma attacks old people.

Malignant disease of the upper jaw, whether sarcoma or carcinoma, appears to display its malignancy chiefly in the local destruction which it produces, and in its great tendency to recur *in situ*. Infiltration of the lymphatic glands and dissemination in other parts of the body, appear to be comparatively infrequent, a marked contrast to that which occurs in sarcoma of the testis.

Considering the character of this growth, and the fact that there have been two recurrences, it is likely that a local recurrence will again take place. A case is recorded (*Path. Trans.*, vol. xi) in which recurrences took place after three operations, and led to enormous reproductions of the disease in the maxillary and temporal regions.

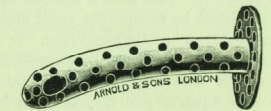
The growth is preserved in the museum of the Royal Portsmouth Hospital. I am indebted to Mr. J. E. Adams, the present Registrar of St. Thomas's Hospital, for the particulars of the man's condition when in that hospital.

The Treatment of Chronic Infective Endometritis by means of a New Uterine Drainage-tube.

By HAROLD W. WILSON, F.R.C.S.



HIS tube, which in outward appearance closely resembles a tracheotomy tube, consists of a hollow stem and flange. It is perforated throughout its entire extent by a number of small holes, and at the point there are two larger lateral apertures. It is



made of silver, and is of the calibre and curve of a No. 14 Duncan's metal dilator.

It is used in the treatment of chronic infective endometritis, complicated or not, as the case may be, by double salpingitis, which is the result of infection spreading by direct continuity from the uterine mucosa to the Fallopian tube. Although it is impossible to attack the interior of the tubes directly, much may be done by removing the primary source of infection, the uterine mucosa. The thickening and tenderness of matted inflamed appendages disappear rapidly if this line of treatment is adopted.

It after the passage of one of the smaller dilators the cervix uteri is examined and pressure is applied to the fundus drops of pus can sometimes be seen actually oozing from the external os.

The gonococcus is responsible for only a small proportion of these cases; by far the greater number follow labour and abortion. The sources of infection are many and varied. The commonest micro-organism found is a streptococcus; but from one case I obtained a pure culture of a diphtheroid gram-staining bacillus, and from two others a pure growth of a *Staphylococcus albus*, which liquefied gelatine. The material for the cultivations was taken directly from the interior of the uterus in each case.

The technique of the treatment is as follows:—After the patient has been anaesthetised, the vagina is clinically sterilised by careful douching and swabbing out with some strong antiseptic lotion—perhaps the most satisfactory is cyllin, of which one or two drachms to the pint may be used. The cervix is dilated by Duncan's metal dilators up to size No. 18, and the interior of the uterus thoroughly curetted until firm healthy tissue is felt. Special attention is paid to the regions of the entrances of Fallopian tubes. In this way any projecting spur of mucous membrane is removed. The uterine cavity is then swabbed out with Tinct. iodi; in a gonorrhoeal case it is better to use a 10 per cent. solution of argyrol.


Should an erosion of the cervix co-exist, and it frequently is found as a secondary result of septic endometritis, it should be treated at the time by a firm application of the actual cautery.

Then the drainage-tube is inserted; the flange should rest on that portion of the cervix which surrounds the os externum. It is kept in position by the support of the posterior vaginal wall.

The subsequent treatment consists in very gentle irrigation of the uterine cavity twice a day with a solution of 2 per cent. argyrol or cyllin half a drachm to the pint. This is accomplished by means of a small male catheter, which is passed well up into the metal tube. It is essential that a free return of fluid should be ensured, and that a fall of not greater than half a foot or so be employed, otherwise a distinct risk of peritoneal infection is incurred. The tube is removed at the end of one week.

This method of treatment gives highly satisfactory results in cases that otherwise have proved to be exceedingly chronic and troublesome.

Medical Consultations.

 May 17th, after Dr. Norman Moore had shown a case of heart disease and Dr. West a case of herpes zoster followed by an erythematous rash, Dr. Herringham brought a boy from Colston Ward suffering from tubercular peritonitis. The symptoms had been

present for six months. In addition to abdominal pain and loss of weight, a tumour was present on left side of abdomen, and later a hard ridge developed. There was no ascites, no diarrhoea, and there were no signs of disease in the lungs. Lately the boy had gained weight, and the abdomen became softer and less resistant. All present concurred in the diagnosis, and, for the most part, were not inclined to regard the prognosis as to recovery hopeless. Dr. Tooth suggested the administration of tuberculin. The boy is still in Colston Ward, and has shown signs of continued improvement.

Dr. Morley Fletcher then showed two cases of atrophy and contracture of the hand muscles, one from John Ward (now transferred to Stanley), and one out-patient.

The first case was a girl, *æt.* 18, a french-polisher by trade, who had noticed weakness of her hands for twelve months.

Electrical reactions of hand muscles showed slight response to faradic current except in hypothenar muscles on both sides. Response to galvanic current was slightly increased. The tactile and painful sensations were normal; the thermal sensations uncertain, especially on flexor surface.

There was marked wasting of both hands, with contractures forming claw hands; there was also slight wasting of forearms.

A skiagram showed in each case the presence of double cervical ribs.

Dr. Fletcher raised the question as to whether the condition was due to the presence of the supernumerary ribs, and wished to know if his colleagues would advise operation or not.

Dr. Lewis Jones had twenty or thirty cases of hand atrophies under his observation. After reading a recent paper by Dr. Thorburn, he collected as many cases as possible, and had skiagrams taken. In nine out of twelve he found single or double cervical rib. He was anxious to see if operation would relieve the condition.

Dr. Tooth had regarded the case as one of progressive muscular atrophy of an unusual type, as there was no loss of sensation. The wasting suggested a lesion of the brachial plexus. As an alternative diagnosis he suggested syringomyelia, and recalled a case with similar signs which he thought to be progressive muscular atrophy till the patient hinted that his thermal sense was wrong, which proved to be the case. If the condition was due to the cervical ribs, he asked, why are the effects deferred till so late in life, in this case for eighteen years, and in the other for forty-three years.

Dr. Herringham remarked that a cervical rib never gave rise to symptoms till a certain age was reached—puberty or later—and so might be the cause here. He should advise operation.

Dr. Ormerod was not disposed to agree with the diagnosis, owing to length of time before appearance of the symptoms. He agreed with Dr. Tooth in the other possible diagnoses, and also had thought of "the London type of peripheral nerve disease of hands," but, as Dr. Lewis Jones, who was an authority on that disease, apparently considered it was not of that kind, he preferred not to differ from his opinion, and would watch the effects of operation with interest.

Dr. West suggested occupation as the determining cause, since both women worked hard with their hands.

Dr. Norman Moore remarked that these cases were most important, and practically constituted a medical discovery. He also referred to the presence of cervical ribs in two-toed sloths.

Dr. Fletcher quoted cases which improved after operation, and even one case in which the wrong rib was removed. He remarked that cervical rib was commoner in women than in men in the proportion of three to one.

REVIEWS AND NEW PREPARATIONS.

RECENT ADVANCES IN PHYSIOLOGY AND BIO-CHEMISTRY.
Edited by LEONARD HILL, M.B., F.R.S. (London: EDWARD ARNOLD.) Price 18s. net.

Of all branches of medical research at the present day, bio-chemistry and experimental physiology are perhaps the most important, since new discoveries in these point out the direction and method of advance in pathology, knowledge of disease, and treatment. Luckily they are also subjects full of interest, and when treated in a lucid manner possess a certain fascination. In the present volume clearness and interest are prominent, and the practical bearings of the subject are either plainly stated or easily deducible. The book, moreover, does more than its title implies, for in each subject dealt with, besides the latest work, there is a review of our knowledge of that subject from remote times. The opening sentence of the Preface best explains the object of the work: "This book was designed to set before the student of medicine the progress made in those branches of physiological study which have an immediate bearing on pathology and therapeutics, and to thereby give him an insight into the methods of research, and a training in the processes of deduction, which cannot be gained from the bare and unstimulating outlines of the text-book."

The first six chapters, by Professor Benjamin Moore, deal with the chemistry of the cell and enzymes—catalysts in general being discussed,—the action of them to produce chemical equilibrium, and to absorb or give out energy; also their velocity of action, the influence of various factors on their action and formation, and theories as to their mode of action. In Chapters II and III are several pages devoted to mathematical equations for chemical equilibrium and chemical energy of molecules, and also equations for velocity of reaction of cells and enzymes. These pages need not frighten the non-mathematical reader, as the result is easily grasped without having to follow the working closely. Chapter VI is an interesting and lucid *résumé* of the latest views and experimental work on secretions and glandular mechanism, the energy changes involved in secretion, and the influence of the nervous system upon secretion. The digestive fluids are the principal ones discussed, the Hormones for secretion (secretin, gastrin, etc.) being fully explained as to their origin and function.

Chapters VII to XI are written by the Editor, and deal with the atmosphere; the influence on life of barometric pressure; water, its relation to metabolism and regulation of body temperature; and the metabolism of fat. In this section is found our present knowledge of mountain sickness and caisson disease; also an account of the recent experimental work on the effects on the organism of raising and lowering atmospheric pressure, and the practical lessons

this work has taught. The last chapter of this section, on "The Metabolism of Fat," contains much valuable information on practical matters of diet about which the physician is so often consulted, the object of the consultation being either the fattening of the thin or the thinning of the fat.

A section of three chapters comes next, by Professor J. J. R. Macleod, on "The Metabolism of the Carbohydrates," "The Metabolism of Uric Acid and the Purin Bodies," and "Hæmolysins and Allied Bodies." This is perhaps the most interesting section of the book, and the last chapter the most interesting of the section, though it is hard to pick out one in a book so full of interest. Hæmolysins, anti-hæmolysins, precipitins, agglutinins, opsonins, etc., are treated and explained in a manner which is a clear saving of time to anyone who wishes to learn the subject.

Two chapters follow by M. S. Pembrey, one on "The Respiratory Exchange," and the other on "Internal Secretion," each well worthy of attention. It is refreshing in these days of fads and patent foods to find the following:

"Men and horses work best when they are well fed, and feed best when they are well worked. Work creates a craving for food, and thus assists digestion and absorption. Here is a natural stimulus to the appetite, more potent than any drug; it is known to some, but many will not be cured of their ailments by muscular work; they seek some miracle-working drug or the waters of a fashionable health resort, where they are unconsciously made to take exercise and lead a more natural life.

"These facts are of practical importance, for they show how far-reaching are the effects of exercise, and how necessary a rational training is for soldiers, athletes, and horses. Experience is, indeed, the result of a series of experiments made upon a large number of individuals, and its teaching cannot be safely ignored. The chief danger lies in dogmatic and rigid systems; the wide range of physiological variation is known, but it is frequently forgotten. Some men have as great a craving for regulating their own and other people's food and exercise as theologians have for uniformity in belief. Vegetarians, flesh-eaters, chewers, nitrogen economists, all bear witness to some portion of truth, but believe, in the way characteristic of people with a mission, that their little piece is the whole truth and nothing but the truth. The same may be said of many of the exponents of systems for muscular training."

The chapter on "Internal Secretion" deals with the thyroid and suprarenal glands.

The last four chapters are written by A. P. Beddard, on "The Production of Lymph," "The Mechanism of Absorption from the Small Intestine," "The Formation of Urea," and "The Secretion of Urine." Every chapter in the book, with three exceptions, has a bibliographical list at its conclusion, which will be found useful to the student. The Editor, in the Preface, says he hopes the book will be of value to the clinician who wishes to realise the views of the chief European and American authorities on such subjects as diabetes, uric acid metabolism, hæmolysins and immunity, and so forth, and we feel sure that its usefulness in this direction will be at once apparent to anyone who takes it up.

ON PROFESSIONAL EDUCATION, WITH SPECIAL REFERENCE TO MEDICINE. By T. CLIFFORD ALLBUTT, M.A., M.D., F.R.S. Crown 8vo, pp. 80. Price 2s. net. (London: Macmillan & Co.)

This little book is an expansion of an address which was delivered at King's College Hospital, under the title of "Medical Education in London," on October 3rd, 1905. It is full of interest from cover to cover, and it is so well and clearly written that it can be read and re-read with pleasure. In a short review it is impossible to discuss the ideas and opinions of the author upon education in general and upon medical education in particular, of which he gives a very explicit account, both of its actualities and of its possibilities. He has little praise for the public school, except in so far as it teaches our boys "to ride and to speak the truth," as Herodotus says of the Persian youths.

With regard to specialisation Dr. Allbutt says: "It is not so much *what* a man is taught as *how* he is taught it. . . . But there is one kind of specialism which to some men is ruinous and is mischievous to all—namely, to cultivate apart either intellect or imagination." This remark subsequently leads to a short essay upon the intellect and the imagination, and a criticism of Lord Rosebery's contrasts between the new and the old universities. We agree, though in other words, with Professor Allbutt's conclusion: "Between the ancient and the modern there can be no sundering without a petrification of the channels by which the riches of the past are welling up to the present"; and again: "The conclusion is that the first business of a new university is to become an old one as soon as it can, to kindle the imagination as well as to inform the intellect. Its youth is its misfortune, a misfortune to be repaired only by alliance with its elders, and by enriching itself from their stores and their educational capacity."

The author will not admit that the average Englishman is "stupid," in spite of all the disadvantages of his faulty education; but he has much to say in praise of the present system of university education, especially for medical students, though he is of opinion that the universities "should not issue with their degrees in medicine a licence to practise. . . . Nor should it be any specific concern of the university how well or how ill its graduates may practise medicine; all that the university should be responsible for is that its graduates should have a certain development of mind and imagination."

Then follow interesting sections concerning the medical curriculum, graduate work and examinations. In the section upon Clinical Instruction the author touches the modern *cazec* for grinds and spoon feeding; he says: "There is still too much trooping after eminent professors, too little quiet study of the patient. Reading of text-books at home is eating sawdust. Medicine is not a Summa or Corpus of fixed principles, or aphorisms better or worse applied by this physician or that, nor again consists in 'surgery and

placbos,' but is a living and progressive organ, only to be kept vigorous by incessant growth and renewal."

The book ends with a stimulating section upon Education and Ethics.

We have quoted from the book at considerable length in order to encourage others to find time to read it themselves. It is full of neat little epigrams and stimulating thoughts.

LECTURES ON TROPICAL DISEASES, being the Lane Lectures for 1905. By Sir PATRICK MANSON, K.C.M.G., M.D., etc. Demy 8vo, pp. 230, with many illustrations. Price 7s. 6d. net. (London: Archibald Constable & Co.)

This book is a reproduction of a series of ten lectures delivered last year at the Cooper Medical College, San Francisco. Sir Patrick Manson's text-book on 'Tropical Diseases' is so well known, and his recent researches are still so fresh in our memory, that we did not expect to find anything new in these lectures, but we were deceived. From the wide range of his subject the lecturer chose several interesting theses, but his object was to illustrate the general principles of tropical medicine and the more recent advances in tropical pathology. The style of the lectures is simple and pleasing, and the manner in which the subject is treated is so original that the whole series forms a valuable contribution to the literature of tropical medicine.

At the outset Sir Patrick emphasises the peculiar geographical limitations which affect the acquisition and the spread of the so-called tropical diseases, but which do not affect their development or their course when once they have been acquired. He seeks for an explanation of this apparent anomaly in the study of the natural history of the various disease-germs under the following various conditions:

- (1) The germ, after it has left the body of a human host, has to undergo certain developmental changes, for which a warm medium is required—warm earth or warm water—before it is fitted to re-enter another human host.
- (2) After leaving the body and being deposited in earth or water, the germ may have to undergo developmental changes in the body of some tropical animal intermediary before it can effectively re-enter another human host.
- (3) The germ may not be able to escape spontaneously from its original human host, but has to depend on the services of some tropical animal to abstract it therefrom, and perhaps to re-implant it into its next human host.
- (4) This abstracting and implanting agency may be required, not only for these purposes, but also to serve as a medium in which the immature germ may undergo developmental changes necessary for enabling it to re-enter on parasitic life in man.
- (5) Certain tropical toxæmias whose toxins are produced outside the human body depend for their virus on germs acting on certain media, for which action high temperature is necessary.

These principles are illustrated in detail by the natural history of *Ankylostomum duodenale*, the guinea-worm, the filarise, and the malarial parasite, all of which are treated in an interesting and instructive manner, with useful hints for the clinical physician as well as for the pathologist. The way is thus prepared for the better appreciation of the difficult

problems that are met with in the lectures upon trypanosomiasis, sleeping sickness, and kala-azar.

Two lectures on the diagnosis and one on the treatment of the commoner tropical diseases lead up to the final chapter on "Some Problems in Tropical Medicine," chiefly concerning San Francisco and the duties of the United States in establishing a quarantine station at the Panama Canal to prevent the spread of yellow fever east and west, and in opening a school of tropical medicine in San Francisco.

The book is amply illustrated, and is full of personal touches and useful clinical hints, the result of an immense experience. It is more suggestive than a text-book, and seems to clear the way for a complete understanding of some of the most difficult problems of medicine.

HANDBOOK OF SURGERY. By GEORGE BURNSIDE BUCHANAN, B.A., M.B., C.M. (Edinburgh: John Currie.) Pp. 547.

A concise and well-arranged handbook, which fulfils its author's purpose in supplying a means of rapid revision for examinations. The scheme of the book in its broader points follows that adopted in the older edition of Walsham's 'Surgery.' This handbook, which is essentially for the purposes of revision, is confined within very reasonable limits as regards size, but at the same time there is no sacrifice of completeness in the ground covered. The difficult task of condensation has been carried out with considerable success, and the book should be well received by those preparing for professional examinations.

HEATH'S MINOR SURGERY AND BANDAGING. By BILTON POLLARD, F.R.C.S. (London: J. & A. Churchill, 1906.) Pp. 409. Thirteenth Edition.

This useful manual of practical surgery is well known amongst house-surgeons and practitioners, and the appearance of a new and still more complete edition is a testimony to the continuance of its popularity. The new edition is well furnished with illustrations, and has been brought up to a high state of completeness and efficiency. From its pages may be gleaned many of those facts of practical value which it is so impossible to obtain from the crowded pages of larger text-books.

LABORATORY MANUAL OF PHYSIOLOGY. By F. C. BUSCH.

This book is obviously written for American students, and is not adapted for use in British schools of medicine.

A large number of the experiments are on the live animal, and are quite impossible either as class work or as demonstrations, e.g. removal of semicircular canals in pigeon (p. 54), ablation of supra-renal glands in a rabbit, and comparison of the symptoms so caused with those of Addison's disease in man (pp. 144—147). Directions for performing the experiments are given in a very brief "telegraphic" style, and would require to be considerably

supplemented by the demonstrator to make them intelligible to the average student.

A praiseworthy effort has been made to develop the clinical side of physiology, but the paragraphs dealing with this are too short to be of any real service, e.g. "Percussion" is dismissed in four and a half lines, and "Ophthalmoscopy" in a single page!

American spelling and phraseology must of course be ensured, but the book is not free from more serious errors, e.g. *glycerin* extract of pancreas is used to demonstrate the lipolytic action of pancreatic juice (p. 136).

Reviews of the following four books are held over until the next issue of the JOURNAL:

THE DIAGNOSIS OF TUBERCULOSIS OF THE LUNG. By Dr. K. TURBAN. Translated by E. C. MORLAND, M.B., B.Sc.Lond. 5s. net. (John Bale, Sons & Danielsson, Ltd., London.)

ON THE MEANS FOR THE PROLONGATION OF LIFE. By Sir HERMANN WEBER, M.D., F.R.C.P. 2s. 6d. net. (John Bale & Sons, London.)

PATHOLOGY, GENERAL AND SPECIAL. By R. T. HEWLETT, M.D., D.P.H. (J. & A. Churchill. Price 10s. 6d. net.)

THE RISE AND FALL OF READING ABBEY. By J. B. HURRY, M.D. 2s. 6d. net. (Elliot Stock, London.)

A STUDY IN NURSING. By Miss A. PRINGLE. Price 1s. net. (Macmillan & Co., Ltd.)

It would be well for all who intend to train as nurses to read Miss Pringle's retrospect. The ministering angel is reminded that she must have her wings tied under a big apron; that there is labour and drudgery in the task of nursing, but that there is also exercise for a fine intelligence and deft hands.

MEDICAL ELECTRICAL AND LIGHT TREATMENT. By Sister KATE NEALE. Price 2s. 6d. net. (The Scientific Press, Ltd.)

A very excellent and much-needed book; so simply and explicitly written that even those who have nothing to do with the subject cannot fail to find interest. The chapter on X Rays is especially instructive, and contains information that will be useful to every nurse.

NURSING OF INFECTIOUS DISEASES. By F. WOOLLACOTT. Price 2s. 6d. net. (The Scientific Press, Ltd.)

Dr. Woollacott's Lectures were much appreciated when they were published in the nursing section of *The Hospital*. The chapters on prevention and the general management of infectious diseases are excellent. We know of no clearer guide for those nursing infectious cases.

EXAMINATION QUESTIONS FOR THE DIPLOMA OF PUBLIC HEALTH. By HUGH R. JONES, M.A., M.D., D.P.H. Pocket size, pp. 100. Price 2s. 6d. (London: Baillière, Tindall & Cox.)

This is a useful little book, containing 500 selected questions set at the various examinations for the Diploma of Public Health. The questions are arranged in groups, comprising Chemistry and Physics, Bacteriology, Sanitary Inspection, Meteorology, Vital Statistics, Air and Ventilation, Food, Sewage, Sanitary Law, etc. It would have been an improvement, perhaps from the student's point of view, to have given the source from which each question was derived.

The following books have been received, but we regret that pressure upon our space prevents us from publishing reviews:

PATENT FOODS AND PATENT MEDICINES. By ROBERT HUTCHISON, M.D., F.R.C.P. 2nd edition. 1s. net. (Bale & Sons.)

AIDS TO SURGICAL DIAGNOSIS. By H. W. CARSON, F.R.C.S. 3s. 6d. (Baillière & Co.)

FIRST AID TO THE INJURED AND SICK. By F. J. WARWICK, M.B., and A. C. TUNSTALL, M.D., F.R.C.S. 4th edition. 1s. net (John Wright & Co., Bristol.)

QUESTIONS AND ANSWERS IN FIRST AID. By C. F. WIGHTMAN. Revised by R. T. COLLIE, M.D. (George Gill & Sons.)

PHARMACOPEIA OF THE EVERINA HOSPITAL FOR SICK CHILDREN. (Published by J. & A. Churchill.)

New Preparations, etc.

Messrs. PARKE, DAVIS & Co., Manufacturing Chemists, 111, Queen Victoria Street.—We have received from Messrs. Parke, Davis & Co. specimens of Acetozone, an antiseptic preparation of Benzoyl Acetyl Peroxide. It may be employed in the form of an aqueous solution, or as a one per cent. solution in liquid paraffin. The latter is for use as an inhalant, or as a spray in infectious or bacterial diseases of the nose, mouth, ear, and throat.

Messrs. Parke, Davis & Co. are also supplying a preparation obtained from the blood of animals which have been deprived of the thyroid gland. This preparation, known as "Thyroidectin," is for use in the treatment of Graves' disease, and is supplied in 5-grain capsules.

Other specialities are Mentholated Throat Tablets and Scopolamine and Morphine Hypodermic Tablets. The latter may be employed alone as a general anæsthetic, or in company with ether and chloroform.

THE HOLBORN SURGICAL INSTRUMENT COMPANY.—The Catalogue of Surgical Instruments and Appliances recently published by this firm is well worth perusal. Its most interesting feature is a set of instruments required by a surgeon commencing general practice. The list of necessary instruments is the result of a competition, in which the Company offered prizes for the best selection of instruments obtainable at an outlay of £25. The assortment is fairly comprehensive, and, considering the finish and workmanship of the instruments turned out, the price is remarkably cheap. We have little doubt that the set will find popularity among those about to start in practice. The outlay at such times is necessarily a serious one.

Messrs. THOMAS WALLIS & Co. are making a special feature of Nurses' Uniforms and Outfits in their new spring stock. They have also on view a large selection of furniture and fittings suitable for hospital use. The Company's large stock of hospital requirements is well worth personal inspection; but in default of this, particulars may be found in the Company's new catalogue.

WAYGOOD & CO., LIMITED, have sent us a catalogue of their Electric and Hydraulic Lifts, of which they are manufacturing a great variety of forms, suitable for various purposes. Four of their lifts are at present in use at the Hospital, and we understand that the new buildings will be similarly fitted with Messrs. Waygood and Company's Service Lifts.

GEORGE NORRIS, bootmaker, 8, Holborn Viaduct.—Amongst other samples of Boots and Shoes which have been sent to the JOURNAL office is a special form of Ward Shoe, suitable for the use of nurses. It is made of glazed kid, and is fitted with a low rubber covered heel. Such a shoe should combine the qualities of durability with those of lightness and quietness.

Messrs. JOHNSON & JOHNSON, New Brunswick, U.S.A.—We have received two specimens of Red Cross "Chromic Catgut." They are neatly packed in sterilized tubes, and although we have not yet had the opportunity of personally testing the catgut, the name of the above firm should warrant them a trial.

THE EQUIPOSE BED.—We can recommend those who are interested in nursing appliances to look into Lawrence and have the new bed demonstrated to them. By an alteration of balance the patient can himself raise the head end of the bed to any degree, and lock it in the required position by a simple catch. The equipose mechanism is certainly delightfully simple, and apparently efficient, and, for suitable cases, should be a great comfort. The bed is made by the Equipose Couch Co., Ashford, Kent.

MIOL MANUFACTURING COMPANY, 66, Southwark Bridge Road, S.E.—Miol is upon the market as a substitute for Cod-Liver Oil, and is useful in cases where the disagreeable taste of the latter preparation proves a serious objection. Miol has a sweet and not altogether unpleasant flavour, and to some people will doubtless prove more palatable than Cod-Liver Oil.

CALLARD & BOWSER, Butterscotch Makers, Euston Road, W.C.—We have received from this well-known firm a large box containing samples of butterscotch. On the flavour of this confectionery the JOURNAL Staff has made exhaustive researches, and can pronounce the butterscotch unequalled for delicacy and fragrance. It is sold in tin boxes, fancy and otherwise, price one shilling, as well as in the more familiar sixpenny packets.

On May 24th Dr. West showed a young child now convalescent from pseudo-renal œdema, of which disease Dr. West gave a short account. Dr. Morley Fletcher said he had seen a considerable number of similar cases at Children's Hospitals; as a rule the symptoms occurred in marasmic children.

Dr. Tooth suggested the disease might be akin to the œdema which occurs in cases of chlorosis.

Dr. Herringham described two types of the disease:—(1) Essential œdema, occurring as a rule in marasmic children, occasionally in others. In this type no lesion of the kidneys is found *post mortem*. (2) The second type occurs in older children. No albumen is found in the urine, but the presence of nephritis is discovered post mortem.

Dr. Morley Fletcher showed a man, æt. 40 years, suffering from symptoms of mediastinal new growth with obstruction to the left innominate vein. Hard glands could be felt above the left clavicle and in the left axilla. The patient may be seen in Matthew Ward.

Dr. Drysdale brought a man from Colston who was suffering from tabes dorsalis, affecting chiefly the upper extremities. There was no ataxic gait, but the knee-jerks were absent.

A Visit to the Hôpital Laennec.

By HALDIN DAVIS, M.B.

FARISIAN hospitals differ from ours in that they receive not only patients who are likely to be benefited by hospital treatment, but also chronic incurable cases. Thus they supply the place taken in England by infirmaries. The result is they have many more beds than the London hospitals, particularly on the medical side. The Hôtel Dieu, for example, has 1200 beds, nearly 1000 of which are medical.

Now the Hôpital Laennec is one of the smaller hospitals of Paris, and that has 700 beds, but only 120 surgical. The name Laennec suggests that the hospital is modern, but it is not so. In point of fact, it was built in the seventeenth century, but was re-christened in the middle of last century after Laennec, who was physician to the hospital. There is only one modern part, a small pavilion built specially for abdominal section cases.

The whole of the surgical side, 120 beds, is under the charge of a single head surgeon, Professor Pierre Delbet, whose correct title is Professeur de Chirurgie Agrégé à la Faculté de Médecine de l'Université de Paris. Of course, he has several assistants, some of whom are called clinical assistants, and two "internes" or house surgeons. He operates, or his assistants for him, three mornings a week. I had the good fortune to see him do four operations, which presented many points of interest. First of

all the anæsthetic, which was chloroform with oxygen. Chloroform is dropped slowly into a chamber, through which oxygen from a cylinder passes. The chloroform evaporates, and passes with the oxygen by a flexible tube to the mouth-piece. By a valvular arrangement the patient breathes also a certain proportion of ordinary air. The quantity of oxygen in litres per minute, and the quantity of chloroform in cubic millimetres per minute which the patient receives are registered on dials, so that one knows exactly what the patient is taking. It is extremely scientific, and, I am told, very safe (so much so that, on occasion, a nurse is permitted to give the anæsthetic); on the other hand, it is extremely cumbersome. Imagine hurrying off to an emergency operation at midnight with an apparatus standing about four feet high, and weighing, perhaps, ten pounds!

The first operation Professor Delbet did was for persistent "tic douloureux" in a woman of about forty years of age. He excised the superior cervical sympathetic ganglion. This may seem somewhat extraordinary, but I was told this was the fourth time he had done the operation, and he had had good results. It is certainly an easier operation than the excision of the Gasserian ganglion. Professor Delbet did it very neatly in about twenty minutes.

The second operation was removal of the entire uterus and appendages from a woman of thirty-five for salpingitis. As in doing this he opened the vagina, it was previously swabbed out with strong iodine solution, in order to sterilise it as much as possible. Both ovaries were cystic, and there were many dense adhesions. This operation also was very skillfully done.

The third operation was a disarticulation at the knee-joint for diabetic gangrene of the foot in an old woman of seventy-four. I thought he amputated rather low. No general anæsthetic was used for this, but stovaine was injected into the subdural space at the level of the tenth dorsal vertebra. The patient's limb was quite insensitive.

The last operation was a Whitehead's operation for hæmorrhoids. Professor Delbet always does this operation for hæmorrhoids, as he finds he has good results, and no subsequent trouble from stricture of the rectum.

All these operations were done in a theatre with which our old theatre will compare very favourably—just a triangular room, with a low-pitched ceiling, and floored with linoleum. The temperature was excessive. The surgeon and his assistants wore sterilised gowns, but not gloves and masks, like German operators. There were about twenty students (one a lady), who crowded round extremely close to the operating table. The nurses were not (professionally) prepossessing. Nevertheless, I am told by Dr. Paul Lataud, Professor Delbet's interne, by whose kindness I was able to be present, that they get very good results. The next day all the four patients I had seen operated upon were doing very well.

Hay Fever.

HAY FEVER is a catarrhal affection of the mucous membrane of the nose, pharynx, larynx, bronchi, mouth, and eyes, and is often associated with asthmatic attacks.

It is induced in predisposed persons by the action of the pollen of various plants, chiefly Gramineæ. The pollen of rye has been shown to be the most active. The severity of the attack depends on the quantity of pollen present in the atmosphere. Dunbar has isolated an albuminous substance from pollen, which, when applied in very small quantities to the mucous membrane of a susceptible subject, induces an attack.

The onset of an attack is usually sudden, and occurs without any warning. The first symptoms are an itching of the parts with which the pollen comes in contact. Following the irritation is a catarrhal stage, characterised by violent fits of sneezing and running from the eyes and nose, with occasional pains in the head and frontal sinuses. The submucous tissue of the nares becomes swollen, and soon both nostrils become blocked. The changes which occur in the mucous membrane of the air passage causes tightness on the chest, difficult and wheezy breathing, with cough followed by expectoration.

Treatment.—It is, of course, best to avoid the neighbourhood of hay-fields and other sources whence the pollen originates. Medicinally, drugs, such as arsenic, phosphorus, and strychnine are useful in improving the tone of the nervous system. Locally, the destruction of vessels and sinuses over the affected area in the nose may be tried where local applications, such as hydrochlorate of cocaine, or quinine, or perchloride of mercury have failed. Sprays of carbolic acid (eight grains to an ounce), sulphurous acid (equal parts with water), sulphate of quinine (two grains with acid to an ounce), and tannic acid (four grains to an ounce) are frequently useful.

ON THE TREATMENT OF HAY-FEVER BY POLLANTIN.

By GEORGE A. CRACE-CALVERT, M.D.

For the past seventeen years I have been a sufferer from hay-fever, though previously, when I lived in Tasmania, I was quite free. In 1897, after a severe attack, I developed pulmonary tuberculosis, and was sent back to Tasmania in November of that year. Arriving in the middle of the summer, I had only one attack that season, and that was caused by dust whilst travelling in the railway. Next summer, whilst still out there, I had several attacks, chiefly caused by dust. I returned to England in April, 1899, and had a series of bad attacks that summer, and have had further attacks each year since.

Like most sufferers, I have tried everything that has been

suggested, fancying sometimes that one thing, other times that another, had done me good, but I think that cocaine and menthol sprayed or painted on the nasal mucous membrane did most good. Four years ago I had both nostrils cauterised with glacial acetic acid, which relieved me for a time, after which I was as bad as ever. Last year I tried pollantin, and can report most favourably on it. I did not follow the directions about shutting my windows (as I am living in an open-air sanatorium), though I am surrounded by hay fields, and the only thing that I did was to sniff up a small quantity of pollantin powder occupying about one-third of the small measure provided each morning on waking, and once or twice during the day.

On June 7th I first felt inclined to sneeze, and during the day took one or two small sniffs of pollantin without much effect.

On June 8th I had a rather bad attack of sneezing.

On June 9th I sniffed up pollantin at 7.30 a.m., and again at noon, and had no attack at all. I continued in a similar fashion each day till about July 5th, when the hay was cut, and I risked going without pollantin, and was almost free from attacks. During this period I scarcely ever had more than one attack, and often had none at all. Sometimes on waking I found one nostril blocked, and could not get the pollantin well in, and then an attack usually followed, but if I then sniffed the powder well up I was nearly always free afterwards.

I gave some pollantin to my assistant, who is also a sufferer, and after three days he was able to report nearly as successful a season as my own, and, at any rate, great relief from severe attacks of sneezing. He said that he had never been so well before during the hay season.

A patient in London to whom I prescribed pollantin also reports great relief from irritation of the eyes.

Another patient, though using the powder rather extensively, did not experience much benefit, but at times she was decidedly better. She lived in a dusty part, and surrounded by hay fields.

I may here remark that, though living in the midst of hay fields, I now have shorter attacks than when I lived in London—due, I think, to the complete absence of dust here.

Neither in my own, nor in any of the other cases I quote, were there any symptoms (of giddiness, etc.) such as Dr. Percy Allan mentions in the *Lancet* of July 8th, 1905. Both my assistant and I noticed that there seemed to be an abnormal secretion from the nasal mucous membrane, especially at night, whilst taking the pollantin, and this was unpleasant, because it ran down into the bronchi and caused a certain amount of coughing. Apart from this, my only objection to pollantin is its price.

It seems to me, therefore, that pollantin is well worth a trial in all cases of hay-fever as likely to give relief either wholly or partially. Perhaps if the directions sent out with it were strictly followed the relief would be complete, though, as shown by my own and my assistant's cases, great relief can be obtained by simply sniffing up the powder.

Two Cases of Pneumonia with Unusual Complications.

By W. W. JEUDWINE, M.B., B.C. Cantab., Capt. I.M.S.

THE first case is that of a Sepoy, Sr Singh, a fine Sikh, æt. 23, who was admitted to hospital on the second day of his illness when returning from Rawal Pindi manoeuvres, December 20th, 1905.

He was brought into hospital in a state of collapse—temperature 105°, pulse-rate 135, low volume and tension, respirations 36. He was seen by Capt. Fleming, I.M.S., who made a hurried examination owing to the patient's condition, and found signs of pneumonia on the right side.

As Capt. Fleming was transferred the next day I took charge of the patient, who went on fairly well for four days, but then his pulse-rate increased to 140, and it became very feeble in volume and tension; resp. 40, temp. 99.8°; so here was a case of falling temperature with high pulse-rate, a combination which I had been taught usually ended fatally. Examination showed that the heart was considerably dilated to the right. Six leeches were applied over the cardiac and hepatic regions.

On 25th patient was casier. Temperature normal, pulse 130, with slightly better volume and tension.

On 26th patient became delirious, and continued to be so with intervals of sanity for the next four days. He was very violent at times, and did not sleep at night.

A curious feature observed during this time was a frequent strong jerky movement of the right arm and leg; the leg was violently drawn up, and the arm thrown upwards and outwards. However, as the patient was delirious and kept on endeavouring to get up no especial notice was taken of these movements.

On the 28th a second rise of temperature to 103.2° occurred, and dulness accompanied by moist sounds and bronchial breathing was observed on the left side of the chest. On the right side inspiratory recession was present.

Nothing further was noticed until January 2nd, on the morning visit, when I found total paralysis of the right arm and leg with absolute loss of knee jerk. His sick attendant told me that the limbs had become powerless in the night. Besides the motor lesion, sensation was absent all down the outside of the right thigh, and it was deferred in the right arm and over other areas of the leg. Owing to the weak state of the patient no prolonged examination was made. Temperature at this time was 101°, pulse 96, resp. 32. Patient was closely watched for any further sign of paralysis, and on January 5th paralysis of left external rectus muscle was seen and secondary deviation to the right

present. There was no paralysis or weakness or twitching of any muscle of the face on either side, nor was the speech at all affected. Temperature became normal on January 12th, and the signs of consolidation cleared up. The cardiac sounds were normal; no murmur had been detected at any time.

Further particulars may be briefly recorded.

January 10th.—Patient complained of frontal headache. No drugs given. Bowels open.

16th.—Slight movement of toes and fingers of paralysed limbs. Feeble and partial grip.

18th.—Coarse movements in leg and arm, but very feeble. Anæsthesia persists over the outer side right thigh, but sensation elsewhere is normal.

23rd.—External rectus of left eye is working slightly.

31st.—Patient is much stronger. Eyes move inco-ordinately, but there is no actual paralysis of left external rectus. Movements of arm and leg are complete in all directions, but weak. Hypothenar eminence is flabby, and movements of little finger weaker than the others.

February 7th.—Still flabbiness of hypothenar eminence. Patient was made to shut his eyes, stretch out his right arm, and slowly bring his hand to his mouth; while so doing coarse tremors in the arm and hand were observed, which did not perceptibly increase as the hand approached the mouth. Eyes moved co-ordinately. Patient can walk.

10th.—Still loss of sensation in the outer side of thigh.

13th.—Hypothenar eminence improved; only weakness in limbs. Loss of sensation still persists in the outer side of thigh.

Patient was discharged from hospital on 14th February to go on sick leave.

Treatment.—The usual drugs were employed—strychnine, digitalis, iron, etc. Massage was begun on 6th January, and the affected limbs were kept warm by hot bricks wrapped in flannel.

The second case is that in which a Sepoy, æt. 32, was admitted with pneumonia. The disease ran a typical course; the crisis occurred on the sixth day.

On the seventh day the temperature became subnormal, but normal again on the next day.

From the morning of the seventh day to the evening of the ninth day patient was violently delirious. It was not possible to feed him by the mouth, so nutrient enemata were employed and were retained. Strychnia and morphia were given hypodermically.

Patient was subsequently discharged "fit."

My excuse for recording these cases is that I have never seen or heard of hemiplegia occurring in a case of pneumonia, and violent delirium is usually associated with a high and not a subnormal temperature.

Perhaps some one else may be able to give other instances of these complications in pneumonia.

Books added to the Library during May.

Appendicitis: its Pathology and Surgery (Second Edition). By C. B. Lockwood, F.R.C.S.
A Manual of Surgical Diagnosis. By James Berry, F.R.C.S.
The Operative Treatment of Fractures. By W. Arbuthnot Lane, M.S., F.R.C.S.

The Clubs.

STUDENTS' UNION.

A Council Meeting was held on Friday, May 18th, Dr. Herringham in the Chair.

Present.—Dr. Morley Fletcher, Mr. Gask, Messrs. Griffin, Hoskyn, Oulton, Batt, Loughborough, Page, and Trevor Davica.

A letter from Dean, the groundman at Winchmore Hill, announcing his resignation at a month's notice, was read. Moved by Mr. Griffin, and seconded by Mr. Trevor Davies, that the resignation be accepted.

Carried *nem. con.* The meeting then adjourned.

Students are requested to apply to the Secretaries for tickets for the Past v. Present Match on June 20th, as admission to the ground will be by ticket only, in order that an estimate of the numbers present may be obtained.

Men are also requested to enter the ground by the gate and not over the fence on that day.

The Cricket Club have started their season by winning the first three matches, the defeat of the Wanderers being the first on record. The fielding of the XI is slowly improving, and we have more bowlers than in former years.

The First Round of the Hospital Cup v. St. Thomas's was played at Honor Oak on May 28th, and resulted in a win for St. Bartholomew's.

The Tennis Tournament innovated by the Tennis Club on the American system is proving a great success, and Winchmore Hill is now crowded on Saturday afternoons in a way that would surprise Bart's men of five years ago.

The Water-Polo Club started their season with a victory over the H.A.C. The practice games were well attended, and the prospects for the season are good.

The Athletic Sports were held on Wednesday, May 30th, at Winchmore Hill. An account of these will appear in the next issue of the JOURNAL.

CRICKET CLUB.

ST. BART'S v. WANDERERS C.C.

This match was played on Saturday, 5th of May, at Winchmore Hill, and resulted in a win for the Hospital. Our batting, taking into consideration that the match was the first of the season, was good. Griffin, Page, and Postlethwaite being most successful, while Jephson batted well for the Wanderers. The whole team fielded well, especially Lindsey, who caught one very fine catch.

SCORES.

ST. BART'S.		WANDERERS C.C.	
W. B. Griffin, b Bull	33	S. Colman, c and b Page	13
G. Viner, b Taylor	4	E. H. Fischer, b Griffin	17
C. Noon, at Brooks, b Taylor	30	H. T. Bull, b Page	6
E. de Verteuil, b Taylor	4	K. E. M. Barker, c Lindsey,	0
M. Lindsey, b Bull	1	b Page	0
G. F. Page, run out	38	R. B. Brooks, b Cunningham	0
J. M. Postlethwaite, l-b-w	—	D. L. A. Jephson, b Postle-	—
Jephson	22	thwaite	37
A. Ferguson, st Brooks, b	—	J. E. D. Hadatt, c de Verteuil,	—
Barker	5	b Postlethwaite	12
A. Cunningham, st Brooks,	—	A. L. Sloper, l-b-w Griffin	—
b Barker	8	A. L. S. Rose, c Lindsey, b	—
L. L. Phillips, b Jephson	2	Cunningham	7
A. Kernahan, not out	1	O. Taylor, not out	6
		T. A. Darke, b Page	9
Extras	19	Extras	11
Total	156	Total	127

BOWLING ANALYSIS.				
	Overs.	Maidens.	Runs.	Wickets.
Page	19	3	42	4
Cunningham	13	2	31	2
Griffin	9	2	15	2
Postlethwaite	12	1	29	2

ST. BART'S v. VIRGINIA WATER.

This match was played on Saturday, May 12th, and resulted in a win for the Hospital by 15 runs. For the Hospital Gaskell and Postlethwaite bowled well, the former taking 4 wickets for 22, and the latter 5 wickets for 23.

SCORES.

VIRGINIA WATER.		ST. BART'S.	
Bishop, b Postlethwaite	23	W. B. Griffin, run out	20
Keenan, c Noon, b Gaskell	1	G. Viner, c Stinton, b Holden	3
E. H. E. Morgan, c Griffin, b	—	J. F. Gaskell, run out	5
Gaskell	13	E. de Verteuil, c and b Keenan	15
Robinson, b Gaskell	1	P. A. With, b Keenan	0
W. J. Hill, b Postlethwaite	0	M. Lindsey, b Keenan	4
G. Smith, run out	0	L. L. Phillips, c and b Robin-	—
Holden, c Gaskell, b Postle-	—	son	0
thwaite	0	J. M. Postlethwaite, b Keenan	10
Blaber, b Postlethwaite	3	C. Noon, not out	17
Gaskell, c de Verteuil, b	—	J. Cunningham, c Robinson,	—
Gaskell	13	b Keenan	1
Bowskill, b Postlethwaite	10	A. Kernahan, run out	0
T. E. Harper, not out	7	Extras	17
Extras	6	Extras	—
Total	77	Total	92

ST. BART'S v. ROYAL VETERINARY COLLEGE.

This match was played at Winchmore Hill on May 19th, and resulted in a win for the Hospital. The Veterinary College batted first, and made 122. The Hospital made rather a poor start, four wickets falling for 40 runs, but Griffin, who went in third wicket down, soon mastered the bowling, and finally retired for a very fine innings of 122, in which he gave only one chance, at 110. The Hospital fielding was not so good as usual, several catches being dropped.

SCORES.

ST. BART'S.		ROYAL VETERINARY COLLEGE.	
J. F. Gaskell, b Blackwell	0	Blackwell, c Griffin, b Page	0
J. W. Bean, b Blackwell	10	B. Edwards, b Page	24
C. Noon, c and b Blackwell	16	Stephenson, c Bean, b Page	28
M. Lindsey, b Blackwell	3	P. Jones, l-b-w Bean	1
W. F. Griffin, retired	192	Chamberlain, c Lindsey, b	—
G. F. Page, b Blackwell	10	Page	35
G. Viner, c Blackwell, b	—	Comford, b Postlethwaite	9
Stephenson	4	Morgan, c Viner, b Bean	14
L. L. Phillips, c Chamberlain,	—	Hobbs, b Page	0
b Edwards	11	Wacher, l-b-w Bean	1
E. Ferguson, b Blackwell	18	Nichols, b Bean	0
J. Postlethwaite, not out	26	De Meza, not out	0
A. Kernahan, b Blackwell	11	Extras	10
Extras	35	Extras	—
Total	266	Total	122

FIRST ROUND INTER-HOSPITAL CUP.

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

This match was played at Honor Oak Park on May 28th, and resulted in a win for St. Bartholomew's by 91 runs. St. Bart's batted first, W. B. Griffin and Bean opening the score. Both players batted very well, adding 59 runs before Griffin was bowled for a well-played 34. Several wickets then fell in quick succession, until eventually Gaskell and Viner added more runs in a useful partnership, and towards the end of the innings de Verteuil and Symes hit out well, making 16 and 12 respectively. Our innings closed for 157.

St. Thomas's started their innings with Nield and Footner to the bowling of Griffin and Bean. In Griffin's second over Footner was caught at mid-on by Postlethwaite. The scoring was very slow, the batsmen never being in the least confident, and at 20 Laird was brilliantly caught at second slip by Gaskell. The next four batsmen were quickly got rid of by Griffin. Bean then bowled Starkey-Smith, and Morrison was brilliantly run out by Ferguson. The last two men were soon dismissed by Griffin, the side being all out for 93. The bowling of Griffin in obtaining 8 wickets for 26 runs was the main feature of the match. At times he was quite unplayable. The fielding was good, some excellent catches being taken.

SCORES.

ST. BART'S.		ST. THOMAS'S.	
J. W. Bean, c Starkey-Smith,	—	G. R. Footner, c Postle-	—
b Hoare	31	thwaite, b Griffin	2
W. B. Griffin, b Footner	34	F. M. Nield, c Bean, b Griffin	14
C. Noon, c Paddon, b Hoare	3	W. B. Laird, c Gaskell, b	—
J. F. Gaskell, run out	22	Griffin	12
A. J. Cunningham, c Nield,	—	E. A. Seymour, not out	17
b Starkey-Smith	20	F. H. Holl, b Griffin	0
G. Viner, b Seymour	21	W. Weir, c de Verteuil, b	—
J. M. Postlethwaite, c Foot-	—	Griffin	0
ner, b Starkey-Smith	1	W. Shipton, b Griffin	2
E. de Verteuil, b Paddon	16	T. G. Starkey-Smith, b Bean	1
A. Ferguson, b Paddon	6	N. W. Morrison, run out	7
A. J. Symes, b Paddon	12	N. S. Hoare, b Griffin	6
M. Lindsey, not out	0	H. L. Paddon, c de Ver-	—
Extras	11	teuil, b Griffin	4
Extras	—	Extras	1
Total	157	Total	66

SWIMMING CLUB.

WATER-POLO MATCH.

ST. BART'S v. H.A.C.

Played on May 16th at St. George's Baths. At the beginning of the game we had the advantage, and Dixon scored twice in the first few minutes. After this the game became more even. Capon saving well in goal on two or three occasions. White, from back, and Dixon got in one or two hard shots, which, however, went wide, and Ferguson had hard lines in not scoring. Just before half-time Dobson received a pass from Trappell and scored, thus giving us a lead of 3-0.

On restarting the H.A.C. had the better of the game. All our forwards were guilty of allowing their men to get free while the H.A.C. were in possession of the ball, a fatal error which enabled our opponents to score twice in quick succession (both goals by Wilkes). After some scrambling play Ferguson secured the ball, and scored with a well-placed shot (4-2), but almost immediately after our own goalkeeper, in his turn, was defeated by a splendid shot from Wilkes (4-3). After this we had the better of the game, but our forwards failed to score, their shots being badly placed.

Subsequently Trappell, who played a hard and useful game throughout, passed to Dixon, who scored as the whistle blew for "no side," the goal being disallowed. We thus won a good game by 4-3. Team:

St. Bart's.—H. V. Capon (goal); C. F. O. White, R. L. C. Downer (backs); F. C. Trappell (half-back); J. R. B. Dobson, S. Dixon, A. Ferguson (forwards).

MUSICAL SOCIETY.

PRACTICES for the Summer Concert are held as follows: Choral practices in the Great Hall on Friday evenings at 8.30.

Instrumental practices in the Great Hall on Thursday afternoons at 5 p.m.

Both branches of the Society are very badly supported by members of the Hospital at present, and an appeal is made to all those who can do so to join the Society.

Tenors and basses are badly wanted for the chorus, and more violinists are urgently needed for the orchestra.

View Day Entertainment.



NEW departure was made this year in the initiation of an evening entertainment in the Great Hall.

"Ancient Dances and Music" proved not only instructive, interesting, and amusing to those in the audience, but also resulted in a gain of £125 to the fund for the building of the New Pathological Block. The series consisted of mediæval and modern English dances, commencing with the stately Pavane, including several more lively measures introduced from continental nations, such as the Siciliano, Galliard, Courante, and Sarabande; and concluding, after the more familiar Minuet and Gavotte, with an "Irish" Jig, which, as danced by two little ladies of about eleven years, was certainly the gem of the evening, and was enthusiastically encored. The dances were accompanied by music drawn from contemporary sources with, at times, singing, Mr. Cunningham Woods reading, between whiles, a clear and humorous explanation of the original customs in regard to the dances. The whole reflected great credit on Miss Nellie Chaplin, to whom the presentation of the performance is due, and many thanks should be accorded to Dr. and Mrs. F. W. Andrewes for the suggestion of holding the entertainment.

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.

- Bowley, A. A., C.M.G., F.R.C.S. "A Clinical Lecture on some Surgical Complications of Tabes Dorsalis," *British Medical Journal*, May 5th, 1906.
- Cambridge, P. J., M.B., D.P.H. "An Improved Method of Performing the Pancreatic Reaction in the Urine," *British Medical Journal*, May 19th, 1906.
- Clarke, H. H., M.B., F.R.C. "Angiomatous Fibromyoma of the Uterus," *Journal of Obstetrics and Gynaecology*, May, 1906.
- Foulerton, A. G. R., F.R.C.S., D.P.H. "The Action on Bacteria of Electrical Discharges of High Potential and Rapid Frequency," *Lancet*, May 10th, 1906.
- Connor, F. P., F.R.C.S., Capt. I.M.S. "Litholapaxy: an Unusual Obstacle," *Indian Medical Gazette*, October, 1905.

The Temporary Out-Patient Department.

[The following letter has been received at the JOURNAL Office from an unknown correspondent.—Ed.]

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

DEAR SIR,—There has been such a remarkable advance in the popularity of the Out-patient Department, and the rush for seats has become so pressing, that we feel that the present arrangements are quite inadequate to cope with the situation.

It has now become a matter of considerable difficulty to secure a place for the afternoon performances, and the most popular seats are found engaged at an uncomfortably early hour. Those who are prevented by stress of work, and those whose breakfasts are ordered at fashionable hours, are continually experiencing the mortification of arriving too late to obtain any sitting accommodation at all. Could not something be done to remedy this distressingly inconvenient state of affairs?

We would suggest that, in future, the chairs be numbered, and that a small box-office be erected in a conveniently public position, say in the Hospital Square.

The details of the scheme is a matter for future deliberation, but doubtless the arrangements would be moulded in their broader outlines on those in vogue at other places of amusement.

We feel certain that well-upholstered stall seats, and a service of choice and delicate refreshments would do much to relieve the monotony of a long afternoon. An equally welcome addition in the form of "Musical Selections" might be employed to occupy the blank, which is often so wearisome, at the beginning of the afternoon. A selected band of porters, or a happy chorus of cured patients would be equally effective. In this way many advantages besides those of music would be obtained, and the singing would afford an opportunity both for the expression of gratitude on the part of the patients, and for an effective display of their complaints, oral and otherwise. Undoubtedly the idea is capable of immense developments! How much more effective would be the entrance of a troop of well-trained old ladies, who could display their varicose ulcers in the easy motions of a pirouette, and then gracefully retire. Thus would work and pleasure become one, and thus would the Goddess of Healing go hand in hand with the Muse of Art.

There is very little doubt that the attention of the ever-watchful financier would soon be attracted, and the department would be organised and run on the most approved methods. The afternoon performance would be rendered as attractive as possible, and the programme well advertised. We can imagine the appearance of immense posters bearing the names of various famous teachers, perhaps slightly flavoured by the change in their occupation. Thus:


SPECIAL. AFTERNOON PERFORMANCES.

1. We have secured PROFESSOR BAYLEENO and his world-famed troop of SYRINGMYELIACS.
(Positively their first appearance this season.)
2. The "HUMAN JACKAL," or "The Babe with the Hairy Mole."
Introduced by PROFESSOR DE RAULE.
(Recently exhibited with immense success in the Old Theatre of Varieties.)
3. The famous QUICK-CHANGE ARTISTS have consented to appear on Tuesday and Friday afternoons in their final rôle as "Les Hommes Statuesque."
4. DOCTOR DRYSTALLI and his wonderful team of PERFORMING TRYPANOSOMES in the tragical act of "The Lost Corpuscule."
5. PROFESSOR "GRODA," in his unique juggling feat, will positively keep five calculi and a water-hammer in the air at the same time.
6. Special Children's Performance on Wednesday with a Musical Sketch entitled—

"RICKETY ROMPS."

K. M. W.

Elysium.

N my Elysium, when this life is o'er,
And my poor clay regains its primal home,
My spirit, weary of the ailing poor,
In realms of sweetest idleness shall roam.

It won't be mine the simple life to seek
In those celestial pastures of content.
Breakfast in bed, say, even thrice a week,
Shall soothe me, followed by a bath of scent.

No more at noonday shall I taint the air,
Sucking the bitter Gold Flake of to-day;
But fountains, playing Heidsieck in the Square,
Shall tinkle while I puff my Henry Clay.

No meagre lunches then of milk and scone,
No garish suppers in a Soho den;
But dainty *déjeuners*, quite à *l'haut ton*,
And twelve-course dinners with the Upper Ten.

And when, at Bridge, my spirit sips my soul—
The metaphor's inverted, but it will do—
No night bell shall disturb my flowing bowl,
Nor parturition stay the *sans about*.

N. G. H.

Correspondence.

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

THE MOTOR CAR FOR THE PROFESSIONAL MAN.

DEAR SIR,—I am pleased to see your paper open to correspondence on the above. Dr. Whitaker has stated "facts" from his point of view. I certainly differ from him in most of his conclusions, and state some of my "facts" after eighteen months with a motor in my practice. At the outset, I cannot think of a single patient I have gained simply because I have a motor, and do not think it will help Dr. Whitaker to retire any earlier. I do agree that it is suicidal to pay less than £250 for a car, if more can be afforded so much the better; but as to upkeep I think the sum stated (£150) a very liberal one. Personally, the total cost of mine for the first thirteen months, from November, 1904, to Christmas, 1905, was £58, excluding my one man, who was my former coachman. This was my total of expenses, and includes 900 miles on pleasure and a month's holiday on it with my wife and luggage. This year's first quarter's account was £7 15s. When I say that before I had a motor I kept three horses in work, with a dogcart, brougham, and victoria; also a gardener three days a week in summer, and a boy to help in stable in winter, as one man cannot do three horses and garden and house-work, and be driving all day. Now this little lot, with all the carriages with rubber tyres, generally cost me £140 a year without my coachman. I leave anyone to judge which is cheaper; for I have now dropped my gardener and boy entirely, and one man does all, while I do the practice principally alone. It is all very well to say two horses will outlast a car; will they? I found that to keep three horses in hard work you generally had to keep a spare one at grass, and I have had five at one time. If you have no spare horse, I know what it costs to hire and also to buy when you must have one at once. Then, again, fancy keeping a car to look at during the winter! Dr. Whitaker was only bold enough to go out fifteen days in November and four in December, and why? Because he thinks roads and weather ruin a car. Well, I hardly think it; and if they do, the sooner they are under glass covers the better. I have had my car out practically every day, including Sundays, for two winters, and some vile roads, and it is going now as well as ever, and no bolts have loosened; and if the engine has got jarred it has only done it good. And I have yet to come across Dr. Whitaker's wind that slows you down to the pace of a trap. Then, again, I admit I have been fortunate as regards punctures; I calculate I have run some 7000 miles, and had three punctures, and the longest one kept me forty minutes.

Dr. Whitaker suggests keeping both a motor and a horse. This is a luxury, and at the same time an expensive one, as I have proved, for up till now I have kept one horse and a brougham, partly in case of accidents, but principally for my wife, as she cannot go out in an open motor at nights; but the result is that in seventeen months I have had the brougham twice for my short rounds, and my wife has had it whenever she requires a drive, and that has cost something like £60 a year. I am now getting another motor, a landaulette, and doing away with my last "gee," because a motor costs nothing if not in use, but a horse only used once or twice a week is expensive.

No, the fault is not in the motor, but in the buyer. Can anyone reasonably expect a cheap car, or a used up second-hand one, to stand our work? I don't expect a 5s. watch to keep good time, and I don't expect a pony to do the work of three horses, but I do expect a really good reliable motor to keep me on the road, and mine has done it, and at a great saving of time and money. My car is a Panhard, and a more reliable machine I have yet to meet. They may be somewhat slow on the hills, but reliability is everything, and I have not missed a single appointment, nor had to hire a horse to drag me home. This may sound very sanguine and too good for many to believe, but they are facts, and as such, if you think them worthy for insertion in your paper, I shall be pleased.

I am, Sir,

Yours faithfully,

L. M. SNOW.

HORSHAM;

May, 1906.

Royal Army Medical Corps.

It is announced that an examination of candidates for not less than 40 commissions in the Royal Army Medical Corps will be held on July 26th next and following days. Applications to compete should be made to the Secretary, War Office, 68, Victoria Street, London, S.W., not later than July 16th, on which date the list will be closed.

Lieut. A. S. Williams, after being seconded while holding a civil appointment, has rejoined.

Gazette notifications—

The undermentioned Lieutenants to be Captains: A. H. Hayes, M.R.C.P., R. Storrs, R. L. V. Foster, M.B., F. A. H. Clarke.

Major A. Pearce has received the Diploma of Tropical Medicine, University of Liverpool.

On return from India Captain J. B. Cautley is posted to the Northern Command.

According to a recent Army List Bart's men in India are distributed thus:

Peshawar.—Majors H. B. Matthias, D.S.O., and O. R. A. Julian, C.M.G., Lieut. C. W. O'Brien.

Rawal Pindi.—Lieutenants G. E. Cathcart and H. T. Wilson.

Ambala.—Captains A. H. Hayes and R. Storrs.

Sialkot.—Lieut. C. H. Turner.

Nowshera.—Lt.-Col. F. H. Treherne.

Fyzabad.—Major B. J. Inniss.

Agra.—Lt.-Col. H. J. Barratt.

Meerut.—Major J. B. Anderson; Capt. F. A. H. Clarke.

Allahabad.—Lieut. W. H. Hills.

Quetta.—Major H. W. Austin; Lieut. M. F. Grant.

Mhow.—Lt.-Col. J. R. Dodd; Lts. A. A. Meaden and L. V. Thurston.

Poonah.—Capt. C. H. Hopkins; Lieut. F. H. Noke.

Bombay.—Lt.-Col. H. G. Hathaway; Major H. E. Winter.

Ahmedabad.—Lt.-Col. J. R. Forrest (home on leave).

Nasirabad.—Lt.-Col. F. W. C. Jones.

Secunderabad.—Lt.-Col. W. H. Starr; Capt. A. O. B. Wroughton.

Burmah.—Capt. A. J. W. Wells; Lieut. R. C. Wilmot.

Stations not specified.—Lieuts. W. S. Nealor and C. D. M. Holbrooke.

Indian Medical Service.

Appointments—

Major B. G. Seton is appointed to officiate as Secretary to the Principal Medical Officer, India.

Capt. L. B. Scott's services are placed temporarily at the disposal of the Government of Eastern Bengal and Assam, and he is appointed to officiate as Civil Surgeon, Cachar.

Captain W. H. Cazaly has been appointed to the medical charge of the 125 Napier's Rifles (not Nagpur as was reported in the April issue).

Examinations.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Final Fellowship, May, 1906.

Capt. Bennett, I.M.S., Major E. V. Hugo, I.M.S., D.S.O., R. H. Bott, W. M. Mollison.

Primary Fellowship, May, 1906.

M. Bates, R. B. Etherington-Smith, R. H. Paramore, J. E. Payne, C. L. D. Roberts.

ROYAL COLLEGE OF PHYSICIANS OF LONDON AND ROYAL COLLEGE OF SURGEONS OF ENGLAND.

CONJOINT BOARD.

Final Examination, April, 1906

J. E. H. Roberts, C. H. T. Iloit, F. P. Young, W. A. James, R. V. Favell, J. Paulley, R. A. Bowling, J. F. Trewby, A. Hawkins, J. J. Paterson, J. E. Smith, M. D. Wadia, J. H. H. Almond, J. B. Binns, R. Holby, P. A. Reckless, E. T. Glenny, G. T. Verry.

Appointments.

AUDEN, G. A., M.D.(Cant.), M.R.C.S., L.R.C.P., appointed Assistant Physician to the York County Hospital.

DINGLE, P. A., M.R.C.S., L.R.C.P., appointed Resident Medical Officer to the Royal Hospital for Diseases of the Chest, City Road, E.C.

LAWRENCE, S. M., M.B., B.S.(Lond.), M.R.C.S., L.R.C.P., appointed Senior House Surgeon to the Hull Royal Infirmary.

LINDSAY, A. W. C., L.R.C.P., appointed District Medical Officer to the Buxa Doonars Tea Company, Alipur Doonar, North Bengal.

LYOUD, G. W., M.R.C.S., L.R.C.P., appointed Assistant House Surgeon to the East Suffolk Hospital, Ipswich.

SMITH, E. BERTRAM, M.R.C.S., L.R.C.P., appointed Obstetric Assistant to the University of Liverpool.

New Addresses.

ADAMS, G. B. D., King Edward VII Sanatorium, Midhurst, Essex.

BARTON, R. H., Royal Hospital, Portsmouth.

BOYLE, H. E. G., 4, Tenby Mansions, Nottingham Street, Nottingham Place, W. Telephone: 3265 Mayfair.

BREWER, A. H., 29, Court Road, Barry Dock, Glamorganshire.

BRODIE, W. H., 6, St. Stephen's Road West, West Ealing, W.

BROOK, T. S., Denholm, Chingford, N.E.

CARRUTHERS, A. E., Sandy Mount, Rhosneign, Anglesey.

CLARKE, G. C., Sydney Road, Haywards Heath.

CONNOR, F. P., Capt. I.M.S., M.O. 13th Rajputs, Alipore, Calcutta.

CRABTREE, A. M., Surrey Cottage, Otlands Drive, Weybridge.

CUNNINGTON, C. W., 3, Highbury Grange, N.

DUCKWORTH, Sir DYCE, 28, Grosvenor Place, S.W.

DRURY, G. DRU, Corfe Castle, Dorset.

DUNCAN, E. H. G., Walthamstow Hospital, Walthamstow, E.

DYSON, M. G., 93, Union Road, Rotherhithe, S.E.

EVANS, D. C., Barking Road, Canning Town, E.

GRACH, R. N., Charlbury, Oxon.

GOULD, H. U., Shaftesbury, Dorset.

HADFIELD, C. F., Mornington, Malvern Link, Worcestershire.

HARKER, T. H., 49, Kenilworth Avenue, Wimbledon.

HUGHES, S. E., 65, Dyer Street, Cirencester.

ILLIUS, H. W., Capt. I.M.S., care of Messrs. T. Cook & Son, Ludgate Circus, E.C.

JAMES, H. W., The Infirmary, Camberwell, S.E.

JERAM, J. W., Purbeck House, Havant, Hants.

JOHN, A. H., Brook Street, Stoke-on-Trent.

LANGTON, J., 20, Bentinck Street, Cavendish Square, W.

MADDEN, F. B., 2, Cherry Gardens Avenue, Folkestone.

MACGREGOR, J. J., Fox Lane, Palmer's Green, N.

MILLER, G., Westwood, Bothwell, Lanarkshire.

PRATT, J. E., Roma, Queensland, Australia.

PRINGLE, E. G., 195, Croydon Road, Anerley, S.E.

RENDALL, S. S., General Infirmary, Salisbury.

ROSE, E. F., 72, Union Road, Rotherhithe, S.E.

SANDILANDS, J. E., Medical Officer of Health, Winchester.

SCHOLEFIELD, E. H., Ravensthorp, near Dewsbury.

SMITH, F. A., I.M.S., Rose Cottage, Bourne End, Bucks.

STANGER-LEATHES, H. E., I.M.S., 119th Infantry, Hong Kong.

STOCKER, E. G., Holmesdale, Clevedon, Somerset.

SUTHERLAND, F. C., 28, Jacoba Street, Johannesburg, Transvaal.

THOMAS, A. E. H., Public Health Office, Forest House, Chester.

VIDLER, A. E., Studholme, Church Road, Ashford, Middlesex.

WILSON, H. W., 50, Welbeck Street, W.

WINTERBOTHAM, S. L., 136, South Lambeth Road, S.W.

WOOD, F. E., Taipeng, Perak, Federated Malay States.

WORTHINGTON, G. V., Kalomo, North-West Rhodesia.

Births.

ACKLAND.—On May 20th, at 54, Brook Street, Grosvenor Square, the wife of R. C. Ackland, Esq., of a daughter.

HOPE.—On 21st May, at Devonshire House, Adlestone, Surrey, the wife of John L. Allen Hope, M.R.C.S., L.R.C.P., of a daughter.

MARSHALL.—On May 8th, at 36, Albion Street, Hyde Park, W., the wife of Dr. Cole Marshall, of twin daughters.

Marriages.

PARKER-DAVIES.—On the 3rd May, at Holy Trinity Church, Guildford, by the Rev. Prebendary E. H. Winnington-Ingram, Rector of Ross, assisted by the Rev. A. W. Parker, Vicar of Rowledge, father of the bridegroom, Herbert Francis Parker, M.D., M.R.C.S., of Guildford, to Edna Lloyd Davies, daughter of the late D. Lloyd Davies, Esq., of Wyre Court, Beudley, and Mrs. Lloyd Davies, of Glenshee Lodge, Guildford.

HUMPHRY-THOMSON.—On 28th April, at Kurseong Church, Bengal, by the Rev. C. H. Queen, Arthur Dumville Humphry, M.R.C.S., L.R.C.P., son of Fredk. A. Humphry, F.R.C.S., of Crowborough, Sussex, late of the Marine Parade, Brighton, to Margaret Hardie, daughter of the late Grahame Hardie Thomson and of Mrs. G. H. Thomson, 2, Marlborough Terrace, Glasgow.

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 Journal Office, 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 2s. 6d., or carriage paid 2s. 3d.—cover included.

St. Bartholomew's Hospital



JOURNAL.

VOL. XIII.—No. 10.]

JULY, 1906.

[PRICE SIXPENCE.

St. Bartholomew's Hospital Journal,

JULY 1st, 1906.

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

Calendar.

Mon., July 2.	—Shuter Scholarship. Special Lecture, 1 p.m., Mr. McAdam Eccles. "Torticollis."
Tues., " 3.	—Conjoint Board Final Examination begins. Dr. Moore and Mr. Cripps on duty.
Wed., " 4.	—Clinical Lecture, 2.45 p.m. Mr. Lockwood.
Fri., " 6.	—Clinical Lecture, 1 p.m. Dr. Tooth. Dr. West and Mr. Bruce Clarke on duty.
Tues., " 10.	—Dr. Ormerod and Mr. Bowlby on duty. Junior Scholarship.
Fri., " 13.	—Dr. Herringham and Mr. Lockwood on duty.
Sat., " 14.	—Summer Session ends.
Tues., " 17.	—Dr. Tooth and Mr. D'Arcy Power on duty.
Fri., " 20.	—Dr. Moore and Mr. Cripps on duty.
Tues., " 24.	—Dr. West and Mr. Bruce Clarke on duty.
Fri., " 27.	—Dr. Ormerod and Mr. Bowlby on duty.
Tues., " 31.	—Dr. Herringham and Mr. Lockwood on duty.

Editorial Notes.

THE September issue of the JOURNAL will contain a series of short articles dealing with the School, its laboratories, theatres, and methods of work, together with some account of the Clubs, and of the social aspects of hospital life.* It is hoped that it will be possible to illustrate it with a series of photographs, and that the number will thus serve, not only as a memento to past students, but also as a valuable guide to those who are new amongst us.

* * *

THE King Edward VII Sanatorium at Midhurst, in Sussex, was formally opened by His Majesty on June 13th, a distinguished company of medical men and others being present. The rapid completion of the work has been rendered possible by the utilisation of Sir Ernest Cassel's munificent gift of £200,000, and by the energy of the Advisory Committee, of which Dr. P. Horton-Smith Hartley has acted throughout as one of the Secretaries. Dr. Hartley and Dr. Basil Adams, who has been appointed Assistant Medical Superintendent, were presented to the King after the opening ceremony, and the former has since been made a Member of the Fifth Class of the Royal Victorian Order in recognition of his services.

* * *

THE Past and Present Cricket and Tennis matches were played on June 20th. Winchmore Hill was looking its best, and a large company assembled, including several members of the staff, and many of the nurses and sisters. The cricket ended in an easy win for the Present, chiefly due to an admirable display by W. B. Griffin. The only member of the Past team to score at all freely was H. E. G. Boyle. Of the Tennis we can say but little; for some reason this match never turns out well; the teams are nearly always scratch ones, and usually have to be assisted by substitutes, and the matches are often not finished. Surely, with a little more preparation and foresight, it would be possible to get together a really representative team of old Bart.'s men, many of whom must keep up their lawn tennis after their student days are over.

* * *

THE United Hospital Sports, which are reported in another column, did not turn out well for us. However, we won two events, and must hope for better luck another year. We are indebted to D. M. Stone for the photographs of F. P. Young winning the Weight and of L. F. K. Way who was second in the High Jump.

* * *

A NEW departure has been made this year in the inauguration of Sports in connection with the University of

London. Whilst we have every sympathy with those who are promoting the social side of the University, we cannot think that these sports will obtain much encouragement from the medical schools. Our summer is already so full of athletic and social events that any addition to their number renders it more difficult for the student to put in that minimum of work which is essential to his well-being, and such addition is, perhaps, to be deprecated unless it carries with it some very obvious advantages.

The name of Stanley B. Atkinson, M.A., M.B., B.Sc., of the Inner Temple, Barrister at Law, has been placed on the Commission of the Peace for the County of London (Tower Division). Mr. Atkinson has already distinguished himself greatly in matters of Forensic Medicine, and is an Honorary Secretary of the Medico-Legal Society. We offer him our hearty congratulations on this fresh honour.

The names of eleven Bart.'s men appear in the pass list of the London M.B. Congratulations to these, and specially to A. S. Woodwark, P. L. Guiseppi, and A. T. W. Forrester, who attained distinction.

The following scholarships and prizes have been awarded:

Lawrence Gold Medal and Scholarship in Medicine, Surgery, and Midwifery.—G. C. E. Simpson.

The Brackenbury Scholarship in Medicine.—Divided between J. K. Willis and P. L. Guiseppi.

The Brackenbury Scholarship in Surgery.—R. H. Bott.

Willett Medal.—J. C. Mead.

Burrows Prize in Pathology.—P. L. Guiseppi.

Skyner Prize.—E. A. Cockayne.

Walsham Prize.—Not awarded.

Mr. F. A. ROSE, F.R.C.S., has been appointed Surgeon to the Ear and Throat Department of the Great Northern Central Hospital, and also Assistant Surgeon to the Hospital for Diseases of the Throat, Golden Square.

Mr. C. E. WEST has been appointed Senior Demonstrator of Anatomy, Mr. C. Gordon Watson becomes a Demonstrator, Mr. T. J. Faulder is re-appointed Junior Demonstrator for a year, and Messrs. R. B. Etherington-Smith and H. W. Wilson Junior Demonstrators of Anatomy.

Dr. A. R. NELIGAN has been appointed Junior Demonstrator of Medical Pathology, Dr. W. P. S. Branson is re-elected Junior Curator of the Museum, and Mr. J. J. Paterson Junior Demonstrator of Physiology.

THE Anniversary Dinner of the Eighth Decennial Contemporary Club took place on Wednesday, June 27th, at the Imperial Restaurant, Dr. Llewellyn Phillips being in the Chair. There were fifty-nine members present, including representatives of all sections, and the Secretaries were able to announce that the Club was in a flourishing position, with over 450 members.

THE Sixth Club also, we believe, held its dinner on June 27th, but no report has, so far, come in. The Seventh Club meets on Wednesday next, July 4th, and the Ninth holds an inaugural meeting on July 2nd. The Fifth Club is still in existence, indeed, is flourishing, and even contains, we believe, members absorbed from still older predecessors.

THERE appears to be a lamentable ignorance amongst some of the younger generation as to the nature and object of these Contemporary Clubs. As will be seen by the numbering, the original club goes a very long way back, was founded, in fact, in 1832; it was limited as to numbers, and very select, all its members having been pupils of Abernethy. We hope next month to be able to give a full account of the history of these clubs, which has a very considerable interest. For this purpose any information will be welcomed. The minute books of the first two clubs are now in the Library, and it is hoped that those who are possessed of those of the subsequent clubs will lend them for this purpose, and will eventually present them to be added to the collection in the Library.

THE cricket team emerged triumphant from the third round of the Inter-Hospital Cup Competition on Wednesday, June 27th, defeating Middlesex by eight wickets, and now have to meet London in the final. It is to be hoped that they will retain their unbroken record of success, and, at length, bring back the cup to what we feel should more often be its home.

WE understand that the Lawn Tennis Club, though it did not get far toward winning the Cup, is very successful in promoting social games amongst its members, and we have heard rumours of a largely-supported tournament. But, so far, all is rumour; no reports of matches or tournament have come in, and of this we must complain. The doings of all the Hospital Clubs should be made public through the JOURNAL, in order that a full interest in them may be kept up, and that freshmen and others may know how to get games.

IN the Medical Golf Handicap, played at Cassiobury on May 31st, Dr. J. A. West was the winner in the Second Class. Dr. J. H. Drysdale, with a less liberal handicap, took the second prize.

Miscellanies.

PART VII.

By Dr. SAMUEL GEE.

32. ULTIMA LINEA RERUM.

"Of the great number to whom it has been my painful professional duty to have administered in the last hour of their lives, I have sometimes felt surprised that so few have appeared reluctant to go to the 'undiscovered country from whose bourne no traveller returns.' Some indeed have clung to life anxiously, painfully; but they were not influenced so much by a love of life for its own sake, as by the distressing prospect of leaving children, dependent upon them, to the mercy of the world." Sir Henry Hallford, *Essays and Orations*, p. 79.

33. CONTAGION.

Diseases are most contagious before they reach maturity. "Putredo serpens magis contagiosa est quam matura." Francis Bacon, *De Augmentis*, lib. iii, cap. 1.

34. SEMINA MORBORUM ANIMATA. EXANTHEMATA VIVA.

"The particles which constitute the material and efficient cause of the smallpox, measles, or other venous fevers, are of specific and peculiar kinds; and as essentially different from one another as vegetables, animals, and minerals of different kinds are from one another." Thomas Fuller, *Exanthematologia*, 1730, p. 95.

This doctrine was propounded by Athanasius Kircher, in his *Scrutinium Pestis*, published in 1659.

35. VERTIGO.

"Blaise Pascal continually fancied he saw an abyss at his left side, and he used to put a chair there to reassure himself. His friends, his confessor, his director told him in vain that there was nothing to fear, that it was only the delusion of an imagination overwrought by abstract metaphysical studies: he would agree with everything they said, and a quarter of an hour afterwards he would dig anew the pit which frightened him." Pascal, *Pensées*, édit. Louandre, p. 42.

An eminent politician, now dead, suffered from the same abysmal form of vertigo, and it ceased when he gave up tobacco-smoking to which he had been immoderately addicted.

36. VASO-MOTOR AFFECTION.

"M. Pascal fell into a very extraordinary state which was due to his great application to the sciences; for the animal spirits having risen too impetuously to the brain, he was affected by a sort of paralysis from the waist downwards, so that he was obliged to use crutches. His legs and feet became as cold as marble, and socks wetted with

brandy were put on so as to try to bring back some warmth to his feet." *Life of Pascal*, by his niece Mlle. Périer. This was probably an instance of what has been called local syncope.

Another nervous disorder from which this great thinker suffered was spasmodic dysphagia (stammering of the oesophagus). And, worst of all, his dreadful cephalæa.

Two unpublished Letters of Charles Bernard— Surgeon to St. Bartholomew's Hospital, 1686—1711.

By D'ARCV POWER, F.R.C.S. ENC.

THE two following letters, written by Charles Bernard to the Rev. William Wotton, have recently come into my possession. They are sufficiently interesting to warrant their publication, for they show Charles Bernard to have been—what history has always represented him to be—a surgeon who was a gentleman, well educated, and willing at all times to help friends with his knowledge.

The passage referred to in the first letter is evidently the reference by Servetus to the pulmonary circulation of the blood. It is, as we now know, in the fifth book of the *Christianismi restitutio*. The second letter shows somewhat of his principles as a Tory High Churchman and an astrologer.

DEAR SIR,—That passage was transcribed out of a manuscript of Servetus's works by a semi-philosopher, Mr. Hill, the Treasurer to the Royal Society, who had the curiosity for the passage, but none for the place. I have set him to procure the title of the particular tract, but I find it will be done with difficulty, if at all. In the catalogue of his writings published by Sardinus I find nothing relating to physic or philosophy but his *Ratio syrorum*, printed at Paris, 1537, and *Venet*, 1545, though Mr. Hill assures me it was among his theological tracts. But, in my opinion, that passage will not be of much importance to your design, which, I suppose, is to prove the ancients strangers to the doctrine of the circulation, which, I hope, is not hard to be done. In my opinion, 'tis strange, that if it be so clear in Hippocrates, that of near 300 commentators which have written upon him none of 'em should have the luck to discover it in him till Harvey asserted it to the world. I must confess I cannot apprehend that entitling Hippocrates to the invention does at all diminish the reputation of Columbus, Casalpianus, or Harvey, for it seems manifest to me that it was much more easy for them or us to discover the circulation from dissection and the contemplation of the structure and economy of man's body than from anything the ancients have delivered. Most undoubted it is that the discoveries the moderns have made are owing more to their own thoughts and industry than to anything that is to be found in Hippocrates, in Aristotle, or Galen, all that they say seeming but forced inferences from dark hints at best. And 'tis very observable that all those men that are for fetching everything out of the ancients seem not at all qualified for making any discoveries in anatomy themselves, nor have they, indeed, made any tolerable attempts that way, upon a lazy and absurd supposition that the ancients knew everything, and that nothing new was to be discovered, nor, indeed, have they had the luck to review any notion in their own writings till after others have demonstrated it from their own experiences and inquiries. Then, indeed, they chime in, "This Hippocrates knew; this is plain in Aristotle," though, had not others brought it to light by their own labour and sagacity, there it must for ever have lain for aught you or

I, or even those votaries to antiquity, should discern or discover. And if those things were so clear in the ancients, what a parcel of blockheads have succeeded for so many ages, that, till within a century, nobody has been able to understand things so manifest.

I desire you to make what convenient speed you can to dispatch the transactions for yesterday the owner was inquiring for 'em.

I am,
Your assured friend,
CHARLES BERNARD.

April 29th, '93.

I suppose you have heard that Du Pin's works are solemnly burnt in Paris.

Endorsed

This

To the Reverend Mr. Wotton,
at Mr. Finch's at
Albury,

to be left at Mr. Quennel's,
in Guildford, Surrey.

DEAR SIR,—Not that I apprehend you had a very formidable adversary either in Sir W. T.—or his advocate, yet, for your sake, I am not sorry he declines his attempts, though we, perhaps, may be defeated in our expectations of some entertainment which such a paper controversy must needs have afforded us. But, depend upon it, Sir W.—will give you a jarr or two in his preface to his history. You will not fail of your gazett be sure, and, therefore, I will not spoil what there is in it by my repeating. At court they pretend to talk of a victory in Hungary, but, if the foreign prints are to be credited, I am more apprehensive of the truth of the Jacobite news, though, indeed, I do believe, if there had been a battle, the success is equally unknown to both parties, and 'tis manifest the Germans, by lying still and sending out for succours, are apprehensive of their own weakness, and the Turks, by pressing forward, presume upon theirs. I look upon Fr. Lewis's passing the Rhine to be as considerable as any of Caesar's, to cut down wood in the islands on the Rhine, and found a bridge capable of transporting his men in three days, when the Romans were never able to do under double the time. The Pope's declaring the Elector of Cologne duly chosen Bishop of Liege I look upon to be the result of our fleet in the Mediterranean, the works at Civita Vecchia (which he was adorning with waterworks and other curiosities, and designing to be a free port) all ceasing upon the news of our approach. I have sent you the nativity, and as much on it as I dare venture without assurance of an exact kind and accidents to make it so.

I am,
Yours entirely,
C. B.

September 27th, '94.

Endorsed

This

To the Rev. Mr. Wotton,
at Mr. Finch's at Albury,
near Guildford,
Surrey.

Charles Bernard, the writer of these letters, was born about 1656, the son of Samuel Bernard, D.D., of Croydon. He was apprenticed on August 16th, 1670, to Henry Boone, of the United Company of Barber Surgeons, and on December 4th, 1677, he was admitted to the freedom of the Company. He was chosen an Assistant in the Company on October 25th, 1697, on November 8th, 1700, he was appointed an Examiner of Surgeons, and in 1703 he was Master of the Company. He was elected Surgeon to St. Bartholomew's Hospital August 26th, 1686, by special command of King James II, and, after attaining the chief surgical practice in London, he was appointed Serjeant Surgeon to Queen Anne in 1702. He died at Lord Weymouth's house, Long Leate, Wilts, on October 9th, 1710. Bernard is said to have formed from observation a true opinion as to the frequency of a fatal recurrence

after the removal of malignant growths. During his year of Mastership at the United Company of Barber Surgeons he prosecuted and obtained the dismissal of the Sheriff of London for neglecting to deliver up the bodies of criminals for dissection.

The Rev. William Wotton, to whom these letters are addressed, was the second son of Henry Wotton, Incumbent of Wrentham, Suffolk, where he was born August 13th, 1666. It is recorded of him that he could read a Latin psalm at the age of four years and six weeks, and at five years old he had read through St. John's Gospel in Greek. Two months later he learnt Hebrew. At five and a half he began Homer and Virgil, and by six he had read the whole of the *Batrachomyomachia*, the golden verses of Pythagoras, the first three eclogues of Virgil, and some Terence and Corderius. On 24th May, 1672, John Ombler, a Fellow of Corpus Christi College, Cambridge, examined him, and certified to his knowledge of Latin, Greek, and Hebrew; and on July 20th, 1672, Sir Thomas Browne, the physician, certified that he read a stanza in Spenser very distinctly, also some verses in the first eclogue of Virgil, some verses of Homer and of the *Carmina Aurea*, the first verse of the fourth chapter of Genesis in Hebrew, and construed all accurately.

He was admitted at Catherine Hall, Cambridge, in April, 1676, and was there justly looked upon as a prodigy of classical learning at a time when the classics were held in high repute. He graduated B.A. in 1679, and was elected a Fellow of St. John's in 1683. He then graduated M.A. in 1683 and B.D. in 1691. He was elected F.R.S. on February 1st, 1687.

The first letter was evidently written when Wotton was engaged on his *Reflections upon Ancient and Modern Learning*, which was published in 1694. He was at this time chaplain to Daniel Finch (1647—1730), the second Earl of Nottingham, whose mother, Elizabeth, was niece of William Harvey, the discoverer of the circulation of the blood. Later in life Wotton, who had held the living of Llandrill-yn-Rhôs, Denbighshire, became a diligent student of Welsh, and made considerable progress in an edition with translation of the laws of Hywel Dda, published after his death as *Leges Wallice* in 1730. Wotton died on 13th February, 1726, at Buxted, in Essex.

Books added to the Library during June.

A System of Gynaecology. By many writers. Edited by T. Clifford Allbutt, M.D., F.R.S., W. S. Playfair, M.D., F.R.C.P., and T. W. Eden, M.D. (Edin.), F.R.C.P.
The Ship-Surgeon's Handbook. By A. Vavasour Elder, M.R.C.S.
Atlas de Médecine Legale: Lesions Traumatiques. Par le Dr. L. Hahn.

The Importance of Routine Cystoscopy in all cases of Vesical and Renal Disease.

By HAROLD W. WILSON, F.R.C.S.

ONE of the greatest objections to the frequent use of the cystoscope is that it is assumed to need a general anæsthetic, and that that means to the patient two "operations" instead of one. Chloroform or ether always mean a certain amount of risk to life, however skilful the administrator, and, in conjunction with this, the subsequent discomfort from anæsthetic nausea, etc., must be considered.

I hope to be able to show, by the method given in detail below, that cystoscopy can be performed quite easily under cocaine with a minimum of discomfort, and ought to be brought into line with ordinary laryngoscopic examination; indeed, I should say the laryngoscope was the more difficult instrument to use, were it not that greater facilities for practice are available.

The patient does not appreciate that as a rule many urinary operations are of the nature of explorations, and that in some of the larger general hospitals statistics show that in over 60 per cent. of the exploratory nephrotomies, nothing abnormal is found.

Now, by means of cystoscopy, although one may not be able to make a definite diagnosis, yet one at least can accurately localise the source of the hæmaturia or pyuria, as the case may be, and one may feel confident in cutting down on one or other kidney, for example, that at least the actual site of the pathological lesion is being dealt with, although we may not be able even then to discover what that lesion actually is.

I suppose one must also take into account the risk of sepsis, but where ordinary care is exercised the risk of infection is extraordinarily small, indeed, from my own observations, I have never actually seen a case that I could attribute an infection directly to the use of the cystoscope.

In this connection it is of extreme importance that one should avoid any injury to the bladder-wall, and in tuberculous cases, which are very liable to a second pyogenic infection, additional attention to rigid asepsis must be observed.

The best method of sterilisation is to place the cystoscope for five minutes into a glass jar containing a 90 per cent. solution of carbolic acid, and to carefully wash off the acid before using, and in the case of the catheter cystoscope it is necessary to syringe through the catheter channel with a little warm water in order to remove any remaining traces of the acid.

The bladder sound I should describe as an almost useless instrument for diagnostic purposes even when combined with rectal examination, neither its positive nor its negative

evidence are of much value. A stone may be encysted in a post-prostatic pouch far out of reach of your sound, and even if you do feel a grating sensation it is impossible to say whether you are dealing with a soft phosphatic stone or only a phosphatically encrusted papilloma or malignant ulcer. In some few cases, however, I admit that the characteristic metallic ring is unmistakable.

One must also mention Luys' separator as a help to renal localisation and efficiency. Its use, however, is extremely limited, and unless a preliminary cystoscopic examination has excluded vesical disease its results are valueless.

Let me quote an example of what I mean:

A patient comes complaining of hæmaturia and anterior or posterior renal pain, perhaps ureteric colic on the right side. A separator is passed, clear urine drawn off from the left and blood-stained urine from the right side of the bladder. The inference is that the patient has a right-sided renal hæmaturia; cause, perhaps, stone. The right kidney is then cut down on and explored.

But a papilloma growing from the immediate neighbourhood of the right ureteral papilla, a common situation, and causing some ureteric obstruction will equally well give you all these results.

If one has to use a cystoscope why not make one instrument do and use a catheter cystoscope, and obtain specimens of urine from each kidney for analysis in this way.

Even the advocates of the separator admit that it is a difficult instrument to pass; it causes pain, and in prostatic cases almost certainly causes hæmorrhage from the hyperæmic mucous membrane of the prostatic urethra. Again, in cases of renal pyuria, where its use is strongly recommended, you are dealing with a dirty bladder, and how difficult it is to wash a bladder clean is brought forcibly home to you, when after repeated irrigation you pass a cystoscope.

In a case I saw recently although the washings appeared almost clear, on looking into the bladder a distinct shining yellow layer of pus could be seen lying behind in this case the raised trigone, and bounded in front by a prominent hypertrophied inter-ureteric bar of muscle.

Technique of cystoscopy.—I do not propose to consider female patients in this connection because in them it is so simple a matter, and what follows relates entirely to men.

The glans penis and external urinary meatus having been thoroughly washed with soap and water, and then biniodide lotion (1 in 4000), a sterilised towel is placed in position across the patient's thighs, and about two drachms of a 5 per cent. solution of cocaine is injected down the urethra, the glans is compressed with the left hand, whilst with the right some of the fluid is massaged along the perineum and through the compressor urethra.

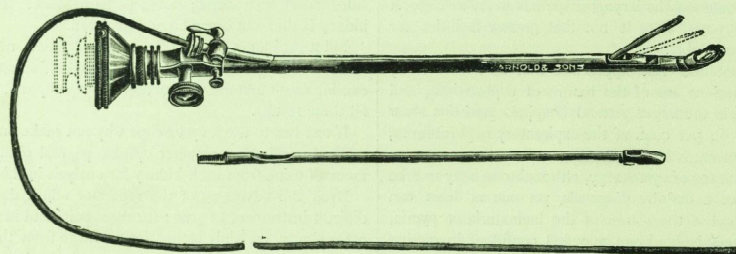
If this has been properly done, on removing the left hand, only a drop or two of the solution leak out of the external urinary meatus.

Perhaps the most convenient instrument to use for the injection is a small pointed glass tube, fitted with an india-rubber teat, exactly resembling the ordinary fountain-pen filler. Its capacity should be about two drachms, and, of course, the whole instrument must be boiled.

A catheter is now passed, and any urine there may be in the bladder drawn off, and during the whole of the subsequent irrigation it is imperative to remember that no suprapubic pressure must be applied or in this way hæmorrhage may be produced from some intra-vesical growth.

The most convenient catheter to use is a condéé soft French catheter (Fr., No. 20) made with two large lateral apertures at the tip and its proximal end drawn out into a slightly funnel-shaped extremity, so that the nozzle of the four ounce metal syringe will just fit it.

The bladder is now repeatedly washed out with warm



THE CATHETER CYSTOSCOPE.

water until the returning fluid comes back quite clear, and then the bladder is distended with fluid, and is ready for cystoscopy. No definite law can be laid down as to the exact amount of fluid to be used, perhaps the best rule to adopt is to gently pass in fluid until the patient says he feels a desire to micturate, and begins to complain of discomfort, the usual quantity required being about eight to twelve ounces.

Even the faintest tinge of blood obscures the view almost completely, and should it be found impossible to get rid of this it is better to defer the examination for four or five days than to persist in what will probably be an abortive attempt to get a clear medium.

A solution of silver nitrate (grs. $\frac{1}{4}$ ad $\frac{3j$) is the best styptic to try, and occasionally "Hazeline" ($\frac{3jss}$ ad Oj) will be found useful; but once a bladder growth commences to ooze it is the most difficult thing in the world to stop it, and the same holds good for the easily bleeding mucous membrane covering a hypertrophied prostate gland.

Glycerin although it possesses innumerable drawbacks as a lubricant still has the merit of great transparency, and will be found to be the most satisfactory fluid to assist the

passage of the cystoscope. The latter instrument is now passed down the urethra until its beak meets the obstruction of the compressor urethræ, and is then allowed to fall into the bladder by its own weight; it is quite sufficient to merely steady the butt with one finger as it drops between the thighs.

The fact that the instrument has entered the bladder is at once evident by the free rotation of the beak made possible. Any attempt at force will cause bleeding, and will entirely defeat the object of the manœuvre.

The patient's buttocks are now raised about three or four inches by a small sandbag—even an ordinary ledger will prove a satisfactory object, and then the light is switched on.

A careful general survey of the bladder should first be made, any intra-vesical projection of the prostate sought for, and then the ureteric papillæ examined.

Perhaps the easiest way to find the vesical orifices of the ureters is to turn the indicating knob of the eye-piece to a point on an imaginary dial at twenty-three minutes past or to the hour, and then slowly to draw the instrument backwards and forwards until the papilla comes into focus, or in a hypertrophied viscus by following outwards the transverse ureteric bar the openings can usually be easily localised except in those few cases where they lie behind, and are concealed by the transverse fold.

The urinary papilla has been very aptly compared to the optic disc as a means of diagnosis, and certainly even if the ureter cannot be seen actually pumping pus, its everted, tumid, and inflamed lips enable us to make an accurate surmise of the state of the kidney in connection with it.

I cannot help thinking that if the cystoscope were more widely and systematically used, urinary diagnosis would become more of a scientific certainty and less of a pious hope based on two factors—

- (a) The patient's account of his symptoms.
- (β) The relative commonness of certain diseases.

The catheter cystoscope.—The introduction of this instrument presents no additional difficulties to those met with in the use of the ordinary variety. The intra-vesical

opening of one ureter having been found, the filiform catheter is gradually protruded until its point engages in the ureteric opening, and then it is slowly and gently passed upwards into the pelvis of the kidney if necessary, and in this way a specimen of the urine secreted by the kidney of that side can be obtained for analysis.

The plate shows the ureteral catheter projected a short distance from its channel.

It is important to remember that a stone impacted in the ureter does not as a rule offer any bar to the onward passage of the catheter, and that an X-ray photograph taken with the catheter in position shows the stone lying along the course of the catheter.

Occasionally, however, even this is not conclusive, as in a case recently, in which the shadow proved to be a calcareous tuberculous gland, which was found actually adherent to the ureter when the supposed stone was cut down on.

Two Midwifery Cases.

By C. H. D. ROBBS, M.B.

CASE 1. *Placenta prævia complicated by rupture of the uterus.*—I was called to a multipara in the sixth month of pregnancy on account of hæmorrhage. On examination the os uteri was found sufficiently dilated to admit one finger, and the head could be felt high up, and with something which I took to be the placenta intervening between it and the finger.

Bleeding not being serious I left the case until next day, when on arrival I found a large bag of membranes presenting with good pains and no bleeding. I ruptured the membranes and could then very distinctly feel the placenta, which occupied the whole circumference of the cervix. Above it was the head. Fairly strong pains came on, and with each pain there was a small discharge of blood. The head, however, did not advance, apparently being kept back by the placenta.

After waiting an hour I considered interference advisable, and removed piecemeal a considerable amount of placental tissue. As the os was not large enough to admit forceps I proceeded to turn under chloroform. This was effected without great difficulty and without roughness.

In bringing down a leg something which felt like membrane was found entangled with it. This separated as the leg came out of the vulva, and on actually seeing this structure I was horrified to find that it was undoubtedly maternal omentum, entirely different in appearance from either placenta or membranes. Fat was emmeshed in its substance, and it floated in water, whereas placenta and membrane both sank.

I completed the delivery with ease, the remains of placenta following without difficulty, and the uterus retracting well

The puerperium was absolutely normal, and never gave any occasion for anxiety.

With regard to the causation of the ruptured uterus, I am unable to offer any very satisfactory explanation. When I turned, the uterus was most certainly not in a condition of tetanic contraction, a condition in which any such manœuvre is likely to result in rupture of the uterus. I can only suggest that the thinned-out portion of the lower uterine segment on which the placenta had been implanted gave way, and so caused rupture into the abdominal cavity, probably during the manipulation of turning.

The remaining point of interest lies in the fact that the rupture of the uterus was attended by no evil consequences, although the mortality quoted by Dakin is as high as 90 per cent.

CASE 2. *Surgical emphysema occurring during parturition.*—The patient was a primipara who had undergone an apparently natural labour with a left occipito anterior presentation, and a second stage lasting two hours. The pains were good, but not extraordinarily vigorous, and a small amount of chloroform was administered whilst the head was on the perinæum.

The child, 5½ lbs. in weight, and placenta being safely delivered, the mother called my attention to the swollen condition of her face. On examination I found that the face, neck and shoulders, and upper portion of the chest were extensively infiltrated with subcutaneous emphysema. This condition persisted for four days, but, beyond a slight difficulty in swallowing, caused no inconvenience or pain.

At no time was there any shock, though it is possible that the rupture of the lung causing the condition may have occurred whilst the patient was under light anaesthesia.

The pathology of the condition is, I believe, to be explained by a rupture of the lung, and an escape of air through the posterior mediastinum into the subcutaneous regions of the head and neck.

The case appears to me unique and to be worthy of publication.

Notes of a Case of Paroxysmal Hæmoglobinuria.

By VIVIAN T. GREENVER, F.R.C.S.

CASE. October 25th, 1905, a male patient, aged 40, consulted me in reference to attacks of neuralgia of the face affecting sometimes the right and sometimes the left side. He also complained of flatulency and of passing urine like porter.

Patient's history.—Born in France. He enjoyed good health until six years ago, when he first passed urine like porter after a cycle ride about Christmas, 1899. He has since passed similar urine at intervals of about six months, but the last three months the frequency of the attacks has been much increased, and he says he is beginning to suffer in general health. In 1893 he lived in Cairo for two months, and a year after discovered that he was suffering from tape-worm, for

which he took medicine prescribed by a chemist. With this exception he has not been abroad.

Present condition.—Tall, thin, and of a sallow anemic appearance; tongue coated. Pulse 66, temp. 97.5°. He said that his bowels acted once and sometimes twice every day, that the motions were dark brown in colour. There was not any jaundice. Patient, on request, passed a small quantity of urine which, however, appeared normal. He was asked to bring a sample when it appeared as he described.

On October 26th, 1905, patient passed porter like urine, which was submitted to me for examination two days later. It was of port-wine colour. Clear, with thick brown sediment. Acid, sp. gr. 1029. Albumin, slight cloud. No sugar. Examination of deposit by the microscope showed a quantity of granular debris, a few epithelial and pus cells, but no red blood-corpuscles. On staining centrifuged deposit with eosin methylen-blue a great number of pus cells with an enormous quantity of long rod-shaped bacilli were discovered.

On October 29th I examined the patient carefully, but could find no evidence of gross disease. The spleen could not be felt. No history or evidence of syphilis. On the same day I made a bacteriological examination of his blood, but did not discover any plasmodia. He remained in bed, the urine cleared, and he improved generally.

On November 5th patient very ill. Temp. 102.8°. General abdominal discomfort, some slight distension. Frequent belching of flatus. Pain in the right loin with tenderness on deep pressure. Urine, porter-like. Increased frequency and painful micturition. Quantity of urine above the average in the twenty-four hours. Bowels constipated; pulse 84, low tension.

A turpentine enema gave great relief.

November 8th.—Patient much better, temperature normal.

November 10th.—Not so well, more pain in right loin.

November 12th.—More abdominal discomfort, with pain in the right loin. Right kidney felt to be enlarged and tender.

November 13th to 19th.—Continued much the same, temperature varying between 99.5° and 103.2°.

On November 24th temperature normal, and the patient very comfortable, except for slightly increased frequency of micturition with a little pain, polyuria, and cloudy urine with deposit.

On February 1st of this year the patient was perfectly well; however, he had occasion to go hurriedly to Paris. While there he felt well, but as he was coming home on the boat he was taken with shivering, and severe abdominal pain, and he felt so ill, that a telegram was sent to arrange for the doctor to meet him on his arrival. He was taken home, put to bed, and it was again noticed that he passed a quantity of porter-like urine. This attack was, however, of short duration, and he is now rapidly improving.

From the above notes it will be seen that one had to deal with a case of paroxysmal hæmoglobinuria, or probably more correctly speaking, methæmoglobinuria, complicated by an acute attack of pyelitis of the right kidney.

The following varieties of Hæmoglobinuria are known to occur:

1. Toxic.
2. Paroxysmal.
3. Febrile, the so-called Hæmoglobinuric Fever.

The toxic cases may be due to the administration of—Potassium chlorate, pyrogallol acid, carbolic acid, arseniuretted hydrogen, carbon monoxide, naphthol, muscarine; also to the poisons of scarlet, yellow and enteric fevers, malaria and syphilis.

It is noteworthy that, according to Bastianella, hæmoglobinuria due to the administration of quinine never occurs excepting in patients who are suffering or who have recently suffered from malarial fever.

The paroxysmal cases are said to occur:—(1) as the result of cold and exertion; (2) in patients subject to Raynaud's disease; but the essential pathology of these cases is unknown.

As regards hæmoglobinuric fever, we are told by Manson,

that the parasitology has not been worked out sufficiently to justify an expression of opinion as to its exact nature.

In the *British Medical Journal* of February 10th, an article occurs entitled "Hæmoglobinuric Fever in Syria," by E. W. Masterman, English Mission Hospital, Jerusalem, and I will just recite the result of his examination of the urine under the microscope. No blood corpuscles were found, but there was a sediment consisting of quantities of granular material, some of it in the form of casts, and a great number of crystals of triple phosphates (it was acid originally, but became alkaline). There were no epithelial cells and no leucocytes, but numbers of long rod-like bacteria, some in couples, were present. Examination of the blood showed considerable leucocytosis and a few red corpuscles containing plasmodia.

This case, therefore, shows that hæmoglobinuric fever occurs in Palestine, a fact previously denied, and that, as in my case, bacteria existed in the urine, and it seems possible, of the same type. Plasmodia occurred in the blood in Masterman's patient, but so far as I have been able to investigate, not in mine. These facts would seem to suggest that in cases of hæmoglobinuria we have one of two causes at work.

1. A non-bacterial toxic cause acting generally in the system, and producing the condition either in the blood or else whilst filtering through the kidney.

2. A bacterial cause, most probably localised in the kidney or kidneys, as both cases suggest, and that neither quinine nor the plasmodium malarie are, or have ever been guilty of producing the so-called hæmoglobinuric fever (black-water).

Many points of weakness in the above case are glaringly present, but they do not diminish the importance of the observed facts, and it seems to me that it only requires the working out by those more competent than myself to establish a clearer pathological conception of a very obscure condition—Hæmoglobinuria.

Health in the Sudan.

THE Sudan is not the fever-stricken, smallpox ravaged country, into which the Egyptian diseases (ophthalmia, bilharzia, and anchylostoma) are rapidly being introduced, while sleeping sickness is advancing, cholera and plague threatening Port Sudan, and leprosy creeping in from the west. What are the facts? There are five provinces at least which are practically free from the malaria infection—fever cannot originate there—namely, Halla, Dongola, Berber, Khartoum, and Suakin; and, with the introduction of suitable dwellings and energetic mosquito brigades, other provinces will be freed from malaria. Smallpox shows itself occasionally, but if the country can be vaccinated throughout, smallpox will disappear. Great advances have been made towards

this end during the last year or two. The carrier of sleeping-sickness has been caught in Sudan territory, it is true, but so far not a single case of sleeping-sickness has been imported. Quarantine regulations have been instituted for Port Sudan and for the Sudan generally; and the arrangements at Halfa have been so far successful that plague and cholera have been kept out. Egyptian ophthalmia is decidedly uncommon, and bilharzia and anchylostoma, the two principal Egyptian diseases, have not taken hold of the natives to any extent. Lastly, the natives are amenable to medical treatment, so that there is little difficulty in carrying out measures for the security of the country against epidemics, so far as active opposition from the people is concerned. The Bahr-el-Ghazal must be excepted from this general statement, on account of our present want of knowledge of the character of its peoples, and that of the people of the Eastern Sudan, who are still timid and suspicious. It is satisfactory to know that the natives of the country are gradually gaining confidence in the hospitals. A native correspondent recently wrote to the *Sudan Times* in the following terms:

"A few years back, the arrival of a medical officer in a village meant a general alarm; everybody sought a hiding-place. Now things have changed in such a manner that native patients flock to the hospital to be treated."

The above extract from the report of Dr. J. B. Christopherson shows how satisfactory is the medical administration of the Sudan. In addition to Dr. Christopherson, N. E. Waterfield, C. L. Nedwill, and C. H. Fielding are in the Sudan, and constitute, we believe, the whole medical service at present.

Obituaries.

GEORGE STANLEY MORSE, M.R.C.S., L.R.C.P.

IT is with deep regret that we record the death of George Stanley Morse on June 12th at the Metropolitan Hospital, the result of a slight accident whilst performing a *post-mortem* examination ten days previously. Born at Stratton, Wilts, in 1880, he passed his early schooldays at Swindon High School, and after at Bourne College, Birmingham. He matriculated at London University in 1899, and came to Bart's in the October of that year. After a successful career as a student, he qualified in April, 1905, and, since October last, has held the post of House Surgeon at the Metropolitan Hospital, where he earned for himself the reputation of being a hard worker and the best of friends to his fellow residents. We can but deplore the unfortunate accident which, occurring thus soon after the completion of his student career, thus cuts him off from the enjoyment of the fruits of his labour.

THOMAS ERNEST HAYWARD, M.B.LOND.,
F.R.C.S.

The death of Dr. T. E. Hayward, at Haydock, Lancashire, on June 8th, at the age of 51, is a loss, not only to his local friends and colleagues, but to the profession in general. Dr. Hayward entered at St. Bartholomew's with a science scholarship, and, after taking the degrees of M.B.Lond. and F.R.C.S., settled at Haydock, where he was Medical Officer of Health, and where he became known, not only for his powers of local administration, but also for his contributions to the study of public health. In particular may be mentioned his researches toward the improvement of methods of constructing shortened life-tables, and his inquiry into the effects of the elimination of pulmonary phthisis on the expectation of life.

Dr. Hayward's thoroughness and devotion to work render his loss at so early an age one seriously to be deplored by all his medical colleagues.

Consultations.

SURGICAL.



LUNE 21st.—Mr. Lockwood showed a man, æt. 37, suffering from a swelling of the inner side of the right thigh, which had been noticed about nine months, during which time but little alteration in size had occurred. The mass

was soft, was situated deep among the adductor and inner part of the hamstring muscles, and not connected with the bone. There was some enlargement of the right inguinal glands. A skiagraph gave no assistance, and the patient was in other respects quite healthy. Mr. Lockwood inclined to the diagnosis of sarcoma.

Mr. Rawling, whilst agreeing to the probability of the mass being a sarcoma, suggested the possibility of rupture of the adductor muscles. The further opinions were all in favour of sarcoma, Mr. Eccles laying stress on the glandular enlargement, Mr. Bailey noting the absence of that pulling on the mass by the adductors which is usually evident when the muscles are torn, whilst Mr. Rawling pointed out that the hamstrings as well as the adductors were involved.

Mr. Eccles showed a man, æt. 43, with a swelling occupying a considerable area on the back of the thigh, noticed for two years, during which it had not changed. The mass was subfascial and intermuscular, and on account of its characters and its long duration Mr. Eccles believed it to be a deep-seated lipoma.

This was the general opinion of the surgeons present, Mr. Lockwood, however, suggesting a myxo-fibroma.

Mr. Rawling showed an interesting case of effusion into the right knee and elbow in a boy the subject of hæmophilia, with stiffness also of the left knee, right hip, and ankle. Of special importance is the family history of this case. The patient's two brothers are both hæmophiles, one of them having been recently in this Hospital for bleeding from a cut; the one sister, however, is healthy. The boy's mother is also healthy, but her two brothers suffered from hæmophilia, and died as the result of it. The mother's sister is also healthy, and has thirteen children, of whom the youngest only, a boy, is a hæmophile.

The discussion was chiefly concerned with the prognosis, which Mr. Bowlby and Mr. Bailey considered fairly good both in regard to the improvement of the joint conditions, and also to the prospect of the eventual outgrowing of the disease.

MEDICAL.

Dr. West showed a case of "most profound anemia" in a man, which had come on without cause in six weeks, there had been only once slight hemorrhage from the gums, and except for a constantly raised temperature (101°-102°) there were no other symptoms. There was a soft blowing systolic murmur at the base of the heart; no enlargement of the glands or other organs. The blood count was:

Red blood corpuscles	1,000,000
White corpuscles	78,000
Practically all lymphocytes.	

Dr. West remarked on the acuteness of the onset and on the temperature, and suggested, without expressing an opinion, the possibility of a septic origin.

Dr. Tooth suggested that the anemia was secondary to sepsis, possibly in connection with the heart valves.

Dr. Herringham thought the case to be one of acute lymphatic leukaemia, arguing from the fact that the leucocytes present were almost all lymphocytes was much against a septic origin; the murmur was probably secondary to the anemia.

Dr. Ormerod and Dr. Calvert preferred to give no diagnosis. Dr. Norman Moore expressed the opinion that there was an element of harshness in the murmur which suggested endocardial change, and that daily auscultation might help.

Dr. West agreed with Dr. Herringham's diagnosis and thought that a fatal result would not be long delayed.

The patient died about a week later, and post mortem, except for slight enlargement of the cervical lymph glands, fatty degeneration of the heart with sub-endocardial hemorrhages and free iron in the organs, there were no signs of disease.

Dr. Ormerod showed a man aged 55, a waterside labourer who for eighteen months had been suffering from difficulty of speech and in swallowing. He had been in the army for thirteen years, for some time in India, and had suffered from syphilis. There was some weakness of the eyelids without definite facial paralysis, the pupils were equal and the reactions natural, the tongue was small and wasted, and its movements poor; the movements of the palate and vocal cords were natural. There was no wasting of the limbs, but the arm reflexes and the knee-jerk were exaggerated, there was no ankle clonus and the plantar reflex was uncertain. Jaw clonus was well marked. The sphincters were natural. Dr. Ormerod invited opinions as to the condition present and treatment.

Dr. Calvert thought the diagnosis very difficult; he said that there was present a progressive labio-glossal laryngeal paralysis, and suggested the possibility of a tumour pressing upon the medulla, or perhaps a sclerosis of the cord extending into the medulla.

Dr. Tooth believed the case to be one of progressive bulbar paralysis, essentially a nuclear disease, and specially affecting the nucleus of the twelfth nerve. He laid stress on the slight wrinkling of the tongue and the evidence of the affection of other nuclei, for example, loss of movement of the external pterygoid, masseter and temporal muscles. Dr. Tooth suggested injection of strychnine in considerable doses, massage and feeding up as likely to benefit.

There was general agreement with this diagnosis. The man remains in about the same condition.

A NEW OIL IMMERSION LENS.—The cheap oil immersion lens, 1 1/4th, 1/30 N.A., made by Henry Gowland, and sold at only 55s., appears to fulfil all that is required of it. It gives excellent definition, a reasonably flat field, and is well corrected for chromatic aberration. It compares well with the average 25 objective, and should prove a boon to those who desire such a lens, and are unable or unwilling to pay the larger price. The makers offer to supply an objective on approval to any medical man.

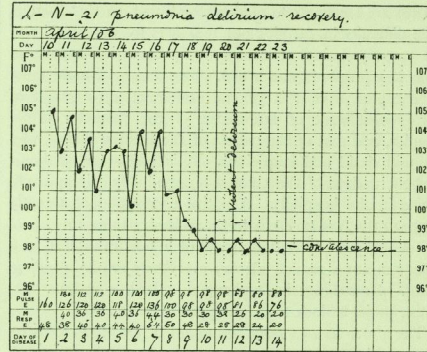
Our attention has been drawn to the arrangements for lighting the new station at Victoria. By utilising incandescent gas lighting with high pressure mains for electric arc lamps the Company effect a great saving with increased efficiency, although electric power was on offer at a little over a penny per unit. When complete the station will be lighted by lamps giving a total of 140,000 candle power, giving an equally diffused light on the platforms, which is steady, soft, and not displeasing to the eye. It appears that incandescent gas may tend to replace all other lights for the lighting of large buildings, as it is already doing in the streets. The work at the station is being carried out by Messrs. Sugg and Co. for the Gas Light and Coke Company.

Correspondence.

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

DEAR SIR,—I see in this month's JOURNAL Dr. Jeudwine records a case of delirium following pneumonia without pyrexia, and asks for notes of other cases. The enclosed chart, which shows almost exactly the same

TEMPERATURE CHART.



thing, may be of interest to your readers. The man was alcoholic, but he had no hallucinations during the period of delirium. He was very violent. The treatment adopted was hypodermic injections of hyoscine, gr. 1/200. A still rarer phenomenon, viz. the attack itself with delirium apyrexial throughout, is recorded in *Brit. Med. Journ.*, March 13th, 18th, 1905 (epitome).

Yours truly,

T. P. BALDWIN.

GENERAL INFIRMARY,
HERTFORD, HERTS
June 6th, 1906.

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

DEAR SIR,—Perhaps the following case of hyperpyrexia might be of interest to you:

The headman of a gang of Qua boys working on filling in a swamp close to the new hospital brought over on the 11th of April one of his boys, and said, "I no sabee what be the matter wid dis man, he fall down 'pon ground and laugh."

The patient was seen to be breathing very rapidly, his jaw was dropped, and skin intensely hot. Temperature was 107.4° F. in the axilla. Patient was able to stand, but was half silly. He was at once put upon the operating

table, and cold water poured over him, and his temperature after about ten minutes came down to 101.4°. I then injected fifteen grains of quinine bi-hydrochloride into the scapula muscles, and shortly afterwards gave him gr. 1 of strychnine hydrochloride *sub cute*. His temperature rose until at 10 a.m. it was 103.4°. At this time his pulse was 110, full and strong, and respirations were 44. At 12 noon temperature 103.8°. He was then given phenacetin gr. x, followed by quinine bisulphate gr. x, by mouth. An enema was given. During the afternoon his temperature rose until it was 104.5° at 4.30. He was then washed down again. At 5.30 it rose again to 105° F., and he was sponged again; at 6 p.m. the temperature was 103°, and he was given another ten grains of quinine bisulphate. His temperature then went down slowly to 102° at 11.30 p.m., and next morning was 98.4°.

While I was at the new hospital he got up, walked into the District Commissioner's office, got a ticket back to Degama, whence he had come two days previously, and disappeared. I may add that the man ascribed his illness to the bite of a snake during sleep four days previously. There is no doubt he was bitten on his hand, but the bite was decidedly not that of a snake, but probably that of a land crab. I consider the case one of malarial hyperpyrexia.

Illness out here is put down to evil spirits. For example I have a letter—"I beg most respectfully to report to you that I am unable to attend duty since yesterday owing to a very strong fever and weakness that attack me through the disturbances of an evil spirit that crossed my way on Sunday evening . . ."

The following is an interesting example of native composition:

"SIR,—I, your servant, being capittally deaf, could not speak to you in person, unless doing it on this wise, by way of writing. I simply write to ask your kind aid on the part of my brother who is attacked with an awkward predicament on the part of his private body, he complained of it, as being half dead, at times acted, and at times never.

"Therefore, sir, I beseech you to see to this irregularities, and state beforehand what would he cost. Apart from any present function in the Govt. locality as . . . clerk. But I intend paying so long as he will be extricated from this trouble.

"Sir,

"Your obedient servant,

"E. P."

I am,

Yours faithfully,

E. E. MAPLES.

BERRY, SOUTHERN NIGERIA.

The Clubs.

CRICKET CLUB.

ST. BART'S v. ADDLESTONE C.C.

Played at Addlestone on Saturday, June 9th, and ended in an easy win for the Hospital. Bean and Griffin batted well, the former making 40 and the latter 43. Page bowled well, taking 7 wickets for 30 runs.

SCORES.

ADDLESTONE C.C.	ST. BART'S.
J. C. Adams, c Gaskell, b Page	J. F. Gaskell, b Bell
Page	J. W. Bean, c Young, b Darling
J. A. Talk, run out	ling
R. J. Marnham, b Page	C. Noon, c Bell, b Paine
R. S. Payne, b Bean	W. B. Griffin, b Bell
A. H. Bell, b Page	G. F. Page, b Bell
P. H. Darling, c Noon, b Page	G. Viner, l-b-w Bell
H. Montgomery, c Bean, b Page	E. de Verteuil, b Bell
L. Jeffries, b Page	A. Ferguson, not out
G. G. Tunks, b Page	J. A. Kershaw, c Adams, b Bell
Rev. Darby, c Griffin, b Bean	L. F. K. Way, c Young, b Bell
W. K. Young, not out	Extras
Extras	
Total	Total

SECOND ROUND INTER-HOSPITAL CUP TIE.

ST. BART'S v. UNIVERSITY.

This match was played on Monday, June 18th, at Honor Oak Park, and resulted in an easy win for St. Bart's by 200 runs. Griffin won the toss, and started the innings for St. Bart's with Bean. Both batsmen made some good strokes, but when they had added 46 Griffin was bowled. Several wickets now fell in quick succession, six being down for 100. When Postlethwaite joined Symes, who had been batting extremely well, the partnership added 50 before Postlethwaite was bowled. Symes and De Verteuil added 85 for the 7th wicket, Griffin finally declaring the innings closed with 9 wickets down for 283, of which Symes had made 116 not out. His innings was a brilliant one, his hitting being very hard and clean. Among his hits were 14 fours and 8 threes.

University started their innings at a quarter to four, having two hours and a quarter to bat, but they were all out by half-past five, being quite unable to do anything with the bowling of Griffin (who took 6 wickets for 20), Bean, and Gaskell. Although Foster batted well for 40 not out the whole side was out for 83, no one giving him any assistance.

SCORES.

ST. BART'S.	UNIVERSITY COLLEGE HOSPITAL.
W. B. Griffin, b Stokes	F. A. Woodsend, c De Verteuil, b Bean
J. W. Bean, l-b-w Foster	tenil, b Bean
C. Noon, c Bowen, b Foster	A. H. Henderson, b Griffin
J. F. Gaskell, b Foster	H. G. Jamson, c and b Bean
A. J. Symes, not out	N. K. Foster, not out
G. Viner, b Foster	R. H. Stokes, b Griffin
A. J. Cunningham, b Bowen	N. F. Bowen, b Griffin
J. M. Postlethwaite, b Bowen	H. K. Waller, b Griffin
E. de Verteuil, b Jamson	L. K. Cooper, b Griffin
A. Ferguson, b Jamson	R. Macgullreuddy, c Griffin, b Gaskell
M. Lindsay, did not bat.	H. Stott, b Griffin
Extras	J. Rogerson, l-b-w Gaskell
Extras	Extras
Total	Total

PAST v. PRESENT.

This match was played on Wednesday, June 20th, and ended in a win for the Present by 83 runs. The Present batted first, starting the innings with Griffin and Bean to the bowling of Page and Boyle. Runs came freely, but when 39 had been added Bean was caught at cover-point off a rising ball from Page. The next wicket brought the score to 85, but 6 wickets were down for 112 when Cunningham joined Griffin, and the pair added 50, the seventh wicket falling a

159. Griffin was ninth out with the score at 169, of which he had made 119; the innings was a faultless one, his driving and cutting being very good; among his hits were 1 five, 6 fours, 12 threes. The Present declared the innings closed with 9 wickets down for 210, leaving the Past three hours to bat. The Past started their innings with C. G. Watson and P. A. With to the bowling of Gaskell and Postlethwaite. The start was rather a poor one as both batsmen were dismissed before 20 runs had been scored, but Boyle and Burroughs somewhat improved the position by bringing the score to 85 when Bean, who was bowling in place of Gaskell, dismissed Burroughs. Wickets then fell quickly, 7 being down for 115, and the whole side out for 133.

The fielding was not so good as usual, several catches being missed. For the Past, G. F. Page bowled untiringly under trying circumstances, and constantly had the batsmen in difficulties.

PRESENT.		PAST.	
J. W. Bean, c Sub, b Page...	19	C. G. Watson, b Gaskell	5
W. B. Griffin, ht wicket, b Page	19	P. A. With, b Gaskell	10
C. Noon, run out	18	H. E. G. Boyle, b Bean	45
J. F. Gaskell, c Hepburn, b Page	2	N. H. Burroughs, b Bean	19
A. J. Symes, c and b Boyle	0	E. F. Rose, c Ferguson, b Bean	0
G. Viner, c Rose, b Page	5	G. F. Page, b Griffin	7
E. de Verteuil, run out	1	M. Hepburn, b Postlethwaite	10
A. J. Cunningham, b Burroughs	29	L. L. Phillips, run out	11
J. M. Postlethwaite, b Burroughs	4	C. F. Fernie, c Griffin, b Gaskell	0
M. Lindsay, not out	12	H. J. D. Birkett, b Gaskell	12
A. Ferguson, not out	0	L. B. Rawling, not out	1
Extras	8	Extras	13
Total (9 wks*)	217	Total	133

* Innings declared closed.

ST. BART'S v. NORWOOD.

This match was played on Saturday, June 23rd, at Norwood, the Hospital winning by 50 runs with 3 wickets in hand. Norwood batted first, starting their innings with Roberts and Warren to the bowling of Griffin and Bean. When 16 had been scored Griffin bowled Warren. Turner and Roberts succeeded in bringing the score to 54, when Turner was run out. Several wickets now fell rapidly, and 5 were down for 69. Batchelor and Beaton then added 56 for the sixth wicket, but the whole side were out for 100. For the Hospital Gaskell bowled excellently, taking 5 wickets for 56 runs.

The Hospital started badly, but the position improved when Bean was joined by Griffin, and the result was soon put beyond doubt. Griffin again batted brilliantly, and made his 100 without giving a chance. Bean and With also batted well for 35 and 34 respectively.

NORWOOD.		ST. BART'S.	
F. W. Roberts, c Bean, b Griffin	21	J. W. Bean, c and b H. H. Le May	35
F. R. Watson, b Griffin	10	J. F. Gaskell, c Warren, b Batchelor	10
R. Li. Turner, run out	23	C. Noon, c Ashcroft, b Kenwood	7
L. W. Ashcroft, b Gaskell	7	W. B. Griffin, c Ashcroft, b Roberts	4
W. Austin, c Bean, b Griffin	1	G. Viner, c Warren, b Batchelor	101
B. Batchelor, c With, b Cunningham	52	P. A. With, c Le May, b Roberts	34
A. C. Beaton, b Gaskell	19	A. J. Cunningham, c Warren, b Roberts	11
C. Kenwood, b Gaskell	2	L. L. Phillips, not out	5
A. Francis, st With, b Gaskell	13	E. De Verteuil, } did not bat.	
H. H. Le May, st With, b Gaskell	0	A. Ferguson, }	
J. R. Leverington, not out	8	J. Renshaw, }	
Extras	8	Extras	10
Total	164	Total	210

SWIMMING CLUB.

WATER POLO.

ST. BART'S v. TOTENHAM S.C.

Played at Tottenham Baths on May 23rd. St. Bart's won the toss, and chose the deep end. The game started well, Trapnell gaining possession in the first minute, and passing to Dixon, who easily scored. The Tottenham men showed good combination, and after some sound passing their captain scored their only goal. Soon after this Dixon again scored for the Hospital. Some scrambling play then followed. Just before half-time the third goal was scored, this time by Dobson. During the first few minutes of the second half Stone swam up the bath and placed a goal. There was no further score, Capon playing exceedingly well in goal for the Hospital. Team: H. V. Capon (goal); R. L. E. Downer, D. M. Stone (backs); F. C. Trapnell (half-back); A. Ferguson, J. R. B. Dobson, S. Dixon (forwards).

ST. BART'S v. ARTISTS R.S.C.

Played on May 30th at the Marylebone Baths. Neither side was fully represented, the teams playing six a side. We were without the services of Ferguson, Folliot, Dixon, and Capon, the last named being greatly missed in goal. Dobson is to be congratulated upon his keenness in playing a hard game after taking part in several events in the Hospital sports only a few hours previously. St. Bart's won the toss, and chose to defend the deep end during the first half. The play was not of a high order. The shooting of our opponents was much superior to our own, and was the more dangerous on account of the inexperience of our goalkeeper. Apart from this the game was of a very equal character. The final score was 8-2 against us, our goals being by Dobson. Team: E. A. Roberts (goal); R. L. E. Downer, C. F. O. White (backs); F. C. Trapnell (half-back); J. R. B. Dobson, R. Y. Stones (forwards).

ST. BART'S v. OTTER S.C.

Played June 5th, at St. George's Baths, Buckingham Palace Road. Our opponents brought a strong team against us, while we were without Folliot, Dixon and Capon. They won the toss and defended the deep end during the first half. All through they succeeded in keeping the upper hand. Hadwen in goal saved well, but at half-time the score was 4-0 against us. In the second half the Otters continued to press, playing a fast game with excellent combination, and scoring four more goals. Then Dobson received a pass whilst free, and scored with a well-placed shot, the final score being 8-1. Team: J. H. Hadwen (goal); R. L. E. Downer and A. N. Other (backs); F. C. Trapnell (half-back); A. Ferguson, J. R. B. Dobson, O. N. E. More (forwards).

ST. BART'S v. CAMBRIDGE UNIVERSITY.

Played on June 15th at the Holborn Baths. Cambridge won the toss and chose to defend the deep end. During the first half Cambridge had the best of the game and scored twice, Capon saving well on several occasions. The Hospital team, however, made the most of their opportunities, and Folliot and Dobson both placed goals for us, so that at half-time the score was 2-2. During the second half Cambridge again gained the upper hand and scored repeatedly. Wright, who generously consented to fill a vacancy in the team at the last moment, without any previous training this season, found it impossible to keep pace with the Cambridge captain (Davis) who placed five goals to his credit in the second half. Dobson scored again for us, but the goal was disallowed, the final score being 9-2 against us. For the Hospital, Trapnell, Folliot, and Downer played well. The Cambridge team were on tour preparatory to meeting Oxford; the importance of superior training and condition was emphasised by the severity of our defeat. Team: H. V. Capon (goal); R. L. E. Downer and B. Folliot (backs); F. C. Trapnell (half-back); R. L. B. Dobson, H. N. Wright, A. Ferguson (forwards).

ATHLETIC CLUB.

The Sports were held on Wednesday, May 30th, at Winchmore Hill. The attendance far exceeded that of recent years, and the

committee together with others concerned are to be congratulated on the appearance of the ground and the excellent way in which everything was arranged. The refreshments were served in a marquee erected for the purpose, which added a festive appearance to the



field. The afternoon opened with brilliant sunshine, but this gradually gave way, the sky becoming clouded, and ending in a downpour, which marred the latter end of the Sports. Consequently the Relay Race and the Tug-of-War had to be postponed.

No records were broken, the performances being only moderate, although there a great number of entries for each event. The handicapping this year was excellent, as was proved by the finishes.

The heats for the 100 Yards Level opened the proceedings, followed by Putting the Weight, which L. Way (rec. 3 ft.) won with 34 ft. 7 in.; C. Bilderbeck was second.

G. V. Ormsby being second. E. Whitehead Reid ran the 440 Yards Level in 57 sec.; F. J. Gordon was second.

The 120 Yards Hurdles was won by K. Bremer (rec. 15 yds.); R. C. P. Berryman was second.

The next event, after the heats for the 120 Yards Handicap was Throwing the Hammer (Handicap) which R. C. P. Berryman (rec. 22 ft.) won, P. Gosse being second, and D. M. Stone third. Owing to a mistake in the judging of this event, L. B. Rawling, Esq., F.R.C.S., of his own free will, gave an extra valuable prize, and the committee's best thanks are due to him for his generous and sportsmanlike act.

The Half Mile Handicap was a most exciting race, resulting in a dead heat for first place between A. R. Snowdon (scratch) and G. F. Page (rec. 45 yds.). S. Hodge (rec. 40 yds.) was third.

L. F. K. Way, this year's captain, won the Challenge Cup for the 100 yds. level in 11½ secs. F. J. Gordon was second. For the Junior Staff Race a special prize was kindly presented by the Holborn Surgical Instrument Company, and was won by C. B. D. Butcher, Bates being second.

The High Jump Handicap was won by E. D. Whitehead Reid (scratch) with 5 ft. 2 in., Stone (4 in.) being second.

E. J. Storer (rec. 13 yds.) won the 120 yds. Handicap, C. R. Woodruff (rec. 9 yds.) second, and P. Gosse, the veteran, third.

Several men started for the Mile. Mrs. Morley-Fletcher very kindly presented the Club with a fine Silver Challenge Cup for this race, so that competitors wishing to compete for this cup were compelled to start from scratch. Three men started from scratch, which proved to be an excellent race, Snowdon (scratch) securing the Challenge Cup. Reid (rec. 60 yds.), who came in first, got 1st prize, and Bilderbeck (rec. 70 yds.) was third.

The Freshers' Race (220 yds.) was won by E. D. Whitehead Reid, who should prove to be an acquisition to the Hospital Athletic Club.

Owing to the inclemency of the weather it was decided to postpone the Relay Race and Tug-of-War. This year there was a general slackness noticeable amongst the heavy men at the Hos-

pital, which is to be deplored, as the Tug-of-War affords an excellent opportunity for these sturdy men of showing their sterling qualities, which are at present latent.

The prizes were distributed in the Pavilion by Mrs. Herringham, to whom we owe our best thanks, and especially so for her kindness in remaining at the ground until a late hour under such adverse conditions, Jupiter Pluvius at this stage being unmerciful.

Owing to the foresight of S. R. Scott, Esq., F.R.C.S., who sent orders for covered vehicles, the ladies were able to reach the station in comfort.

In conclusion, we must thank all members of the staff and other old Bartholomew's men who were kind enough to officiate during the afternoon, heedless of the weather.

UNITED HOSPITALS ATHLETIC SPORTS.

These Sports took place on Friday, June 8th, at the Crystal Palace, before a fair number of spectators. The weather was all that could be desired, from a spectator's point of view.

The marked feature of the afternoon was the running of E. D. Anderson, of Mary's, who won the 100 Yards, 220 Yards, Quarter-Mile, and Half Mile.

We were successful in obtaining first and second place in the Hurdles through L. F. K. Way and E. D. W. Reid respectively. This is the second time for Way to win this event; may he continue to succeed.

F. P. Young was likewise successful in winning Putting the Weight, and we heartily congratulate him.

Bart's lost the Tug-of-War against Guy's, owing to the want of heavy men. The same remark applies here as for our Hospital Sports.

Dr. Morley Fletcher and Dr. Drysdale were among those officiating during the afternoon. It was most pleasing to see several other members of our staff present, and taking such a keen interest in the Sports.

The fact that the Shield was won again this year by the London



Hospital ought to arouse some of the new members of Bart's Athletic Club, so that next year, with a little effort, we may regain the cherished trophy which adorned the Library for so many years.

Review, etc.

CLINICAL BACTERIOLOGY AND HÆMATOLOGY FOR PRACTITIONERS.

By W. D'ESTÉ EMERY, M.D., B.Sc.Lond. (London: H. K. Lewis.) Second edition. Price 7s. 6d. net.

It is becoming every day more and more essential that every one engaged in the practice of medicine or of any of its branches should be at least familiar with the methods of clinical bacteriology and hæmatology, even if unable himself to carry them out. No better practical text book on the subject than Dr. Emery's could be imagined; throughout every necessary detail of the methods of investigation is given briefly but lucidly, and, in addition, sufficient is said to indicate under what conditions any particular examination is likely to be of service in diagnosis or prognosis. It is particularly in this respect that those who are not accustomed to carry out the methods of clinical pathology themselves are so liable to fail. Not fully understanding the significance of alterations in the blood count or of the opsonic index, they may employ these methods when they are useless and omit them when they are necessary, the result being sheer waste of time to the pathologist and disappointment and loss of faith on the part of the medical man. The chief additions to the second edition are in the section on hæmatology, which is now complete without being of excessive length. An admirably clear and practical account of the method of determining the opsonic index of the blood has been added, and the section on the collection and investigation of special materials, e. g. pus, sputum, conjunctival discharge, cerebro-spinal fluid, etc., has been much elaborated. In this again Dr. Emery has hit on a subject in which the practitioner is likely to fail for lack of instruction. All who have worked in a pathological laboratory must know how often materials are sent for examination which have been collected and stored in such a way that the results are rendered valueless. This provision is a handy form of simple rules for collecting material will be a boon to all.

Dr. Emery is plain and practical throughout, and is prepared to make free use of household materials which are always at hand. Thus whisky is recommended as an emergency fluid for hardening tissues, and the method of utilising the kitchen oven as a steriliser is

Many new plates have been added, and several microphotographs by Dr. A. Whitfield are of special excellence. The book is admirably got up in all respects.

Recent Books and Papers by Bartholomew's Men.

- Adamson, H. G., M.D., M.R.C.P. "Pruritus: the Diagnosis of its Causes and its Treatment," *Clinical Journal*, June 13th, 1906.
 Box, S., M.D., D.P.H. "The Treatment of Bronchiectasis," *Practitioner*, June, 1906.
 Butlin, H. T., F.R.C.S. "Illustrations of very early conditions of Cancer of the Tongue," *Brit. Med. Journ.*, May 26th, 1906.
 Colt, G. H., M.B. "The After-treatment of Cases of Supra-pubic Cystotomy," *Practitioner*, June, 1906.
 Cripps, W. Harrison, F.R.C.S. "Three Cases of Ruptured Uterus treated by Abdominal Section and Suture," *British Medical Journal*, June 2nd, 1906.
 Dale, H. H., M.B. "On some Physiological Actions of Ergot," *Journal of Physiology*, May 31st, 1906.
 Dodd, H. Work, F.R.C.S. "Orientalism: or a change to an Eastern appearance," *Lancet*, June 23rd, 1906.
 Duckworth, Sir Dyce, M.D., F.R.C.P. "Remarks on Chorea considered as Cerebral Rheumatism," *British Medical Journal*, June 23rd, 1906.
 Emery, W. D'Esté, M.D., B.Sc. "Clinical Bacteriology and Hæmatology for Practitioners." 7s. 6d. net. H. K. Lewis.
 Garrod, A. F., F.R.C.P. and Hensley, W. H. "Concerning Cystinuria," *Journal of Physiology*, May 31st, 1906.
 Harrison, Reginald, F.R.C.S. "The Urethrotomies and Kidney Capsulotomy in Diseases and Injuries of the Urinary Organs," 2s. 6d. net. Published by John Bale, Sons, and Danielson.
 Hurry, J. B., M.D. "The Rise and Fall of Reading Abbey." 2s. 6d. London, Elliot Stock, 1906.
 Newman, George, M.D., D.P.H., F.R.S.E. "Infant Mortality: a Social Problem." 7s. 6d. net. Published by Methuen and Co.
 Rolleston, H. D., M.D., F.R.C.P. "Primary Malignant Disease of the Vermiform Appendix," *Lancet*, June 2nd, 1906.
 Shaw, T. Clave, M.D., F.R.C.P. "A Lecture on Mind and Matter," *British Medical Journal*, June 9th, 1906.
 Shaw, T. Clave, M.D., F.R.C.P. "An Address on Insanity and Murder, delivered before the Medico-legal Society," *Lancet*, June 23rd, 1906.
 West, S., M.D., F.R.C.P. "An Address on Dilatation and Hypertrophy of the Heart, and some other Points in Cardiac Pathology," *British Medical Journal*, June 23rd, 1906.
 Whitford, C. H., M.R.C.S. "Three Cases of Tubal Pregnancy," *British Medical Journal*, June 2nd, 1906.
 Wise, K. S., M.B. "A Note on the Ætiology of Granuloma Pudendi," *British Medical Journal*, June 2nd, 1906.
 Wilson, H. W. "Hæmatoecic of the Ovary and closely allied conditions," *Lancet*, May 26th, 1906.

described. In one place only do we find the author differing from the generally accepted ideas: this is in his account of the diphtheria bacillus, where the views on the relation of the Klebs-Loeffler and Hoffmann's bacilli, and the omission of any description of Neisser's stain seem unfortunate in what is certain to become a stock text-book on bacteriology.

Royal Army Medical Corps.

It is announced that an examination of candidates for not less than 40 commissions in the Royal Army Medical Corps will be held on July 26th next and following days. Applications to compete should be made to the Secretary, War Office, 68, Victoria Street, London, S.W., not later than July 16th, on which date the list will be closed.

In the May and June numbers of the JOURNAL the distribution of Bart's men at home and in India was given. The list of those at Colonial and other stations is as follows:

Ceylon.—Lt. Col. G. H. Sylvester, F.R.C.S.
Gibraltar.—Lt. Col. W. G. Bedford, C.M.G.; Major H. A. Berryman.
Orange River Colony.—Lt.-Col. E. J. E. Risk.
Transvaal.—Lt.-Col. F. H. M. Burton; Major W. E. Hardy; Lieut. M. G. Winder.
Egypt.—Major F. W. Hardy.
China.—Majors J. E. Brogden and H. S. Thurston; Lieut. R. M. Ranking.
Jamaica.—Major F. M. Mangin; Lieut. H. C. Sidgwick.
Malta.—Major E. M. Williams; Lieut. P. A. Lloyd-Jones.
Bermuda.—Major S. F. St. D. Green.
West Africa.—Captains A. H. Morris, M. Swabey and F. Harvey.
Egyptian Army.—Captain R. L. V. Foster.

Gazette notification—

Lieut. A. S. Williams, from the Seconded List, to be Lieutenant, dated April 1st, 1906.

On arrival from India Captain R. F. Ellery is posted to the Southern Command.

Lt.-Col. H. J. Barratt has arrived home on leave from India.

Major E. M. Hassard is transferred from Chichester to Shorncliffe.

At the recent Poona Annual Boxing Tournament, which awards the Indian championships, Lieut. F. H. Noke won one of the two Officers' competitions. The other was also won by an officer of the R.A.M.C.

Indian Medical Service.

Promotions—

Capt. F. S. Peck to be Major from January 29th.
 Capt. W. Selby, D.S.O., to be Major from January 29th.

Appointments—

Lt.-Col. G. W. P. Dennys (Bengal) Agency Surgeon, 1st Class, is appointed to officiate as Agency Surgeon and Administrative Medical Officer of the North-West Frontier Province.

Capt. J. W. Illius is appointed to act as 3rd Physician, General Hospital, Madras, and Professor of Pathology.

Lieut. H. E. Stanger Leathes is appointed officiating medical officer of the 11th Infantry.

Major W. Selby, D.S.O., in medical charge of Bareilly, is appointed to the visiting medical charge of the Budaun district in addition to his other duties.

Major J. G. Hulbert, officiating Civil Surgeon of Shahjahanpore, is appointed to the visiting medical charge of the Hardoi district in addition to his other duties.

Lt.-Col. H. Hendley, on transfer from Amritsar, is appointed Civil Surgeon of Lahore, Professor of Midwifery and Forensic Medicine, Lahore Medical College, and medical officer in charge of the Government College, Lahore.

Col. P. H. Benson is appointed to officiate as Surgeon-General with the Government of Madras.

Major J. L. T. Jones is appointed to officiate as Assay Master in the Calcutta Mint from April 24th.

Lieut. A. D. White is appointed Specialist in Operative Surgery in the 8th Lucknow division.

Capt. L. B. Scott received charge of the Silchar Gaol on May 1st.

Major G. G. Giffard is appointed Superintendent of the Government Maternity Hospital, Madras, and Professor of Midwifery in the Medical College, Madras.

Capt. Fleming is posted as Civil Surgeon, Peshawar.

Major E. A. R. Newman, officiating Civil Surgeon, Bhagalpore, is appointed to act as Civil Surgeon of Ranchi, and received charge of Ranchi Gaol on April 15th.

Major E. S. Peck, on transfer from Gurdaspore assumed charge of the duties of Civil Surgeon, Dalhousie, on April 10th.

Capt. H. J. Walton is transferred from Singapore to Agra.

Capt. D. H. F. Cowin, on being relieved of the duties of officiating Superintendent of Montgomery Central Gaol, and Civil Surgeon, Montgomery, is appointed to officiate as Civil Surgeon of Murree, and assumed charge of duties on April 4th.

Examinations.

UNIVERSITY OF CAMBRIDGE.

Biology.—D. A. Reid.
Anatomy and Physiology.—H. M. McC. Coombs, W. B. Gourlay, H. A. Harris, R. M. Soames, J. F. W. Wier.
Pharmacology and General Pathology.—L. B. Cane, W. I. Cumberland, R. A. P. Hill, F. P. Young.
Final Examination in Surgery, Midwifery, and Medicine.—J. D. Barris, W. I. Cumberland, W. B. Grandage.

UNIVERSITY OF LONDON (Internal and External).

M.B., B.S. Examination, May, 1906.

Honours.

A. T. W. Forrester, distinguished in Forensic Medicine and Hygiene.
 F. L. Guiseppi, distinguished in Forensic Medicine and Hygiene, and Midwifery and Diseases of Women.
 A. S. Woodrark, distinguished in Medicine and Surgery.

Pass.

Collin Clarke, W. C. F. Harland, R. Holtby, A. M. Jukes, R. V. G. Monckton, H. E. Quick, B.Sc., M. B. Reichwald, C. A. Stidston.
Supplementary Pass List for those who have passed in one of the two groups of subjects.

(The names of students who have now completed the examination do not appear in this list.)

Group I (Medicine, Pathology, Forensic Medicine, and Hygiene).—E. Bertram Smith.
Group II (Surgery, Midwifery and Diseases of Women).—J. Stanley Avery; Alec. Barber; E. T. Glenn; J. J. Paterson; H. T. Samuel; S. Upton.

Appointments.

ARNOLD, L. A., M.R.C.S., I.R.C.P., appointed District Surgeon to the Great Indian Peninsula Railway.

BARNETT, W. H., M.B., B.S. (Lond.), appointed Junior House Surgeon to the General Infirmary, Macclesfield.

BURNS, J. B., M.R.C.S., L.R.C.P., appointed Assistant Resident Medical Officer to the North-West London Hospital.

CLARKE, COLIN, M.B., B.S. (Lond.), M.R.C.S., L.R.C.P., appointed Senior House Surgeon to the Metropolitan Hospital.

JORDAN, A. C., M.D. (Cant.), appointed Medical Officer to the Röntgen Ray Department of the Royal Hospital for Diseases of the Chest, City Road.

PLEWS, J. M., M.R.C.S., L.R.C.P., appointed Assistant Medical Officer to the South-Western Fever Hospital.

RIBOUT, C. A. S., M.S. (Lond.), F.R.C.S. (Eng.), appointed Surgeon to the Aural and Throat Department of the Portsmouth and South Hants Eye and Ear Infirmary.

ROBERTSON, F. W., M.A., M.D. and B.S. (Lond.), etc., appointed Hon. Physician and Surgeon to the Children's Rest Convalescent Home, Southampton.

ROSE, F. A., F.R.C.S. (Eng.), appointed Surgeon to the Ear and Throat Department of the Great Northern Central Hospital, with charge of Out-patients.

WHITAKER, F. B.A., M.B. (Cant.), M.R.C.S., L.R.C.P., appointed Honorary Surgeon to the Royal Halifax Infirmary.

New Addresses.

BAILEY, R. C., 3, Spanish Place Mansions, Manchester Square, W. Telephone: 1288 Paddington.

BOX, STANLEY, St. Helier's, 36, Gordon Road, Ealing, W.

DAVIES, W. E. L., 11, Hills Place, Oxford Street, W. Telephone: 3317 Gerrard.

DAWSON, T. D., c/o Messrs. Millars and Co., Worsley, Western Australia.

HORNE, JOBSON, 23, Weymouth Street, Portland Place, W. Telephone: 2836 Paddington.

HUGO, E. V., Maj., I.M.S., c/o Messrs. King, King and Co., Bombay.

LAWRENCE, S. M., Royal Infirmary, Hull.

LURIS, C. P., Lt. Col., I.M.S., The Medical College of Bengal, Calcutta.

MORRISON, J., 23, Weymouth Street, Portland Place, W. Telephone: 2836 Paddington.

PLEWS, J. M., South-Western Fever Hospital, Stockwell, S.W.

SHANKS, H. P., Calstock, Norwood Road, Southall.

WHITAKER, F., Kent House, Halifax.

WILLETT, ABERNETHY, 26, Upper Wimpole Street, W. Telephone: 1791 Paddington.

WOODROOFFE, G. B., Umtali, Rhodesia.

Births.

CROSS.—On Sunday, May 27th, at Petersfield, Hants, the wife of Robert G. Cross, L.R.C.P., M.R.C.S., of a son.

FREEMANTLE.—On the 27th May, at 30, Chester Street, Belgrave Square, S.W., the wife of Francis Freemantle, F.R.C.S., of a son (David Eardley).

NEWMAN.—On the 5th June, at Windhill, Bishop's Stortford, the wife of J. C. Newman, F.R.C.S., of a son.

MYERS.—On the 15th June, at Haydon House, Goldhurst Terrace, N.W., the wife of Dr. Bernard Myers, of a daughter.

PURDY.—On the 27th March, 1906, at Port Said, to Emily and J. S. Purdy, M.D., F.R.G.S., Surg.-Capt. New Zealand Militia, a son (Cecil John Seddon).

ROBERTSON.—On the 18th June, at Ravenstone, Lingfield Road, Wimbledon, the wife of Dr. F. W. Robertson, of a daughter.

SERPPELL.—On the 18th June, at 2, Cross Park, Plymouth, the wife of H. Hamilton Serpell, L.R.C.P., M.R.C.S., of Polyphant, Lewannick, Launceston, Cornwall, of a son.

THOMAS.—On the 22nd May, at Whittlesea, Cape Colony, the wife of A. E. Thomas, M.B. (Lond.), of a daughter.

Marriages.

CLEVELAND—PEEBLES.—On June 6th, at Albury, Guildford, by the Rev. R. P. Thompson, assisted by the Rev. H. E. Crawley, Rector, and the Rev. W. B. Harris, John Wheeler Cleveland, M.R.C.S., Clarence Road, St. Albans, only son of the late Lieut.-Col. G. D. D. Cleveland, 98th Regiment, to Annie Rhoda Maskell, fourth daughter of Andrew Peebles, Esq., of Albury, Guildford, and Lundin Links, N.B.

LITTLE-JONES—THIN.—On the 6th June, at Trinity Presbyterian Church, Cloughton, by the Rev. John Watson, D.D., Thomas Caldwell Little-Jones, F.R.C.S. Eng., Rodney Street, Liverpool, son of Edward W. Jones, Esperanza, Hoylake, to Isabel Clouston, daughter of E. C. Thin, Uplands, Nocton, Cheshire.

MOLESWORTH—UPTON.—On the 6th June, at Saint Marylebone Church, Marylebone Road, W., by the Rev. J. H. Molesworth, M.A., Vicar of St. John's, Leicester, assisted by the Rev. E. H. Molesworth, M.A., Vicar of St. Philip's, Maidstone (brothers of the bridegroom), Theodore Henderson Molesworth, B.A., M.B. Camb., F.R.C.S., son of the late Rev. R. F. W. Molesworth, M.A., of Pembury, Kent, to Ethel Alexandra (Dolly), youngest daughter of Edward Upton, of 4 F, Bickenhall Mansions, Baker Street, W., 43, Bedford Square, W.C., and "The Haven," St. Margaret's Bay, near Dover.

PENNEFATHER—DAVIS.—On the 16th June, at St. Mary's, Harrow-on-the-Hill, by the Rev. Canon Pennefather, D.D., Vicar of Kensington, father of the bridegroom, and the Rev. F. W. Joyce, M.A., Vicar of the parish and Rural Dean, Claud Maxwell Pennefather, M.B., B.S., of Deanhurst, Harrow, to Agnes Elizabeth Eveline, only daughter of Mr. and Mrs. G. Acton Davis, Julian Hill, Harrow.

ROBINSON—MARTIN.—On 19th June, at the Parish Church, Littleport, by the Rev. Henry Martin, B.A., Vicar of Cookes, Sheffield, assisted by the Rev. W. W. Martin, M.A., Vicar of Trinity, Derby, brothers of the bride, and the Rev. F. H. Gibson, M.A., Vicar of St. Paul's, Penzance, G. Drummond Robinson, M.D., of 17, Seymour Street, Portman Square, W., to Constance Evelyn, youngest daughter of Joseph Martin, Esq., J.P., of Highfield House, Littleport, Isle of Ely.

Deaths.

HAYWARD.—On the 8th June, at Haydock, Lancashire, Thomas Ernest Hayward, M.B. Lond., F.R.C.S. Eng. Interred at Newton-le-Willows Cemetery, on Tuesday, June 12th.

HILLS.—On the 23rd June, at Cawnpore, of cholera, Walter Hyde Hills, M.B. Camb., R.A.M.C., dearly-loved eldest son of Walter and Louisa Hills, 28, Primrose Hill Road, N.W.

JACOB.—On June 25th, at Reigate, Edward Long Jacob, M.R.C.S., M.R.C.P., eldest son of the late Rev. George Andrew Jacob, D.D., aged 72.

MORSE.—On June 12th, at the Metropolitan Hospital, Kingsland Road, George Stanley Morse, M.R.C.S., L.R.C.P., son of Levi Lapper, M.P.

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.

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DRILL, TACTICS, AND STRATEGY IN SURGERY.

An Address delivered before the Abernethian Society of St. Bartholomew's Hospital on July 5th, 1906.

By C. B. LOCKWOOD, F.R.C.S.,
Surgeon to the Hospital.

INTRODUCTION.

DRILL. ANATOMY.



ALTHOUGH comparisons may be misleading, I have long been used to compare our medical work with the work of the soldier. For him the steps are clear and distinct; their drill is done by the unit in the ranks; tactics by the officer who manoeuvres the units in the field; and, last and greatest, strategy by the general who places his army in the right spot at the right time, and under right conditions. Observe the gradations of intelligence and education needed for each of these—a moderate degree, a very moderate degree, is wanted by the soldier who has but to learn his drill. Part of his teaching is directed to make him, by constant repetition, automatic in his movements and actions, so that he may go through his evolutions almost without thought when in the distracting presence of the enemy. He is a creature of acquired reflex acts, and nothing more. For tactics a higher order of education and of intelligence is needful; and for strategy the highest of all. In reading the campaigns of great generals, one cannot help being struck by the originality and daring of their schemes, sometimes so daring and so original—as when the marvellous Napoleon crossed the Alps, or when the invincible Hannibal made his famous march through Spain—that their enemies never divined their plans until taken by surprise and unprepared. Great generals, too, display superior knowledge of their fellow man. I think it was the brave and sagacious Stonewall Jackson who once won a victory by attacking at break of day. He chose that time, not for reasons such as weighed with Wolseley at Tel-el-Kebir, but because he said that his opponent had been a fellow cadet with him at West Point, and whilst there could never get up from his bed in good time. Stonewall Jackson inferred that his laziness would still persist, and he was right, for the attack took the lazy general and his army at a grave disadvantage. Are we to say, like general like army? I am afraid we must. Also, we must reluctantly own how little human nature changes either in races or individuals.

Our reasoning was analogous the other day when, before operating for appendicitis, it was foretold that (a)

the patient would take the anæsthetic badly; (b) that Mr. Gill would scarcely be able to overcome the rigidity of the abdominal muscles; (c) that the appendix would be adherent and most difficult to extract; and (d) that the subsequent illness would be most severe. All of these forecasts came true. But note the kind of reasoning upon which they were based. Medicine and surgery had little to do with them. The man was a car driver—well, there is a car at nearly every public house: beer and anæsthetics do not go well together. Next, a car driver has to have strong muscles, and strong muscles are difficult to relax with anæsthetics. Then, a rough working man is careless about illnesses, and would ignore even severe attacks of appendicitis until absolutely compelled to go to bed. Is it necessary to point out how all these and other considerations would affect the operation and subsequent progress? This kind of worldly knowledge has its uses, and I always feel most grateful to my old master, Dr. Patrick Black, for having given me the clue.

Now, what in our work corresponds to drill, tactics, and strategy? Clearly the preliminary, intermediate, and advanced medical studies are drill. I should be most reluctant to minimise the intellectual or practical value of any preliminary or intermediate studies. Clearly physics, chemistry, biology, physiology, and anatomy are of fundamental importance. Perhaps I, as a surgeon, am inclined to attach the most far-reaching importance to human anatomy, for it is the very foundation of surgery; the bed-rock upon which surgery is built; and the knowledge must be sound, and cannot be too minute. Everyone who undertakes surgical operations may have to carry his incisions into intricate places. Not long ago I saw a youth who had had his facial nerve divided during an operation for tuberculous disease of the mastoid process. I also remember a man who had a salivary fistula because Stenson's duct had been cut across when an abscess was being opened. Think of one of your patients going about your country town with paralysis of one side of the face; or with saliva running out of a hole in the cheek; and because you did not know your anatomical drill. It may be charitable to say that these were merely accidents, but such accidents seem to happen rather often to those who have not

given themselves a thorough anatomical drilling. Some of the anatomical errors which have been committed by medical witnesses during legal procedure must have done great harm to those who made them, and some to the profession which they failed to adorn. Years ago some heartless people were tried at the Old Bailey for having starved an unfortunate woman to death. A medical man tried to defend them by saying that her death was due to tubercle, and adduced, as evidence of tubercle, the presence of the Pacchionian bodies. Again, the remains of a child were found in a hamper not far from Smithfield; a medical witness said it ought to be easy to identify the remains because an unusual dental operation had been performed, for a tooth had been extracted from each upper jaw. The poor child had not yet cut its eye teeth. Now such errors as these ought not to occur to anyone who had been properly drilled. Human anatomy is a difficult subject. The human body was a soulless thing, a mere Undine, until morphology and embryology came to tell us the meaning of so many things hitherto mysterious. When I was a teacher of anatomy the men who did best were those who, with grim determination, saw everything for themselves, learnt each piece thoroughly, and could draw what they knew. It does not follow that because you cannot draw, that therefore you do not know. Drawing requires technical knowledge, which some do not possess, but anatomy is not properly known until it is remembered by images which can be seen with the mind's eye, and he who can draw can give the simplest evidence of the existence of those images. A man who had thoroughly mastered the scapulae or occipital bone was making great strides, he had acquired a standard by which to measure the rest of his work. The anatomical drilling must be thorough and long continued. In truth, for the surgeon it is always going on. Have you noticed that more and more elaborate operations are being undertaken for the removal of cancerous and sarcomatous lymphatic glands. When cancer begins in the tongue or breast it soon invades the neighbouring lymphatics. In order not to overlook the cancerous glands their situation and the course of their lymphatic feeders must be known. This is a minute and difficult branch of anatomy which is hard to learn, and about which much remains to be learnt. Even variations in distribution have to be learnt. The smaller blood-vessels, too, need to be known. It is harmful for blood to be lost during operations. When the course of the vessels is known they can be looked for and secured before being cut, besides, when vessels are allowed to bleed they fill loose tissues with blood—blood effused and clotted in the tissues or cavities of the body is most harmful. Why should your own blood cause your own tissues to inflame? It is not, as some have said, caused by bacterial infection. The presence of bacteria will not account for everything in pathology and surgery. There is a further reason why anatomical drill is so essential. For instance, the case is

one of facial paralysis. Is the fault (1) outside the stylo-mastoid foramen? (2) In the middle ear? (3) In the petrous bone, or (4) inside the skull? No one can answer these questions until he has a thorough anatomical knowledge, and has learnt to think anatomically. Anatomy is not the work of two or three winter sessions, but of a life time. To keep up your knowledge of anatomy imitate the late Sir William Savory, who, at every operation, used to note and name all the structures that he saw. Often, too, he asked his assistants what they were. He knew better than most that anatomy was the very foundation of surgery.

Anatomy of necessity comes before physiology and histology, but how increasingly important are the latter growing; without physiology and histology what will pathology do? Every day in our surgical wards an elaborate blood examination is required; every day, too, we want to know whether a stomach can propel a test meal through the pylorus, and whether it can digest one. The physiology of the nervous system is ever in question—not long ago my own want of physiological drill led to strange and unforeseen events. An unfortunate woman had had an operation done for cancer of the lower bowel, and subsequently for cancer of the pelvic glands, but the pain continued along the left great sciatic nerve and its branches. It was clear that there was a cancerous growth at the beginning of the great sciatic nerve; to make sure I exposed the great sciatic notch, felt the growth through it, and tried to set free the nerves. Some good followed, but then the pain came back in the peroneal nerve, which was stretched with temporary benefit. But then it became clear that something more radical was needed. So the laminae and spines of the twelfth dorsal and first lumbar vertebrae were removed; the spinal theca opened, and the posterior roots of the last lumbar and upper sacral nerves divided. Before making this attempt we had to visit the Anatomical Department more than once to learn the exact levels of the nerve roots. At the end of the operation the spinal theca was sewn up again, and the patient recovered. By this operation the pain was vastly relieved except when the limb was moved. That brought on severe pains in her joints. This was explained by the statement that the deep sensations of the limbs are conveyed to the spinal cord by fibres which ascend in the anterior roots, and which, of course, had not been cut during the operation. Clearly my physiological drill was at fault, or was I in the position of a general whose spies had failed to report the movements of the enemy. In a little while I shall narrate other things which show how intensely important is physiological drill. We have, too, over and over again, to invoke the aid of the physiological chemist. This difficult branch of medical science seems to me not yet to have reached an adequate degree of simplicity and certainty. Not long ago a patient who, according to tests, ought to have had chronic inflammation of the pancreas, proved to

be suffering from locomotor ataxia with gastric crises. Also at the present moment, I have a man under my charge who has a fistulous opening into some part of his small intestines. One would have hoped that the physiological chemist could have analysed the fluid from this leak, and said whether it came from the beginning of the jejunum or the end of the ileum. But such instances as this become rarer. Clearly it behoves us not to neglect our physiology.

Then a time comes at last when surgical drill has to be begun. Correct anatomy and physiology now make their value known, but there is something more than the mere application of anatomy and physiology, for surgery is an art as well as a science, so that he who dissects well, or manages physiological apparatus well, is more likely to operate well than one who has been a mere onlooker. Indeed, I often think that students do not realise that they themselves will have to do what they see others doing. And yet the man who cannot make blood examinations or bacteriological examinations of sputum, of the throat, or of wounds will in the future be at a grave disadvantage. Besides, if you do not know your work, and cannot do these things, your patients will assuredly find you out. I have continual reason to feel astonished at the grasp of medical questions shown by members of other professions and occupations. A colonial, who had had pus examination for tubercle, and who had had a guinea-pig inoculated, ceased to visit his doctor, but visited instead the guinea-pig to see whether it had become tuberculous. A man who had had a blood examination made, and which showed that he had had too few red cells, said he thought he was better, but intended to make sure, and have his blood examined again. A professional man brought a section of a mammary gland which had been removed from a relative. He wished to have an opinion upon the section. And especially, he said, as regards some apparent growth of duct epithelium into the connective tissues. Surely the medical man must know his work very well. An assumption of knowledge, besides being undignified and rather dishonest, is also rather foolish. A man said: "The other day I asked my doctor why my mouth was inflamed, and I felt rather angry when he said because I had got stomatitis, as though I did not know that stomatitis was inflammation of the mouth." However, the doctor had merely committed a logical fallacy which is very prevalent indeed in our profession.

SURGICAL TACTICS.

In medical and surgical tactics are many things. Dr. Schlesinger * writes in his letters about personal cleanliness, habiliments, manners, deportment, and conduct, but these are hardly what I mean. So far as all these things are concerned, it suffices to say that a medical man should cultivate the habits of a gentleman, which means that he

should be truthful and sincere, not singular in his appearance, dress, or manners, polite, and considerate of the feelings of others. Truthfulness and sincerity are the first and greatest of all the virtues. If you think the matter out you will agree with me that they are absolutely fundamental.

By medical tactics I mean the correct use of drill for the diagnosis and treatment of disease. Tactics are carried out in the presence of our patients. The meaning of our tactics may be made clearer by examples. A man has begun to vomit his food, and is growing thinner; no tumour is felt, but there is pain and tenderness at the pylorus. Now it would not be good tactics to make a new way from the stomach to the intestine by the operation of gastro-jejunostomy before a test meal had been given to learn whether the proper outlet was closed. I cannot help thinking that the closure of the artificial opening, which has occasionally been seen, takes place because the pylorus is wide open. As you are aware, such artificial openings usually close when the natural passage is open. Or, again, a child has an iliac abscess caused by a septic vermiform appendix. It was, of course, good tactics to open the iliac abscess, but very bad tactics to have overlooked a pelvic abscess which she also had, and which was found out when the usual pelvic examination was made. Or again, a man had a small cancer of the tongue and cancerous glands in the neck; obviously it would not have been good tactics to begin by excising the tongue and then the glands. The anaesthetist would almost certainly be troubled by oozing of blood from the tongue whilst the glands were being removed. By beginning with the glands in the neck another tactical advantage may be gained, because the lingual artery can be tied, and thus the removal of that side of the tongue rendered easier and safer. It is often good tactics to begin by securing the main vessels. You may have observed the other day when I had to amputate through the hip joint of a man with sarcoma of the femur how very little blood was lost because the common femoral artery and vein had been tied at the beginning of the operation. Or, how slight the bleeding was in two instances of interscapulo-thoracic amputation in which the subclavian was tied. In these formidable operations it is very bad tactics to allow any needless loss of blood. When this is avoided the shock soon passes off. And here I might tell you of a very useful piece of surgical tactics which you may have seen me practise. Not long ago an infant was sent with a very large naevus in the parotid region and in the anterior triangle of the neck. It looked a very formidable thing to undertake. Infants cannot survive much loss of blood, and yet that seemed very hard to prevent. But although a naevus has such quantities of vessels ready to pour out blood, these big ones have a capsule, and are supplied with blood through one or two large vessels, which pierce the capsule and then break up. So, by keeping well away from the tumour, these big

* *Aerztliche Taktik*, Berlin, 1906.

feeders can be seen and secured, and never allowed to bleed. In the case of the infant a large artery, which looked to me like the external carotid, entered the under surface of the capsule of the nœvus. It was easily secured, and the bleeding throughout was trifling.

Medical and surgical tactics are dominated by ideas, if your ideas are wrong so will be your tactics. Some have the idea that when they have given a long name to a morbid condition that they have formed a true concept of the disease itself. Now advances in the science of bacteriology ought by this time to have revolutionised our conceptions of disease. Bacteriology has rendered numbers of our medical words obsolete, and much of the ancient treatment absurd. Here are some examples of what I mean. An infant is very ill indeed. When the officer is asked what ails the infant he says that it has cellulitis of the scalp. Cellulitis was supposed by the officer to be a disease. He was prepared to act upon this idea, and his tactics consisted of such things as "fomentations" and "tonics." But the general merely looked upon cellulitis as a condition which might be caused by several species of bacteria, so a bacteriological examination was ordered; the child then had diphtheria of its scalp, whatever it may have had before. A few doses of antitoxic serum led to remarkable improvement. Again, a child was said by the officer to be suffering from vulvitis, which, again, if you analyse it, is an almost meaningless term. As a matter of fact, this child too, when properly diagnosed by bacteriological methods, happened to have diphtheria, so fresh tactics were begun.* Over and over again cellulitis is caused by streptococcal infection, and then good results accrue from anti-streptococcal serum. But the presence of the streptococci, and their species, has to be found out by the use of culture media. The streptococcus is a most dangerous enemy. It speeds, like a little eel, along the lymph paths into the blood, and much depends upon a prompt bacteriological diagnosis. But a few months ago one of my friends would certainly have died of streptococcal infection if the streptococcus which infected him had not been known. For anthrax *Sclavo's* serum has given very good results. But this kind of scientific medicine is only at its beginning, and many of us will not live to see what the future may bring forth. Science means certainty, and so in the future our control of disease will be more and more certain. It looks as though the coming doctor will carry about with him on his aeroplane test-tubes of culture media and doses of antitoxin. His dwelling place will be a small apartment adjoining a huge laboratory.

STRATEGY.

Strategy is far above tactics; drill is done by the soldiers in the ranks, tactics by the officer; but strategy is done by

* Both of these cases are reported by Mr. Burfield in *St. Bartholomew's Hospital Reports*, vol. xli, p. 233.

the master mind of the general. He it is that plans the whole campaign from the beginning to the end, chooses the time and the place, and the soldiers and officers. The scheming and thinking may, perhaps, be done whilst he is sitting in his tent, but he must have every fact before his mind. First, in our kind of generalship the nurse may have been asked for a correct record of the pulse, temperature, and respiration, the pathological department may have furnished a report upon the blood, the secretions and the excretions may have been examined and reported upon, the electrical department may have investigated the nervous system or taken an X-ray photograph, but the trained mind has to take all the facts into consideration and perform an act of judgment, and decide what ought to be done, and when. But you observe how the judgment may err if the soldiers and officers fail in their drill. The following is to me an example of good strategy: Pridcaux Selby sent a woman into the hospital for a stone in the kidney. The clinical signs were clear, and pointed to the left kidney, for it was enlarged, tender, and painful. Wellington said that the art of war consisted in knowing what was going on at the other side of the hill. The art of surgery often consists in knowing what is going on at the other side of the body. Clearly before the left kidney was touched it was essential to know the condition of the right. So an X-ray photograph was taken. This, rather to our surprise, disclosed another stone in the right kidney. Now it was more than ever necessary to know what the right kidney was doing before the left was touched. Obviously, if the left kidney was doing the work and not the right a disaster might ensue if, after an operation, the left ceased to excrete. So Luys' separator was used, and then we learnt that urine with pus in it was coming from the right kidney, and a little watery fluid and some pus from the left. The separation also taught something else, for we found that the separated urine from the right kidney had in it only half the usual quantity of urea. Clearly that organ was not good enough to bear the strain of a long anaesthesia and of a severe operation. So when the time came I fitted my surgical tactics to the circumstances which prevailed, and removed the stone in the left kidney as rapidly as I could. The operation might have taken a quarter of an hour from beginning to end, but not more. The woman survived, and returned some months later to have the stone removed from the right kidney. Now you may remember that when the left kidney had in it a stone it only excreted a little watery fluid mixed with pus. Clearly, if the left kidney had not recovered the risks of an operation on its fellow, which was doing all the work, were very great indeed, it might strike work. But fortunately the separation enabled us to learn that the left kidney had recovered, and was excreting its share of urea. After this was known the stone in the right kidney was successfully removed.

I was called in some time ago to remove the left kidney because it was the seat of prolonged suppuration. The past history was very clear, and nothing seemed likely to stop the discharge of pus and relieve the symptoms except the removal of the left kidney. But here again it was not good strategy to begin the battle until one knew what the right kidney was doing. As a matter of fact all the pus was coming from the right and only a little watery fluid from the left. Clearly it would have been worse than useless to take away the latter.

Nowadays surgeons are apt to draw their examples from the much exploited human abdomen. A friend of mine asked a physician, for whom we all have a great regard, whether a surgeon had been asked to see a case of aneurism. "No," he said, "surgeons take no interest now in the vascular system; its all abdomens," and perhaps the physician might have added other regions to his indictment. An amputation of the leg may end in trouble if the strategy is not sound. The drill may be perfect, the tactics superb, and yet the stump may be useless to its unfortunate possessor. Think of the state of a labouring man who has had the lower limb amputated above the ankle-joint. Everything has gone well; the stump is perfect; but, and there is a but, a suitable artificial limb for such a stump is very costly. Perhaps half a year's wages would cover the cost, and then the cost of upkeep is very heavy. Clearly he who would do that amputation for a working man is not a good strategist. A deal of thinking is called for to make an amputation a success. Last year I nearly lost a patient after amputation of the hip-joint. A large sarcoma was explored by me to see whether it could be removed. This was found to be impossible, because the main vessels and nerves ran through the centre of the growth. The hip was then amputated, and afterwards blood collected beneath the flap and underwent putrefaction. Two strategical errors had been fallen into. In passing from the exploration to the amputation insufficient care was taken to exclude the neighbouring septic areas; and next, only a gauze drain was used. Surely I ought to have foreseen that much blood would ooze from the cut surfaces of the great muscles about the hip when the shock of such a great operation had passed into reaction. A large and efficient drain ought to have been left in. This patient owed her life to Mr. Burfield. Happy is the general who has devoted lieutenants.

There are decisive moments in battles and decisive moments in operations; a time for prompt and courageous action; to make up the mind whether to stop or go on. Not very long ago a tumour was seen growing into the bladder of a man in his seventieth year. It had a broad base and bled easily, and all the probabilities were in favour of malignancy. Now this seemed an almost hopeless state of affairs. The removal of the tumour would make a huge gap in the bladder wall, and besides the

patient might die speedily of shock and hæmorrhage. But, on the other hand, if the tumour were not taken away it seemed certain to kill him in a short time, and his end would be very dreadful. Moreover, I noticed that the tumour itself felt very hard, moved a little in the bladder-wall; also it did not bleed as freely as a vascular cancer would have done; so the mucous membrane was divided near its base, and the growth was easily shelled out with the finger. The patient made a perfect recovery. The earlier reports were that the tumour was fibrous, but subsequent investigations brought cancerous elements to light. There is such a thing as being too much afraid of your adversary. Some most forbidding cases give good results. A surgeon explored a tumour of the scapula and decided against an attempt at removal. Two years afterwards it looked still more forbidding, and others were deterred. The tumour was very large and seemed fastened to the chest wall, but under the anæsthetic it moved a little, and a complete removal was ultimately effected. What if we had been deterred by imaginary difficulties or by the trepidation of others? I have removed other formidable tumours of the scapula. They are easier than they look.

An aged woman in Lucas had a hard and immovable tumour fixed in the pelvis. All opinions were in favour of malignancy. But there was a flaw. No one had seen the malignant growth. How dangerous it is to be positive about that which is merely felt! As you know an exploratory operation upon an aged woman with intra-abdominal malignant disease entails a very serious risk to life. However, I determined to take the risk and see the growth. It was a small, thick walled ovarian cyst with a twisted pedicle, and inflamed and jammed in the pelvis. The patient got quite well.

Strategy has many branches. One branch seems to me to be much neglected, the strategy of your own careers. Some seem quite unconscious of the vast importance of trying to think out what they wish to have, and what steps they should take to get it. It is but wise to take thought for the morrow. A wise man is a man of forethought; able to take advantage of his own experience and of the experience of others. Use this definition as a test. Wisdom is forethought; how far have you mapped out your futures? Have you thought out what qualifications you require to possess? Have you decided upon your line of practice, or is that left to fate? You cannot decide too soon and begin to equip yourselves; then, in the end, you will get your heart's desire. It is sad to hear the regrets of those who have not exercised ordinary forethought. How often we see men come back after having been in practice to try and get the diploma which they ought to have got long before. Do not think that you have not enough ability to gain the degrees you want. You cannot tell until you try, and if you try and fail try again.

The late Mr. Walsham had the true spirit. I once heard him say to a student, "I am sorry you failed at your examination, but of course you will try again." The beaten one with craven heart said that he thought that he had had enough, and would not try again. I shall never forget the scornful indignation with which Walsham exclaimed, "I would rather die than be beaten," and he meant what he said. He indeed had the true spirit. A man who would not rather die than be beaten is not fit to be a surgeon.

Next, the wise man is one who can make use of his own experience. He may be mistaken once, but never again. Besides learning what to avoid he learns what is best to do. But the building up of an experience of one's own is very slow work. Here is the opening for a higher degree of wisdom—that which enables you to take advantage of the experience of others. In order to avail ourselves of the experience of others we have had to watch what they do, hear what they say, and read what they write, but a certain mental training is needed to do this properly. That which you learn by seeing, by hearing, and by reading is not of equal value. Recall the thoughts that arise in the mind when anyone justifies himself by saying "I saw it." I once remember Luther Holden telling us, "If the examiner asks you why you say so you ought to be able to reply because I have seen it. He can't call you a liar." Now, contrast your mental attitude when someone says "I say so because I was told it." You cannot help thinking that you are speaking to a credulous person. Had he said, "because I was shown it," you would have put him upon a higher plane, and felt more inclined to believe. How few seem to have grasped the meaning of the magistrate's remark to the witness, "What the policeman said is not evidence," meaning to imply that what the witness had seen was evidence. In teaching anatomy I kept to things that could be shown. You will agree that plenty of objects were forthcoming, but in the end the learner could say, "I know because I saw." Also he had got into the habit of wanting to see, a habit most useful to acquire. To be offered a mere statement unsupported by evidence is an insult to the understanding. I have always felt grateful to

one who, in my student days, told me that whenever I heard one of my "seniors" making statements, I should there and then ask for reasons. It would be better to ask for an ocular demonstration. We can also avail ourselves of the experience of others by reading their writings. The word written is of course the same as the word spoken. Printer's ink has no magical virtues to render the printed word truer than the spoken, and yet the simple seem to think it has. Perhaps all are more careful of what they write than of what they say. *Litera scripta manet*, and yet it ought not to be so; we ought to learn to speak as truthfully and as correctly as we write.

But at last, when qualifications have been obtained, and hospital days are over, "What will he do with it?" At this stage what extraordinary strategical errors are committed. A Fellow of the College of Surgeons and Doctor of Medicine of an University settles in practice amidst artisans who can neither appreciate his qualifications nor reward his abilities. He has planted himself far from his friends, and where he cannot find associates of similar intellectual attainments and tastes, so that soon he begins to suffer from mental starvation. What will the awakening be? Or can it be good strategy for a man, with the very highest degrees and with eight or nine distinctions, to settle in a little village in Arcady? Surely, before taking such fateful steps, the wise would avail themselves of the experience of others, and there is abundance of this kind of experience ready to hand. On the other hand, it may be good strategy indeed for one who loves the ever-delightful country, with its sports, games, and health-giving pursuits, rather than live an unhappy life in a sordid city. There is something to be said for a profession which allows each one of us such freedom of choice. And, last of all, let us recall the words of the noblest of the stoics:—"Remember that thou art an actor in a play, of such a part as it may please the Director to assign thee; of a short part if he choose a short part, of a long part if he choose a long. And if he will have thee take the part of a poor man, or of a cripple, or of a governor, or a private person, mayest thou act that part with grace! For thine it is to act well the allotted part, but to choose it is another's."

St. Bartholomew's Hospital



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AUGUST 1st, 1906.

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

Editorial Notes.

IN the temporary absence of Mr. W. D. Harmer, whose illness we so deeply regret, Mr. G. E. Gask has been appointed Acting Assistant Surgeon, and Mr. Sydney Scott has been selected to assist Mr. Gask in the heavy work of the Surgical Registrarship. Mr. Harmer's enforced retirement for a while is a matter of great disadvantage to the Hospital and School, and we sincerely hope that the period of rest will result in full restoration to health, and increased vigour of mind and body, if indeed this were necessary. He has all our good wishes.

MR. HARMER has resigned the charge of the Throat Department, and Dr. Jobson Horne and Mr. F. A. Rose have been asked to take charge of it until such time as a successor to Mr. Harmer is appointed.

MR. W. FOSTER CROSS has been appointed Second Administrator of Anaesthetics in place of Mr. Edgar Willett who has resigned.

THE Old Students' Dinner will take place at the Hospital, on Monday, October 1st, the first day of the Winter Session. Dr. J. A. Ormerod will be in the chair.

DR. LEONARD MARK has been elected President of the West London Medico-Chirurgical Society for the session commencing on October 1st next.

THE following have been nominated to act as House Surgeons and House Physicians during the next year:

HOUSE SURGEONS.

- Mr. Cripps { Oct.—J. E. R. McDonagh.
Apr.—E. M. Woodman.
- Mr. Bruce Clarke { Oct.—J. D. Barris.
Apr.—E. T. Glenny.
- Mr. Bowlby..... { Oct.—C. Clarke.
Apr.—A. T. W. Forrester.
- Mr. Lockwood ... { Oct.—J. E. H. Roberts.
Apr.—H. J. Gauvain.
- Mr. D'Arcy Power { Oct.—J. G. Gibb.
Apr.—E. B. Aylward.

OPHTHALMIC HOUSE SURGEON.

Oct.—C. B. D. Butcher.

EXTERN MIDWIFERY ASSISTANTS.

Oct.—E. Burstal. Jan.—H. J. Gauvain.

HOUSE PHYSICIANS.

Dr. West.....Oct.—M. B. Reichwald.
G. T. Verry has been nominated to act as Junior House Physician for Dr. Herringham until October 1st.

IN the recent M.D. Examination of the University of London the following were successful:

Medicine: C. V. Knight, H. Pritchard, G. H. Sowry.
Midwifery: G. E. Aubrey, E. C. Mackay, E. F. Travers, V. G. Ward.

Tropical Medicine: Capt. F. N. White, I.M.S.
In the Master of Surgery Examination T. P. Legg was successful. There were no failures in either examination.

MR. R. C. ELSLIE has been appointed an Erasmus Wilson Lecturer at the Royal College of Surgeons for 1907.

THE Matthews Duncan Prize has been awarded to D. W. Hume, and the Shuter Scholarship to H. T. H. Butt, of Christ's College, Cambridge.

THE Junior Scholarships in Chemistry, Histology, and Physics have been awarded to K. C. Bomford and K. Bremer.

AT the conclusion of the course of instruction for Surgeons for the Navy at Haslar, R. C. P. McDonagh took third place, and was awarded the silver medal and books.

AT the recent examination for commissions in the Indian Medical Service Messrs. C. H. Cross, R. H. Bott, K. S. Singh, and H. B. Scott were successful, C. H. Cross taking third place. In this examination again we had no failures.

The Summer Concert.

THE Junior Staff and the Musical Society held their annual Summer Concert on June 29th. The Great Hall was filled to overflowing by Staff, students and nurses, including many old friends; and fortunately, after a wet morning the weather cleared, and permitted that half hour's interval, with tea, coffee, and ices in the square, which constitutes, perhaps, the most pleasant feature of the concert.

The musical programme was excellently chosen and arranged, and was short enough to permit of those encores of the vocal items which are inevitable. The orchestra, conducted by Mr. Carwardine, was the largest that has been collected within recent years, the wind instruments being particularly numerous. If criticism may be allowed, indeed, there seemed to be some want of balance, the string instruments being deficient in tone, and sometimes overpowered. This was specially noticeable in the second item, the overture to "Die Meistersinger," in which the themes allotted to the violins were too little in evidence.

There seems no deficiency of vocal talent at present; the Choral Society is unusually numerous in both male and female voices, and the admirable rendering of the part songs reflected the greatest credit on the individual members and on Mr. W. B. Grandage, the conductor. Amongst so many the selection of soloist must have been a matter of difficulty, but those chosen acquitted themselves delightfully, and were encoired in every case. Finally came the chorus of the Junior Staff, which was beyond praise, and was received with acclamations, an encore, however, being, in this instance, refused. Each year the Junior Staff endeavours to outdo all its predecessors in this chorus, and we must carry our minds back far to remember hearing a finer body of sound than was produced this year in "Hurrah, hurrah, we bring the Jubilee."

PROGRAMME.

PART I.

1. *Marche Hongroise* *Berlioz*
Selection (Faust) *Gounod*
THE ORCHESTRA.
Conductor—Mr. E. CARWARDINE.
 2. SONG "Sealed Orders" *Charles Willeby*
NURSE HENRY.
 3. PART SONGS *a. "Diaphenia" Stanford*
b. "Thuringian Volkslied" Franz Abt
THE CHORAL SOCIETY.
Conductor—Mr. W. B. GRANDAGE.
 4. SONG "Love's Coronation" *Florence Aylward*
Mr. G. T. VERRY.
(Cello Obligato—Mr. T. R. H. BLAKE.)
 5. OVERTURE "Die Meistersinger" *Wagner*
THE ORCHESTRA.
- PART II.
6. SUITE "Peer Gynt" *Grieg*
1. Morgenstimmung.
2. Aes Tod.
3. Tanz in der Halle des Bergkonigs.
THE ORCHESTRA.
 7. SONG "In Sympathy" *Franco Leoni*
Mr. E. R. EVANS.
 8. PART SONG "The long day closes" *Sullivan*
THE CHORAL SOCIETY.
"La Serenata" *G. Braga*
NURSE PUGH.
 9. SONG (Violin Obligato—Mr. T. H. KING.)
"Marching through Georgia" *Work*
THE JUNIOR STAFF.
"God save the King."
- At the Piano—Mr. R. L. E. DOWNER.

League of St. Bartholomew's Hospital Nurses.

GENERAL MEETING of the League of St. Bartholomew's Hospital Nurses was held at the Hospital on June 30th. The President, Miss Isla Stewart, was in the chair.

The Treasurer's report proved a most satisfactory one, and showed a substantial balance in hand. The League has already handed over a donation of £1500 to the Special Appeal Fund to be devoted to the building of the new Nurses' Home, and is now able to close its financial year with a balance of £235 14s. 11d.

Among other subjects discussed were the questions of Post-Graduate Lectures and the State Registration of Nurses.

A scheme for a series of lectures on Pharmacy and Infectious Diseases was laid before the League by the President, and it was agreed that the Executive should arrange for a course of lectures on Hygiene and Public Health during the Winter Session.

The evening concluded with a social gathering in the Great Hall, which had been daintily transformed into a bower where flowers and strawberries grew in profusion, and where music and hospitality combined to render the meeting a complete success. Amongst other notable guests were Lady Ludlow, the wife of the Treasurer, Miss Sidney Browne, the late Matron-in-Chief, and the Misses Dickin-son, from Allassio.

The Contemporary Clubs of St. Bartholomew's Hospital.

ON May 8th, 1832, a select company of ten who had been contemporaries as students at Bart.'s met at dinner at the Freemason's Tavern, and inaugurated the first of the Contemporary Clubs of the Hospital. Like much that is good in our School, this club really owed its origin to the influence of Abernethy. Amongst the resolutions passed at this first meeting, the first stands—

"That it is desirable to form a club of St. Bartholomew's men who are nearly of the same standing."

A footnote of Dr. Farre's explains that this was generally understood to mean pupils of Abernethy between the years of 1820 and 1830. Such pride indeed has these "Abernethians" in their master that when, in 1871, the club was being dissolved, and the members of the Junior Contemporary Club invited the survivors to join them as honorary members, Dr. Farre replied—

"I am requested to inform the Junior Club through you that we fully appreciate the kindness of their offer, but that the members of our club being all Abernethians, would rather not be even honorary 'members' of another club consisting of gentlemen who were never pupils of Abernethy."

The original ten elected others, and soon brought their numbers up to thirty, limiting the membership of the club to this figure; they arranged an annual dinner to be held on the first Thursday in May, drew up a few simple rules, and elected Dr. George Burrows their Treasurer and Secretary.

Amongst these original members were also Dr. Frederick Farre, Richard Owen, Mr. McWhinnie, Mr. Wormald, and Mr. Partridge, all of whom subsequently attained distinction in some branch of their profession.

The dinners of the club were held with great regularity, although the date was subsequently altered to the second week in May, and many different taverns were tried—the Albion, Thatched House Tavern, Willis's Rooms, and the New Palace Hotel all being patronised in turn. It early became the custom to toast those members who had married during the past year—Mr. and Mrs. Bull and Dr. and Mrs. Johnstone being toasted in 1834. Subsequently those toasted for this reason were made to pay a fine to provide champagne, Burrows being the first to pay up in 1835. Later, when members were reaching positions of eminence, they were made to pay fines of two guineas for the same purpose on their obtaining some appointment of importance. Thus, in 1843 we read that Mr. Perry most liberally treated the club with champagne to celebrate his appointment as an Inspector of Prisons. Perhaps this may account for the further entry in the minutes for this year:

"After a good dinner with very indifferent wine, various national, peculiar, and personal toasts were drunk with more than ordinary enthusiasm."

At the twenty-second anniversary dinner in 1853 the Treasurer announced that fifty-one members had joined the club since its origin, and that the only symptom of decay was the drying up of the source of champagne, the number of bachelors being reduced to seven. However, honours came in numbers, and included the Presidency of the Royal College of Surgeons for Partridge in 1867, and that of the Royal College of Physicians for Burrows in 1871. In this latter year, after the fortieth dinner, at which twelve out of fifteen surviving members were present, it was decided to dissolve the Club. Although the invitation of the Junior Club, already alluded to, was declined, it was decided that, although the Seniors objected to being enrolled as Honorary Members, they were willing to come as guests to the annual dinner of their successors. Amongst those who accepted this invitation were Dr. Burrows and Dr. Frederick Farre, the latter of whom had never missed a single dinner during the forty years, and had been Secretary and Treasurer since 1847.

Just as these two were the life and soul of the original club, so the second owed its existence and its longevity to Dr. Jeaffreson and Mr. (afterwards Sir James) Paget. The Junior contemporary Club, as it was called, was founded in 1839, its membership was also limited to thirty, who must have been students of the Hospital between 1829 and 1839—Dr. Baly, Dr. Patrick Black, Dr. Jeaffreson, and Mr. Paget were among the original members. The dinners were held regularly at the Albion, and, thanks to strict business methods and the exaction of a three guinea fine on marriage the pecuniary position of the club was always excellent, there being generally something in hand. In this they differed from their predecessors, who were generally in debt to their Treasurer.

The membership of the second club was much sought after, and for many years there was a long list of candidates proposed and waiting for a vacancy to occur. Mr. Holden, for example, first proposed as a member in 1845, had to wait ten years before he was elected. Amongst those who were members were also Mr. Holmes Coote, afterwards Surgeon to the Hospital, and Mr. (subsequently Sir George) Humphry, of Cambridge. In 1864, at the twenty-fifth dinner of the Club, it was proposed by Mr. Paget and carried unanimously—

"That every member, on his becoming a grandfather for the first time, should present the Club with half a dozen of champagne."

Accordingly in 1871 we read that—

"Mr. Taylor announced his willingness to be fined half a dozen of champagne for being still unmarried, and Mr. Jackson for being a grandfather."

In 1867 the Club suffered a great loss in the death of Dr.

Jeaffreson. Paget then took up the Secretaryship, and, although Mr. W. H. Clifton subsequently held this office from 1877 to 1880, and Mr. Newton from 1880 on, most of the minutes after 1867 are in Paget's handwriting. It was not until the fortieth dinner, in 1879, that any symptom of decay arose, but then, owing to the lack of candidates, it was decided to fix the membership for the future at twenty-five. The meetings continued, however, until 1888, when, at the fiftieth dinner, held at Sir James Paget's house, the Club was formally dissolved; ten members were present, including Paget, Crookes, and Burrows, who were original members. Paget had missed only one dinner of the Club in the fifty years of its existence. There is no mention of any invitation to join the Third Club being extended to these survivors, indeed, the third and fourth clubs had probably, by this time, disappeared.

The history of these first two clubs is clearly recorded in their minute books, which are preserved in the Hospital Library. Unfortunately the books of the third and fourth clubs do not seem to have been preserved, or, at least, their whereabouts is not known. Mr. Henry Power, one of the two surviving members of the third club (Dr. Drage, of Hatfield, is the other), writes his recollections of this club as follows:

"As I entered the School in 1844, I was at a late period thought eligible for, and became a member of, this Third Decennial Club. This embraced men who joined the Hospital between 1835 and 1845. The Treasurer and Secretary was Dr. Cholmly, sometime editor of the *Medical Gazette*. We dined on the last occasion at the Holborn Restaurant, the party consisting of Drage, of Hatfield; Webb, of Welwyn; Hulme, Warwick, Cholmly, Kingston, and myself. . . . So many of the members had gone, that we thought it better to dissolve the club whilst there were still sufficient members to make and pass a resolution to that effect, and it became a thing of the past on that occasion."

The Fourth Club was apparently a large and very sociable one. Probably it was the first to give up the rule limiting the number of member to thirty which had existed in the first two clubs. Mr. Power, who was a member of this club also, writes:

"The Fourth Decennial Club was a numerous one, and we had repeatedly dinners at which from twenty to thirty members dined. The dinners were at the Albion during the greater part of the year, though I think we dined in the country, as at Greenwich or Richmond, once in the month of May or June every year. In later years we had all become too busy to spend the afternoon in walking about a park. We always adjourned to cards after dinner, some sitting down to whist, but the majority to vingt-un. The play was always for small stakes, the most successful only

conveying away three or perhaps four pounds, and there was much hilarity and noise about midnight, whiskey and anchovy toast being brought in. This club came to an untimely end owing to an indiscretion of its genial member, Edgar Barker, who, on the occasion of some public rejoicing—I think the first Jubilee of the late Queen—ventured to summon a meeting for a dinner without consulting Sir William Savory, the Treasurer. The bill was, of course, sent in to the Treasurer, who entirely repudiated it, and returned it with so sharp a letter of comment that Barker promptly sent in his resignation, and the club fell to pieces."

It would thus appear that the Fourth Club differed from the others of the series in holding several dinners a year. No doubt several of its members are still practising in different parts of the country, and any further recollections of this or of the preceding club would be welcomed, specially so any clue to the whereabouts of the minute books.

The rest of the Clubs, from the Fifth onwards, are still in existence. The Fifth was inaugurated in 1864, and embraced the decennial period, 1855 to 1865. The original Secretary was Mr. J. Bowater Vernon, and the original members included Dr. Andrew, Messrs. Willett, Marrant Baker, Langton, Marsh, Bloxam, Horace Jeaffreson, A. (now Sir Alfred) Cooper, Clement Godson, and W. S. (now Sir William) Church. The first dinner was held on June 30th, 1864, at the Albion Tavern, with Mr. Harry Leach in the chair, so that this year's dinner is the forty-third of the series, and as the Club is still flourishing it may still equal the record of the Second Club, and reach its fiftieth annual meeting.

Mr. Vernon was Secretary from 1864 to 1872; he was followed by Mr. Langton until 1887, since when Mr. Howard Marsh has held the post, and has succeeded in holding the Club together in a wonderful way. Mr. Marsh writes:

"Of course, our numbers have dwindled, but we still cut a very respectable figure, and for our last dinner in June I was able to send out a hundred and five invitations. For the past few years our numbers at dinner have run between thirty and fifteen. Our hardy annuals are Sir Thomas Smith, Sir William Church, Mr. Alfred Willett, Sir Dyce Duckworth, Mr. H. Stilwell, of Uxbridge; Mr. Oliver Fowler, of Cirencester; Dr. Haynes, of Leamington; Dr. Wyman, of Nottingham Place; Sir Alfred Cooper, Dr. Clement Godson, Mr. Butlin, Dr. Bezy Thorne, Sir Lauder Brunton, and some others, who always come if the Fates allow."

When the preceding Club ceased to meet two of its members, Mr. Power and Sir Thomas Smith, joined the Fifth, which has also been joined by a few of the members of the next Club—the Sixth. This year's dinner was held in June at the Imperial Restaurant, ten members being present, with Mr. Theodore Fennell, of Knutsford, in the chair.

The Sixth Club includes the period from 1865 to 1875; it was inaugurated in October, 1874, at a meeting in the College Hall, with Dr. Moore in the chair. Mr. Cumberbatch and Mr. Herbert Taylor were elected Secretaries, and have acted as such ever since. The dinner was held on the second Wednesday in July until 1888, when the date was altered to the last Wednesday in June. The membership is large, and includes many of the Senior members of the Hospital Staff. This year's dinner was the thirty-first of the series, thirty members were present, Mr. F. W. Strugnell being in the chair; the usual toasts were drunk, and a musical programme carried out. Songs were sung by Dr. Champneys, Dr. West, and Messrs. Vernon and Taylor, and recitations given by Messrs. W. H. Cripps and J. Adams.

The Seventh Contemporary Club was originated in 1884, holding a dinner that year at the Albion Tavern, at which forty-five members were present, Mr. Anthony Bowlby being in the chair. There are now between four and five hundred members of the Club, including not only a large proportion of the present Staff of the Hospital, but also quite a number of surgeons and physicians to other institutions, such, for example, as Mr. J. Berry, Mr. Gilbert Barling, of Birmingham; Mr. Newbolt, of Liverpool; Dr. Cautley, Mr. Roughton, Mr. Paton, and Dr. C. Hubert Roberts. The dinner is held annually on the first Wednesday in July, and at that on July 4th last there were no less than sixty members present, Dr. A. F. Street, of Westgate-on-Sea, being in the chair. Mr. A. A. Bowlby and Dr. Tooth are the secretaries.

With the Eighth Club we come to very recent history. Of this Dr. Kanthack and Mr. Waring were originally secretaries, and since Dr. Kanthack's death his place has been filled by Dr. Drysdale. The membership is still increasing—has reached four hundred and fifty, and already includes all the assistant surgeons and three of the assistant physicians of the Hospital. The annual dinner was held on Wednesday, June 27th, at the Imperial Restaurant, Dr. Llewellyn Phillips being in the chair, and fifty-nine members were present. In addition to the chairman several other representatives from Egypt and other foreign climes were present, the dinner serving as a very pleasant meeting for old friends. The speaking was somewhat informal, and there was no music, everyone feeling perhaps that to chat quietly with one's friends was the most appropriate way of passing the evening.

Now, finally, we come to the Ninth Club, which is in its infancy; one might say perhaps is only just being born. It comprises the period 1895 to 1905, during which the entry of students at the Hospital was larger than it has ever been before. A survey of the Directory of Old Students shows that there are already over five hundred eligible for membership of this new club, and this number will greatly increase in the next few years. It is to be hoped therefore that this will eventually at least equal in

size and success any of its predecessors. The first dinner will be held this year on October 10th, when Dr. A. H. Hogarth will be in the chair, and a good muster is expected. It is hoped that if any old students who consider themselves eligible for membership do not receive a notice of the dinner they will write to the secretaries, Dr. Howell and Mr. Elmslie, and ask to have their names included.

These clubs in the past have been one of the means of keeping together the old students of the Hospital, one of the reasons that old Bart's men have the reputation for sticking to each other through thick and thin. They have had something to do with the reputation of the School during the past century, and the services of Burrows and Farre, of Jeaffreson, Baly, and Paget, and others in the succeeding clubs deserve to be ever remembered in the annals of the Hospital.

R. C. E.

Farewell Dinner to Mr. Edgar Willett.

THE anesthetists of the Hospital met at the Café Monaco on July 25th at a small farewell dinner to Mr. Edgar Willett. Mr. Gill was in the chair, and, in an informal speech, proposed the health of the guest, wishing him success in those higher spheres of life into which he was about to enter—and so forth. In replying, and wishing his colleagues all good fortune in the future, Mr. Willett made use of a little parody.

VALETE.

Gone are the days of the Surgery,
Gone are the drops on lint,
Gone are the days of trying to teach
A student who won't take the hint.

Gone is the burly butcher,
In the cross box reeking with gore,
Gone are the adenoid children,
Still bleeding in rows on the floor.

Gone are the long afternoons, too,
In an atmosphere heavy and fetid,
When perhaps we are told at 6.30
An emergency 's just been admitted.

Gone is the chance country journey,
To the place that the quick trains don't stop at,
Where we meet the kind country doctor,
So smart in his frock coat and top hat.

The theatres to which I shall now go
Are not labelled B and C.
The performance, perhaps, is more pleasant,
But admission is not quite so free.

In conclusion I give to my colleagues
A toast that will go to their hearts,
Here's to plenty of ops in private,
And success to the stuffists of Bart's

A Note on the Use of the Bladder Sound.

By G. H. COLT, M.A., M.B.

IN an article* on a nearly related subject in this JOURNAL for last month the following opinion is expressed:—"The bladder sound I should describe as an almost useless instrument for diagnostic purposes even when combined with rectal examination, neither its positive nor its negative evidence are of much value. A stone may be encysted in a post-prostatic pouch far out of reach of your sound, and even if you do feel a grating sensation it is impossible to say whether you are dealing with a soft phosphatic stone or only a phosphatically encrusted papilloma or malignant ulcer. In a few cases, however, I admit that the characteristic metallic ring is unmistakable."

These statements at once recalled to my mind some cases bearing on the subject, and since it often happens that the true worth of any method of diagnosis is established by controversial evidence, I thought it would be advisable to set out shortly some extracts from the following cases which demonstrate the usefulness of the sound. All the patients were admitted into St. Bartholomew's Hospital under Mr. D'Arcy Power during 1905, and I am indebted to him for permission to make use of the facts. The cases were consecutive, and were the only ones under his care during the year in which the bladder was sounded before suprapubic cystotomy was performed. The extracts from the notes are *verbatim* where inverted commas occur, and the cases will be found recorded in full in the Surgical Register of male patients under the steward's numbers.

CASE 1.—R. B.—, *æt.* 42. Steward's number 1737.

"On passing a sound nothing abnormal is felt until the prostate is reached, when considerable grating can be felt until the sound reaches the bladder. With the sound in the bladder a stone apparently about $1\frac{1}{2}$ inches long can be felt on the right side, and also several smaller stones on the base of the bladder."

Subsequently and previous to operation the patient passed two stones composed chiefly of phosphate. The operation was a suprapubic lithotomy after lithotripsy had been attempted. Two stones, one $1\frac{1}{2}$ inches by 1 inch and the other $\frac{3}{4}$ inch by $\frac{1}{2}$ inch, were removed, together with several smaller fragments. No cystoscopy was considered necessary before the operation.

CASE 2.—J. W.—, *æt.* 60. Steward's number 1283.

"On passing a silver catheter to-night there was distinct stony grating felt after the prostate had been passed, and a stone could be tapped with the point of the instrument on the right side of the bladder throughout a length from

* "The Importance of Routine Cystoscopy in all Cases of Vesical and Renal Disease," by Harold W. Wilson, F.R.C.S., *St. Bartholomew's Hospital Journal*, July, 1906, p. 149.

behind forwards of $1\frac{1}{2}$ inches +, namely, from $9\frac{3}{4}$ inches to $8\frac{1}{2}$ inches from the external urethral meatus. The surface of the stone feels smooth and slightly convex behind. It did not move."

At the operation "the hand introduced into the bladder encountered a large stone in the post-prostatic pouch. The stone was gripped with forceps, but it crumbled, and had to be removed piecemeal. The stone was considered to be phosphatic; it weighed 40 grammes."

This stone when pieced together was smooth, oval and measured $1\frac{1}{2}$ inches from before backwards when placed in the same relative position that it had occupied in the bladder. Prostatectomy was also performed.

CASE 3.—W. W.—, *æt.* 62. Steward's number 1499.

"A sound was then passed but no stone was felt. The enlargement of the prostate felt per rectum made it difficult to turn the point of the sound from side to side."

At the operation no stone was found.

These facts are sufficient to show that in many cases the sound or metal catheter may yield ample evidence to warrant a suprapubic cystotomy. It is clear that by this method the presence of a stone in the post-prostatic pouch may not only be detected sometimes, but that its actual size may be measured and its nature and mobility inferred with a considerable degree of accuracy. That the contents of the post-prostatic pouch are readily visible through a cystoscope is not so evident. Apart from the fact that the beak of the cystoscope sometimes prevents its rotation so that one cannot look backwards over the prostate, the hæmorrhage into the bladder is often such that vision is impossible unless the later variety of instrument is employed. This is introduced with the window covered and it has an arrangement for continuous irrigation. The clouding of the window with blood and lubricant during the introduction of the instrument is thus prevented and any blood which flows is speedily removed. If further evidence is needed to support the argument one might adduce that it is common knowledge that the surgeon may feel the sound move in an irregular manner over the wall of the bladder.

He infers that the anatomy of the viscus is altered at that spot by disease and the sensations imparted to him frequently enable him to form a correct estimate of the pathological condition present. This observation is sometimes the only one which can be made owing to the turbidity of the urine, and if after the examination this is increased, or if a stone is passed as in Case 1, the evidence becomes more than doubly strengthened. The sensation imparted while one passes the sound or metal catheter past an ulcerated prostatic growth is almost diagnostic, and such a growth can only be seen through a cystoscope with difficulty if it is visible at all. Lastly, the characteristic metallic ring of the books is not really a ring. It is a dull clink and sometimes even has the timbre of the sound made by tapping a metal catheter against a piece of board.

The value of this ancient and simple method of diagnosis is as great to-day as it ever has been. If the sound is employed carefully, gently and with aseptic precautions, the damage done is nil and the information obtained is often of the greatest possible value. The whole matter, however, falls into line with the proceeding known as the "surgical crescendo."

Gunshot Wound of the Bladder; removal of Bullet 17 years afterwards.

By Capt. W. W. JEUDWINE, M.B., I.M.S.

THE patient, a man aged about 40, came from across the border to the Civil Hospital on May 2nd, complaining of frequency of micturition, passage of blood, and irritation of the end of the penis.

Stone is a very common complaint in these districts, and the symptoms well known. He came and said he had a stone in the bladder and wanted it removed.

With a nomadic population and wandering individuals, one has no time or opportunity here to treat cases after the best European methods. People will not wait a day or two in hospital before operation, and, as a rule, prefer to leave immediately afterwards. Often you find that a pet patient you are hoping to operate on next day, and have persuaded to remain in hospital for the afternoon and night before the operation, has decamped and taken a hospital blanket with him. Thus, *carpe diem*, and whatever you have to do you must do quickly, or you lose your case.

This patient was immediately put on the operating table and sounded. The sound was felt to hit against a foreign body, and gave one the impression that this was a small, hard stone. He was anaesthetised, and, after the usual procedure, a lithotrite, small size, was introduced, although the urethra was capable of receiving the largest size.

The "stone" was grasped between the blades, and after being sure that it was free the screw was turned. I was prepared for a hard stone, but not one quite so hard as this. After winding cloth round the handle and the screw top, and using all my strength, the blades at length were screwed down, the male into the female blade. I then tried to separate them in the ordinary way, but could not, pull as hard as I could, so I unscrewed them and then screwed them down again. Hoping that all particles of stone were off the blades I began to withdraw the lithotrite as I thought the blades might be bent, and I wanted to use a larger instrument. The lithotrite came out easily as far as the penile portion of the urethra when it stuck, and to my dismay I found a large foreign body attached to the blades in the urethra. Back it would not go nor forward, and being afraid of using force and rupturing the urethra I had to cut down on the lithotrite and remove the

foreign body. To my astonishment I found no stone but a bullet firmly wedged in the blades. It was removed, and the lithotrite afterwards in the usual way. The wound in the urethra was sewn up and a catheter left in.

It transpires that the man was shot about seventeen years ago by a gun. The bullet is a revolver one, and is .455 size. This probably accounts for the low velocity. There is a scar on the pubic region over the right pubic bone not far from the symphysis. There is no evidence of the bone having been broken. Patient has had no inconvenience from the bullet in the bladder. No abscesses had ever formed, and he was only laid up for two weeks at the time of injury.

This case certainly has a few unique features.

1. The presence of a bullet penetrating the peritoneum, and no peritonitis supervening.
2. (a) Injury to the bladder through the peritoneal cavity without peritonitis supervening; (b) or under the peritoneum with no leakage of urine or abscess formation.
3. Presence of a foreign body in the bladder with no symptoms of stone for sixteen years.
4. Removal by a lithotrite as far as the penile portion of the urethra.

The stone is in the Museum at St. Bartholomew's Hospital.

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.

- Adamson, H. G., M.D., M.R.C.P. "The Histology of a Case of Linear Nævus," *British Journal of Dermatology*, July, 1906.
- Clarke, Ernest, F.R.C.S. "Preservation of the Sight of Young Children, with special reference to the Prevention of Myopia," *Journal of Preventive Medicine*, July, 1906.
- Eccles, W. McAdam, M.S.Lond., F.R.C.S. "Three Cases of Fibrosarcoma of the Muscles of the Abdominal Wall," *West London Medical Journal*, July, 1906.
- Garrod, A. E., M.D., F.R.C.P. "Rheumatoid Arthritis," *Practitioner*, March, 1906.
- Jessop, W. H., F.R.C.S. "Eye-strain as a Cause of Headache," *Practitioner*, July, 1906.
- Keetley, C. B., F.R.C.S. "A Lecture on Tuberculosis of the Cæcum, Ileo-cæcal Valve, and Appendix, with four Unpublished Cases," *Lancet*, July 7th, 1906.
- Neave, Sheffield, M.R.C.P. "Microscopical and Chemical Observations on a Case of Sclerema Neonatorum," *Lancet*, July 21st, 1906.
- Paterson, H. J., M.B., F.R.C.S. "Gastric Ulcer: its Complications and Surgical Treatment," *Medical Magazine*, July, 1906.
- Scott, Sydney, M.S.Lond., F.R.C.S. "A Record of the Decussations of the Brachial Plexus in Man," *Journal of Anatomy and Physiology*, vol. xl.
- Wallis, F. C., F.R.C.S. "Three Cases of Gastro-jejunostomy," *British Medical Journal*, July 14th, 1906.
- Walsham, W. J. "Surgery: its Theory and Practice." Ninth Edition. Edited by W. G. Spencer, M.S., F.R.C.S. Price 18s. net.
- Whiteford, C. Hamilton. "Tubal Pregnancy: its Diagnosis and Treatment," *Bristol Medico-Chirurgical Journal*, June, 1906.

Lagos, West Africa.

By JOHN CURRIE, M.D.

IF it is fair to judge your readers' knowledge of geography by that of the ordinary lay person in England I would venture to say that most of them have only a very hazy idea of where Lagos is, what comes from there, or who goes there. Most of them would hazard a guess that the West Coast imports are chiefly gin, missionaries, and coffins, but now that the slave trade no longer exists, they would be hard put to it to say what are the principal exports; some man more thoughtful than the rest might suggest chronic invalids, but neither answer would express the complete truth. Coffins which satisfactorily answer the purpose are now made on the coast, and there is a big export trade done in many articles which have a higher commercial value than chronic invalids with big spleens.

Palm oil, rubber, coffee, cocoa, maize, and raw cotton are all grown and exported in large and increasing quantities, and form no small part of the necessities of Englishmen who stay at home. This means communities of white traders and administrators, with doctors to look after them.

The West Coast generally does not yet hold that reputation for salubriousness which Torquay and St. Moritz enjoy, but, no doubt, when sufficient time has passed it will do so; meanwhile much has been, and still is being, done to improve the health conditions in this region, and Lagos is a good example of well-directed efforts to further this object.

Lagos is the name both of the colony and the chief town. The town is built on an island, which lies in a long narrow lagoon extending from the Niger delta on the east to the French colony of Dahomey on the west. The island is low lying, and ten or fifteen years ago was a mixture of swamp and sandbank. The late Governor, Sir Wm. Macgregor, took a very keen interest in the sanitary condition of the place, and thanks to him and to the exertions of the Principal Medical Officer the whole aspect of the place is changed. Formerly there were scattered about the island in close proximity to the dwellings of Europeans many areas of fetid mangrove swamp, and for half a mile beyond Government House another large swamp extended. These have now all disappeared; the mangroves have been cut down, the marshy ground filled in with sand, and the island surrounded with a low sea wall; this simple piece of engineering has made a considerable difference to the conditions of living here.

There are in the town about 300 Europeans, officials, and merchants, and this number will soon be greatly increased now that Sir Walter Egerton has decided on making Lagos the headquarters of the Amalgamated Colonies of Lagos and Southern Nigeria.

The native population numbers about 40,000. Owing to the excellent sanitary administration of the Principal Medical Officer the native town is very clean, and compares favourably with any other town of the same size on the coast or in the east.

The sandy soil is, undoubtedly, in our favour, but we are handicapped by the flatness of the place when drainage has to be dealt with; the highest point of the island is nineteen feet above sea level, and the average is from three to six feet. However, shallow, open, street-drains built of concrete are the rule, and a considerable army of scavengers is maintained, whose duty it is to sweep down these drains every day; they also empty the dustbins, which are plentifully provided throughout the town, sweep the streets, and clean the land latrines. Round the edge of parts of the island latrines have been built on small jetties; these are useful and sanitary, as anything falling into the water is quickly carried away by the swift tidal currents.

The water supply of the place is fairly good; the rainfall is sufficient, but not very heavy—about 75 inches per annum. The European houses are provided with large rainwater tanks, in which the drinking water is collected, and throughout the island are a large number of wells; those on the eastern side all contain sweet water; in many of those on the western side the water is brackish, and is used for washing only, but the native has never to go a great distance to obtain good drinking water. Many of the wells are provided with a locked cover and a pump to prevent water being dipped out with a bucket of doubtful cleanliness, and leaves and dust being blown in.

Unfortunately all are surface wells; there is no rock met with for a great distance below the surface; but they are so constructed as to endeavour to prevent surface contamination.

The natives are very fond of collecting water in their large earthen pots and keeping it in their compounds. The medical officer of health, when making his house to house inspection, constantly finds waterpots which have not been emptied for several days, and which contain hosts of mosquito larvæ. It sometimes causes a little ill feeling to empty these, particularly when the pot gets broken in the process; but what the native dislikes still more is to see his cherished "agbo" pot upset for the same reason. "Agbo" is medicine for external use; every household has an agbo pot, which contains roots, bark, leaves, or other fragments of the vegetable kingdom soaking in water; when left exposed to the air it very soon contains also a seething mass of mosquito larvæ. However, an explanation that better agbo can be made if the water is boiled first, and the pot kept covered with a piece of canvas, smooths matters over, and with a little tact the medical officer of health has his own way. This agbo is sometimes used internally; every pregnant woman prepares agbo against the time of her delivery, and it is considered necessary to copiously dose the new-

born babe with the stuff. Breast milk and agbo are the principal articles of diet of the West African baby for the first few months of its life.

We have a very fine hospital at headquarters, and hospitals at several of the out-stations. At this one in Lagos we have seventy beds; there are four native wards, three male and one female, and a very comfortable ward for Europeans; they are all built on iron pillars, and the last is mosquito-proofed throughout. Our staff consists of a resident medical officer, two English sisters, and eighteen native nurses, men and women, several of whom are under training with a view to being sent as nurses to the stations in the interior. Men are also trained as dispensers at the hospital, and after passing an examination are qualified to act as dispensers at the prison, town dispensaries, or else where.

We possess a large well-fitted laboratory in the hospital compound. A skilled pathologist always working here would add greatly to our knowledge of tropical diseases. The man who has official routine work to do has no time for research work, even if he has had the training necessary to make his observations of any value. The help that such a man could give the resident medical officer in making a diagnosis, by blood examinations alone, would be very great indeed. It takes a long time to estimate hæmoglobin, red and white corpuscles, make a differential count, and then to stain and hunt through three or four films with a twelfth in search of parasites. The busy house surgeon cannot spare the time required.

We do a good deal of surgery here, major operations as well as minor. Hernia is very common amongst the natives, and they come willingly into hospital for radical cure. The hernias are generally old and big by the time we see them, and the patient has usually submitted to a prolonged course of scarifying and other treatment at the hands of native medicine men, with the result that the sac has become very thick, vascular, and adherent. I have many times wished that Mr. Lockwood would come out and tackle some of them for us. I can picture to myself the grave and reverend surgeons of St. Bartholomew's on consultation day being confronted with our usual hernia, and unanimously agreeing that a well fitting truss would best meet the exigencies of the case. I suppose we are the fools who rush in where the angelic F.R.C.S. would fear to tread, but we meet with a fair measure of success, and the native does appreciate our more or less crude surgery. How much more would he appreciate the refined and skilful methods of even an assistant surgeon to a London hospital.

Malaria, guinea worm, hydrocele, elephantiasis, tetanus, and ulcers of all sizes are common; yaws and leprosy are not infrequent, and in the interior smallpox often decimates whole communities; here, as everywhere else, it is, indeed, the pestilence that walketh in darkness. But the commonest condition of all among men of middle age is stric-

ture of the urethra; it is so universal that I think they consider it a physiological, and not a pathological, condition. It is hardly necessary to say that the antecedent pathological state is even more commonly met with, practically every man in the town suffering from it sooner or later.

Among Europeans the commonest ailment is malaria, and the thing to be specially feared is blackwater fever. Dysentery is not infrequently met with, and may here, as elsewhere, give rise to liver abscess, amœbic or pyæmic. Our cases of dysentery which terminate fatally generally do so from local rather than liver complications.

Fortunately we have no typhoid, cholera, nor plague to fear. Yellow fever is said to occur sometimes on the coast, but, so far as I am aware, it has never yet assumed the epidemic proportions with which the West Indies are so familiar, and I have never heard of a case in Lagos.

Blackwater fever, like malaria, may occur in England in people who have lived in Tropical Africa, and, as there are a very large number of men always at home on leave who are employed in that part of the world, it might fall to the lot of any general practitioner to be suddenly called upon to treat such a case, and English medical men ought all to have some knowledge of the disease and its treatment, which has to be prompt and energetic.

The general conditions of living in Lagos are by no means unpleasant. The heat is not excessive; our average shade temperature is 81°, and it rarely reaches 90°. A plentiful and cheap supply of ice, too, helps us to bear up with Christian fortitude.

The rainfall, as I have already stated, is moderate, but the atmosphere, like that of nearly all tropical seaports, is moist, except when we get what is known as the Harmattan season, a short season, during December and January, of dry winds from the north. Everything then, including one's skin, is apt to dry up and crack, and all one's belongings become covered with Sahara dust.

The usual amusements are to be had. Polo, cricket, tennis, and golf are all played at headquarters, and in some parts of the interior there is good shooting.

At an up-country station, where there is little or no white society, a man ought, of course, to be able to provide his own amusements. Unless he can do so he will get very miserable, and perhaps take to the bottle. But if he has an interest in any branch of natural history he will find more than enough material to occupy himself with, and, if he cares to take the trouble of collecting and preserving butterflies, moths, beetles, or other things, and of sending them home to South Kensington, he will probably find the authorities glad to accept many of his specimens for the national collections. In any case, their assistance in naming and classifying will be gladly given.

A friend of mine, during a short official tour in the interior last year, collected thirty-five specimens of butter-

fies, which he posted to the Natural History Museum. Between twenty and thirty of these were retained, as the Museum did not already possess them, and my friend is now the proud possessor of an official letter of thanks, duly signed by Professor Ray Lankester, the Director. The natural history of the colony has never been thoroughly worked out, and naturalists have a good chance of distinguishing themselves by work out here.

Keen men are always welcome, and if such an one feels disinclined for the drudgery and heart-breaking ignorance and obstinate superstition met with in general practice at home, he might do a great deal worse than join the West African Medical Service.

The West African colonies are beginning to take a very important place among the British possessions. The time is not far distant when Lagos, Southern Nigeria, and Northern Nigeria will be one large province, with a large system of railways, and a vast trade entering through this place. The Civil Service of these colonies is already large; it is increasing, and will before long take a place beside those of India and the East.

In these hard times it is as well for medical students to remember that there is a good Government medical service on the West Coast of Africa.

Round the Fountain.

The distinguished Physician and Surgeon were discussing an abstruse point concerning nerve distribution, whilst whiling away the time in the out-patient room. "Nurse," called the latter, "would you go to the Resident's room and bring back Osler's *Medicine*, please." The nurse was gone rather a long time, and returned empty-handed. "There's only one bottle of medicine there," she said, "and the name on the label is not Osler."

House Physician (after a long morning in the surgery, giving directions for the feeding of an infant suffering from gastric disturbance)—"Ma'am, you must give the baby nothing but a mixture of equal parts of milk and cow's water."

The child of a gardener working at a boy's school was suffering from diphtheria, and the doctor was trying to explain to the father that he and his family ought to have protective inoculations of antitoxin. Unfortunately the gardener was hard of hearing; at last, however, his wife apparently grasped the point, and came to the doctor's assistance. Crying the while, she shouted in her husband's ear, "The doctor says you are not to go to work until you are *intoxicated*."

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

THE expense of the Hall is £6 8s., and I believe a fee is generally asked by the beadle. At the College £22 5s. clears all. I am sorry to say that I must trouble you for some more money at your convenience. I hope in the course of a very few weeks to be in Sheffield, and hope when you next see me I shall have passed both ordeals with credit. The Hall is a very formidable place, and more universally dreaded than the College. They seem to make up their minds to reject a certain number, for one night nine out of fourteen and the next five out of nine were rejected.

You would see in the Doncaster paper an account of a dreadful fire in Bartholomew's Close. I was roused at a quarter to six, and on putting my head out of my sitting-room window was glad to draw it in again, for it appeared as if some one was waving a torch just before my face it came so hot upon it. The ruins are immense. In the dusk of the morning some oil casks were staved in and the oil sent down the sewers, but some, and a large quantity I believe, floated on the water from one of the plugs, and being taken up by the fire engines was sent on to the flames. It was a most dreadful sight, and such a one that I shall not wish to see another. It was just at the back of the houses fronting into Aldersgate Street and opposite Edmund Place, and the flames seemed to be getting hold of the Albion Tavern when the wind veered round and took them off in the opposite direction. If it had got into the Albion we should have had a fine opening in Aldersgate Street and Bartholomew's Close, for there are some old buildings in the neighbourhood. The damage is estimated at upwards of £200,000. Eighty horses were in the stable, but they managed to get them all out, though with great difficulty.

Mr. Owen Evans has called upon me. He is a young man, and has been three years in practice. His brother is a boy of eighteen, who has been partly with his father, a surgeon in the country, and a short time with himself—was brought up at Christ's Hospital—and he speaks very well of him as an industrious and steady lad. He asked whether he would be expected to sweep the shop out. I told him it was expected, and he seemed to object to that, but said it was his own objection and not his brother's. As far as dusting the counters and bottles that was his place, and there was no objection, but he thought the sweeping should be done by the servant. The young man seems a nice unassuming-looking lad. He was waiting with the cab in the street. Mr. O. Evans likewise said that he thought you ought to pay the coach fare down, and if you dismissed him, up again, of course if it was from his own misconduct, he must pay it. He has been accus-

tomed to be very useful in the putting up of medicines, and is fully acquainted with the compounding. Mr. Evans will write to you in a day or two, perhaps to-morrow.

I cannot say when I shall go into the College. There is a Court on Friday week, but whether there will be another in September they cannot as yet inform me. If there should, I intend to present myself, and if it is the second or third mean to appear before the Hall, which is most formidable, but I will do my best.

Pereira has finished his lectures, and I expect Waller will close to-morrow, so that then I shall have nothing but the Eye Infirmary to attend to, and that for only about a fortnight longer. I forget whether I told you that it is exclusively for diseases of the eye—nothing to do with the ear. It was originally for both, but those of the eye furnish quite sufficient employment without having the other. It is nearly three hours work three times a week.

Mr. Earle operated for strangulated hernia on Saturday. The patient died yesterday of peritoneal inflammation. The intestine was in an extreme state of congestion.

August 26th.—Mr. Waller finished this morning. We are to go some evening to his house to use the instruments, and I suppose get a certificate. There are very few cases on hand at present, only one during the last week; but I suppose they will be coming on a good many at one time for there are plenty on the books. I send you with this Mr. Waller's half-yearly report, giving an account of the epidemic which raged most violently in the beginning of this year through London.

Is there anyone appointed to take Atkinson's place at the Institution as Lecturer on Medicine? Dr. Knight will be forced to resume his post. I went to Chelsea yesterday as usual, and a long walk it is. I cannot yet meet with the medals you talked of.

Mr. Tyrrell was at the Eye Infirmary to-day. He says it is doubtful whether he shall get down into the country for he has some patients coming up for operation about the time. He has been down at Broadstairs for a few days.

Oct. 10th.—They tell me that Wilson Overend had been proposing to tie the common carotid in a case of epistaxis. I never heard of such an operation being proposed before, nor can I see what good results might be expected, for the collateral circulation must be taken into account.

I hope you will hear from me on Saturday, and I also hope that on Saturday night I shall be at Cambridge. I am making every arrangement to be off on that day for I cannot stay any longer in London. I never was so tired of any place in my life.

October 10th.

A Consultation Case.

R. HERRINGHAM showed at consultations a woman, æt. 28, who was admitted complaining of pain in the abdomen and vomiting. Her history was that on May 30th there was a sudden attack of pain in the right hypochondrium followed by vomiting, the attack lasting about twenty minutes. On June 6th, 7th, and 8th there were recurrences of similar attacks, whilst on June 13th a further attack was accompanied by slight hæmaturia. On admission on June 13th the temperature was 100° F.

Examination revealed a swelling in the left loin which was movable, and was believed to be a movable left kidney. The question arose, was this the cause of the right-sided pain, or was there also hypermobility of the right kidney?

The majority of opinions were in favour of the pain being due to a movable right kidney, and in favour of this Dr. West pointed out that, with the patient kneeling, there was a resonant area in the right lumbar region at the usual site of the kidney. Dr. Ormerod, however, thought that, "In view of the impending operation on the patient, it was wiser not to express a definite opinion."

The patient was transferred to a surgical ward, and Mr. Lockwood opened the abdomen to the left of the middle line. The swelling which had been felt on the left side was found to be not the kidney, but a cyst situated in front of it; both kidneys were felt to be in the normal situation, and, as far as could be ascertained, were not movable. The cyst was removed. It consisted of a thin fibrous wall, the contents being a clear but highly albuminous fluid. It was thought that the cyst had possibly arisen in connection with a remnant of the Wolffian body.

The patient remains so far well; only her further history can decide whether the cyst was the cause of her pain.

The Clubs.

ATHLETIC CLUB.

After being in the Final for the second year in succession, the Hospital Cricket XI lost the Cup to London, who were undoubtedly a better side in all departments of the game.

G. Viner, J. W. Bean, and C. Noon, all batted well in the second innings, but our bowling was ineffective.

The season has been a good one, ten matches being won, two lost, and two drawn, the win over a strong London county team by seven runs in the last over of the day being the most exciting.

The great improvement in the fielding of the whole side was responsible for many of the matches won, and in P. A.

With the Hospital have at last discovered a reliable wicket-keeper.

The Water Polo Club was beaten by Guy's in the Hospital Cup after a re-play, the first match ending in a draw.

We were unfortunate to have Dixon ill on both occasions, though he nobly turned out in the second match.

The Tennis Club has been strangely quiet during the latter half of the season, and few matches have been played. Out of the number of men playing in the Hospital it should be easy to turn out a team.

CRICKET CLUB.

ST. BART.'S v. M.C.C.

Played at Winchmore Hill on June 30th, and won by the M.C.C.

Table with columns for ST. BART.'S and M.C.C. showing scores for various players like W. B. Griffin, J. W. Bean, P. A. With, etc.

ST. BART.'S v. LONDON COUNTY.

This match was played at the Crystal Palace on Saturday, July 7th, and after a very interesting game ended in a win for Bart.'s by 7 runs. The Hospital batted first, Griffin and Bean adding 59 runs for the first wicket; but after Griffin's dismissal several wickets fell in quick succession, 6 being down for 114, but Cunningham, Symes, and Lindsay then batted excellently, and our score finally reached 213. London County started with Campbell and Todd in the bowling of Griffin and Gaskell, but with the score at 30 Campbell was caught by Gaskell off Griffin; wickets fell rapidly, and 6 were down for 120, but Gale, Leicester Clarke, and Murch each batted well, and when the last man came in London County only wanted 7 to win, but Leicester Clarke, in attempting to force the game, was brilliantly caught by With, Bart.'s thus winning an exciting game.

SCORES.

Table with columns for ST. BART.'S and LONDON COUNTY C.C. showing scores for various players like J. W. Bean, W. B. Griffin, P. A. With, etc.

BOWLING ANALYSIS. Table with columns: Overs, Maidens, Runs, Wickets. Players: Griffin, Gaskell, Cunningham, Bean, Viner.

SEMI-FINAL (CUP-TIE).

ST. BART.'S v. MIDDLESEX HOSPITAL.

This match was played at Winchmore Hill on June 27th, and resulted in an easy win for Bart.'s by 8 wickets. Griffin batted excellently for 48 not out.

SCORES.

Table with columns for MIDDLESEX HOSPITAL and ST. BART.'S showing scores for various players like R. B. Heygate, J. W. Bean, Gaskell, etc.

BOWLING ANALYSIS.

Table with columns: Overs, Maidens, Runs, Wickets. Players: Griffin, Gaskell, Cunningham, Bean.

INTER-HOSPITAL CUP—FINAL.

ST. BART.'S v. LONDON HOSPITAL.

This match, the final of the Hospital Cup, was played at Chiswick on Tuesday and Wednesday, July 10th and 11th. In the previous rounds of the competition Bart.'s had beaten Thomas, University, and Middlesex, while London had only had to meet Guy's in the semi-final, who they just succeeded in beating. Griffin won the toss, and took in Bean to face the bowling of J. W. and R. Linnell. The start was disastrous, as, before a run had been scored, Bean was clean bowled. With was unable to stay with Griffin long, being quite unable to play Linnell's slow, off whom he was easily stumped. Symes now joined Griffin, and at once commenced hitting. He and Griffin added 36 before Symes was out to a good catch at cover point. Wickets continued to fall fast, Griffin being the only one who seemed to be able to play the London bowling with any certainty, though Cunningham hit out well for 23. The innings finally closed for 181, Griffin being the last out for 88. His innings was a very good one. Among his hits were nine fours and six threes; he gave no chance. London started their innings with Hancock and Standish, who, batting excellently, added 60 before Cunningham bowled Hancock. Scott was the next man in, but he did not stay long, for, when he had made 18, he was bowled by Cunningham. Burgess, Salt, and Noyes each scored freely, making 36, 46, and 28 respectively, and, when stumps were drawn, London had scored 211 for the loss of 6 wickets. On Wednesday the remaining 4 wickets added 88, their total being 298.

Bart.'s started their second innings with Griffin and Bean, but Griffin was bowled with only 11 runs scored, and 4 wickets were down for 31, when Viner joined Bean. These two carried the score to 144, when Viner was bowled for a brilliant 52. Bean did not stay much longer, being l.b.w. for a very good 69. The whole side were dismissed for 220, leaving London 102 to get to win. This they did for the loss of only two wickets, thus winning the match and the Cup.

SCORES.

Table with columns: ST. BART.'S, 1st Innings, 2nd Innings. Players: W. B. Griffin, J. W. Bean, P. A. With, etc.

LONDON HOSPITAL.

Table with columns: 1st Innings, 2nd Innings. Players: H. A. Hancock, F. Standish, C. T. Scott, etc.

BOWLING ANALYSIS.

Table with columns: 1st Innings, 2nd Innings. Overs, Maidens, Runs, Wickets. Players: J. F. Gaskell, W. B. Griffin, A. J. Cunningham, etc.

BATTING AVERAGES, 1906.

Table with columns: No. of innings, Times not out, Runs, Highest score, Average. Players: W. B. Griffin, A. J. Symes, J. W. Bean, etc.

* Not out.

BOWLING AVERAGES.

Table with columns: Overs, Maidens, Runs, Wickets, Avge. Players: W. B. Griffin, J. F. Gaskell, J. M. Postlethwaite, etc.

SWIMMING CLUB.

INTER-HOSPITAL TEAM RACE.

1ST ROUND.

ST. BART.'S v. WESTMINSTER.

Swum at St. George's Baths, Buckingham Palace Road, on Friday June 29th. In the first two lengths Westminster obtained a lead of 8 yards. This was maintained during the second two-lengths and reduced by 2 or 3 yards in the third and fourth, Westminster winning by 2 yards. Teams: St. Bart.'s—F. C. Trappell, S. Dixon, L. F. G. Lewis and A. Ferguson. Westminster—A. C. Bryson, H. Galloway, A. V. Mitchell and E. C. Lowe.

INTER-HOSPITAL WATER POLO CUP.

SEMI-FINAL.

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

Thursday, July 5th, at Holborn Baths. Guy's won the toss, and chose to defend the deep end. Dixon was unfortunately "warded," and Trappell took his place at centre forward, Ryland playing back. Guy's played a substitute in goal. During the first half we had the better of the game and scored three times (Dobson 2, Trappell 1). At the commencement of the second half Guy's obtained possession and Ball immediately scored for them. On restarting Ball again scored at once. After this the game was of an even but scrambling nature. Our backs marked their men well but eventually Ball scored their third goal close on time, the game thus resulting in a draw 3-3. Downer and Follit played particularly well. Team: H. V. Capon (goal); A. Ryland and H. B. Follit (backs); R. L. E. Downer (half-back); J. R. B. Dobson, F. C. Trappell and A. Ferguson (forwards).

REPLAYED CUP TIE.

At the Holborn Baths on Saturday, July 7th. Guy's were funnily represented. In the absence of Follit, Dixon, though still unwell, played at short notice. Guy's again won the toss, and defended the deep end. During the first half we had slightly the better of the game. Dixon received a well-judged pass from Downer and scored with a hard shot. Guy's responded, but shortly before half-time Dobson scored a second goal for us with a well placed shot, the score on changing being 2-1. In the second half the combination of the Guy's team was much superior to our own, so that they were constantly in possession of the ball. Their right forward was frequently left unmasked, and scored on three occasions. A long shot from their right back resulted in a goal just before time. Guy's thus securing an easy victory by 5-2. Team: H. V. Capon (goal); A. Ryland, F. C. Trappell (backs); R. L. E. Downer (half-back); J. R. B. Dobson, S. Dixon, A. Ferguson (forwards).

Books added to the Library during July.

Sketches of the Lives and Work of the Honorary Medical Staff of the Manchester Infirmary from its foundation in 1752 to 1830, when it became the Royal Infirmary. By E. M. Brookbank, M.D. Surgery: its Theory and Practice. By W. J. Walsham, F.R.C.S. Ninth Edition. By W. G. Spencer, M.S., F.R.C.S.

I. Suggestion.

THIS is an age of advertisement. Ought not St. Bartholomew's to hasten the rebuilding scheme by a little judicious pushfulness? The stirring appeal is played out, and the matinee has served its turn. Why not try the following:

HAVE YOU A CUT HEAD?

Do you know that tired feeling? Is it an effort to stand up? Is it painful to sit down? Have you a disinclination for work? Do you see two blades of grass where only one grew before?

Then come to the Surgery,

and we will guarantee a cure. No injurious drugs. We want your appendix, and we mean to have it. Write (mentioning this paper) to "H. S. D., Box X, 41A, West Smithfield."

SKIN TORTURED BABIES.

Is the little one covered with Pimples, Blotches, and Crusts?

Bring him to the *Skin Department*.

Is he a martyr to Man-eating Hexapods?

Bring him to the *Skin Department*.

Spare the *RM*rod and spoil the child.

MOTHERS, DO NOT SCRATCH.

But come with baby, and bring your own scabs. No rash refused. Greatest success.

The Rev. Job Crawley, of Itchingham, Sussex, a great sufferer, writes:—"The eruption of Vesuvius himself could not resist your ointment."

Telegrams: "PUSTULE, LONDON."

BOON TO DISHEARTENED MEN.

DR. W^{LL}*MS*N'S POPULAR PABULUM FOR PILLED PUPILS.

You cannot do without it. No more Pink Papers. You do not want six months again, do you? Four doses a week, and a test meal once a quarter.

Send for booklet, mailed free from observation.

FUN WITHOUT VULGARITY.

Théâtre Medical. Matinée every Tuesday.

The Little Dead Fish.

What shall we do with our Drains?

Why he slept in the Cellar.

The Via Lactea, Red Lane, and Queer Street.

AMERICAN BIOSCOPE. Timed-meat HORRORS.

Entire programme changed weekly.

COME AND LAUGH.

PATRONISE THE OLD FIRM.

All the Best Books; rare, racy, and readable. Smith & Sons won't keep them.

"The Imperfect Descent of Man; or, Macadamising the Old Canal."

(Just the thing for the Holidays.)

"Fundamental Truths." Classical work by Mr. Grips.

(Not a dull page.)

"How to be examined by the West." A Handbook for Cantabs

and Conjoiners.

(You'll never regret it.)

"The Wearing of the Green Gall-bladder."

The Cholecystenterocostists Vade Mecum. (Lots of fun.)

Catalogue post free, in plain envelope, to any address.

J. E. H. and N. G. H.

Reviews.

THE DIAGNOSIS OF TUBERCULOSIS OF THE LUNG, with special reference to the early stages. By Dr. K. TURBAN. Translated by E. C. MORLAND, M.B., B.Sc. Lond. Roy. Soc. pp. 135. 5s. net. (London: John Bale and Sons, Ltd.)

This is a welcome translation of the first two sections of Dr. Turban's well-known work published in 1899. It consists of two originally distinct papers: the one, "On Early Tuberculosis of the Lung and the classification of the disease into Stadia"; the other, "Physical Examination in Tuberculosis of the Lung"; and so the present volume is not a text-book but a valuable monograph on its subject—a subject, *par excellence*, of which a little knowledge and too much theory are dangerous things.

The difficulties of the early diagnosis of the disease are many, but they are considerably lightened by the author's clear exposition of conflicting views and opinions.

For instance, von Ziemssen says:

"It may rank as one of the best established rules of diagnosis that . . . tuberculosis may be excluded in any case of lung affection, in which repeated skilled examination has failed to demonstrate tubercle bacilli."

Grancher says:

"In ordinary phthisis the appearance of bacilli in the sputum is tardy. It is preceded by physical signs of the first stage, often complete enough to establish the diagnosis."

Dr. Turban is wise. He neither affirms nor denies; but indicates his opinion as follows:

"We have now arrived at this point; that without the occurrence of bacilli in the sputum, the diagnosis of tuberculosis is suggested to the physician by any of the host of symptoms now detailed—ill-looks, wasting, tachycardia, slight cough, blood spitting, and so forth—and his attention called to make an accurate physical examination of the lung, as well as observation of the temperature over a period of several days."

The chapter upon the classification of the disease is useful in calling to mind the deficiencies of previous anatomical and clinical classifications, and in suggesting a simple and satisfactory clinical division into three stadia which are based upon two important factors—the severity and the extent of the disease. Probably no classification can take into account an equally important factor, namely the hereditary tendency of the patient.

The remainder of the book deals with the physical examination of the lungs, and provides an exhaustive account of what examination is necessary; it also gives a clear and definite interpretation of the physical signs, as far as they are known.

As Sir Dyer Buckworth, in a short introduction, says:

"No one can peruse and ponder over the several chapters of this work without gaining fresh and fruitful ideas respecting the detection of pulmonary tuberculosis in its earliest phases."

Dr. Morland is therefore to be congratulated on presenting an excellent translation of a valuable work.

THE PUBLIC HEALTH ACTS AND OTHER SANITARY LAWS AND REGULATIONS. By MARTIN ELLIOTT, Barrister-at-Law, and GILBERT ELLIOTT, I.R.C.P., M.R.C.S., D.P.H. Crown 8vo, pp. 168. 5s. net. (London: H. K. Lewis.)

This handy little volume, which has been specially prepared for the use of candidates for the Diploma of Public Health, certainly fulfils the author's desire to supply a need long felt. Its 150 pages contains a concise summary of Sanitary Law, and in addition the principal Model Bye-laws of the Local Government Board.

It is, on the whole, a distinct advantage that the book has been prepared by a lawyer, for a medical man, in similar circumstances, seldom emphasises or indeed realises the important legal points, of which the student remains sublimely ignorant until the examination day. Then again these points are emphasised by references to the finding of the Court in certain legal cases. Throughout the book the definitions and statutes are followed by concise annotations which are essential for a complete understanding of the subject.

It is unfortunate that little or no reference is made to the Public Health (London) Act or to the differences in the sanitary administration of the Metropolis and of the County Boroughs. There is, also, in the introductory chapter one paragraph to which we take exception. It is:—"There is nothing that experience has taught or the brain of man can suggest, that the Legislature has overlooked in its perpetual endeavour to elevate the conditions of life, both for man and beast, to the highest standard."

THE RISE AND FALL OF READING ABBEY. By JAMIESON B. HURRY, M.A., M.D. With illustrations, crown 8vo, pp. 120. 2s. 6d. net. (London: Elliot Stock.)

This is a reprint of last year's presidential address to the Reading Literary and Scientific Society, and it is also an abbreviation of Dr. Hurry's larger work—entitled "Reading Abbey"—which was published five years ago.

To those interested in accurate historical records and in archaeology this little book will prove invaluable, as it is obviously the outcome of much laborious and careful research, but even to the casual reader it is full of interest, as it throws many sidelights on the political and religious history of England from the foundation of the Abbey in 1121 to its dramatic finale in 1539.

The book is well got up and is well illustrated by beautiful pictures of the ruins of the Abbey, at one time famous for its "unwearing and delightful hospitality," but now forgotten and unknown except to the few.

MEDICAL MONOGRAPH SERIES, No. VII. ANÆSTHETICS. By J. BLUMFELD, M.D. Cantab. (Baillière, Tindall and Cox.) Second edition. Price 2s. 6d.

In this, the second edition of his book on Anæsthetics, Dr. Blumfeld has added a short chapter on ethyl chloride, and has also dealt with ethyl chloride as a preliminary to ether. Otherwise the book is nearly the same as the first edition.

The book gives a very good, but condensed, account of anæsthetics, and should prove useful to the student.

We cannot quite agree with all that Dr. Blumfeld says in his book, or with all his methods of administration, but as we know that every anæsthetist has his own method, and that a good anæsthetic depends more on the anæsthetist than on his method, we can but conclude that the methods, and teaching, that Dr. Blumfeld has so clearly described, are the ones he considers the best.

FIBROID TUMOUR: A New Treatment for Fibroid Tumour and some other Diseases of Women without Operation. By JOHN SHAW, M.D. Lond. (London: Swan, Sonnenschein and Co.) Price 2s. 6d.

It is better that one full opinion of this book should not be expressed. It is written evidently for perusal by the lay-man, or rather woman, and contains many sweeping assertions backed by scarcely any evidence or argument. In no way does it seem likely to add to our knowledge.

Correspondence.

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

DEAR SIR,—You may perhaps consider these two cases worthy of record.

CASE 1.—A Gourkha, during manoeuvres, was prostrated, and on examination exhibited all the signs of appendicitis. I wished to operate at once; but my two colleagues in consultation advocated expectant treatment, so I was over-ruled by a majority. I was called away from camp for two days; on my return I heard that signs of suppuration had developed, and the other two medical officers had evacuated half a pint of pus.

On going out to hospital to see the patient, I found him drowsy and nearly pulseless. The operation wound had been closed without drainage, and faecal pus was oozing between the stitches. The native hospital assistant said that after the operation the abscess cavity had been clean, and the man's general condition good, and that this latter grave condition had supervened only a few hours before my arrival.

I gave him ether and strychnine, bandaged his arms and legs, and surrounded him with hot bottles. He was so collapsed that I did not dare to anæsthetise him. As gently as possible I reopened the parietal wound and enlarged it. There were detached ragged pieces of gangrenous cæcum and most foul faecal pus, of which I evacuated one and a half pints. The abscess cavity was very large; I could insert one fist. Its walls were very tough, so the cavity was quite occluded from the general coelum. I found the distal end of the ileum and the proximal end of the ascending colon opening into the cavity. I stitched the superficial, ventral aspects of these respectively to the upper and lower angles of the parietal wound, and inserted in each a piece of wide rubber tubing, and thoroughly washed out the cavity. After a few days these tubes were removed; the wound

gaped so much that there was no evident risk of the artificial anus closing. From this time gradually less faecal matter passed through the wound and more *per anum*. The wound slowly narrowed down to a sinus, which was daily irrigated. The man's general condition steadily improved, and the amount of faeces passed *per anum* steadily increased. Seemingly, the fibrous walls of the cavity were adapting themselves to connect the ileum and colon and take the place of the missing cæcum.

In six months the sinus closed completely, and the man was well. Then I lost sight of him, and so do not know whether fibrous stricture or other sequelæ supervened.

CASE 2.—One week after the case recorded above another occurred. There was a hard homogeneous mass in the region of the cæcum. Rigidity of right rectus abdominis, pulse, temperature, etc., seemed sufficiently pathognomonic for demonstration in an out-patient room. Thinking that the previous case had taught me the danger of losing time, I determined not to wait long before operation, although there were no signs of suppuration (for the mass was a non-fluctuating resistance). Since, however, this man had served in China, where ascariis is common, I gave him gr. $\frac{1}{2}$ of yellow santolin as a precaution, and rather as a shot in the dark.

Twelve hours later his condition was such that I could not delay, and I had him carried to hospital. On the table he refused operation. Without using illegal force it was impossible even to give chloroform. For an hour I vainly tried to persuade him, and then left, fearing he might die before the morning. On visiting him, however, I found the resistance in the cæcal region had entirely vanished. The patient had passed twenty-four large ascariides *per rectum*, and was sitting up in bed eating rice!

Yours faithfully,

H. WHALE, M.B., Capt. I.M.S.

July 15th, 1906.

Royal Army Medical Corps.

Gazette notification—

Lt.-Col. J. G. Harwood to be Colonel.

Arrivals home on leave—

Major F. W. Hardy from Egypt.

Captain A. J. Wells from India.

In the July number of the *Journal* of the Royal Army Medical Corps there is a table which shows, as far as is ascertainable, the schools of the members of the Corps. Among the London schools Bart.'s heads the list with 77, followed by Guy's with 51. Next is St. Mary's with 47, and then St. George's with 32. No other of the London schools has over thirty representatives.

Indian Medical Service.

Major J. G. Hulbert, Officiating Civil Surgeon of Shahjahanpore, is granted privilege leave for five weeks from July 1st.

Captain W. G. Hamilton is granted five months extension of leave on private affairs.

Appointments—

Major W. Selby, D.S.O., Civil Surgeon of Bareilly, is appointed to Visiting Charge of Shahjahanpore district in addition to his other duties.

Major T. H. Foulkes is appointed District Medical and Sanitary Officer of South Arcot, but to continue to act as Surgeon, 3rd District, Madras.

Captain H. J. Walton, Civil Surgeon, on being relieved is transferred from Agra to Manipur.

Examinations.

UNIVERSITY OF CAMBRIDGE.

E. D. Whithead Reid should have been included in the list published in the July number of those successful at the recent second examination for the M.B. B.C.

UNIVERSITY OF LONDON.

M.D. Examination. Pass List.

Medicine.—C. V. Knight, H. Pritchard, G. H. Sowry.
Midwifery and Diseases of Women.—G. E. Aubrey, E. C. Mackay, E. F. Travers, V. G. Ward.
Tropical Medicine.—F. N. White.

M.S. Examination. Pass List.

T. P. Legg.

CONJOINT BOARD OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND AND ROYAL COLLEGE OF PHYSICIANS OF LONDON.

Anatomy and Physiology.—E. B. Allnutt, A. Ryland, C. Whitaker, E. R. Evans, L. H. V. Khan, C. A. Meaden.

New Addresses.

BECK, E. A. A., Bromyard, Worcester.

CLAPHAM, Capt. J. T., R.A.M.C., Arnold House, Warley Road, Brentwood.

COLLINGS, D. W., Ashleigh, Kennel Ride, Ascot.

COLLYNS, J. M., Colonial Medical Service, Entebbe, Uganda.

CUFFE, R., Tarleton Avenue, Woodhall Spa.

LYDDON, R., Ferncoot, Ramsgate.

MURPHY, L. C. E., Surg., R.N., H.M.S. "Duke of Edinburgh," 2nd Cruiser Squadron.

PELLEW, E. J., Châlet Bagnell, Quain de l'Adour, Bagnères de Bigorre, H.P.

WHALE, Capt. H., I.M.S., 17, Vanbrugh Park, Blackheath, S.E.

WILLETT, ALFRED, 6, Oxford Square, Hyde Park, W.

Appointments.

MONCKTON, E. V. G., M.B., B.S.(Lond.), appointed House Physician to the West London Hospital, Hammersmith.

TOLPUIT, A. G., M.R.C.S., L.R.C.P., appointed Medical Officer to District No. 2 Kettering Union and Public Vaccinator, Laine District.

Births.

CLARKE.—On the 12th July, at Rostherne, Allerton, Liverpool, the wife of Henry Herbert Clarke, of a son.

CORY.—On the 10th July, at Manor House, Soham, Cambs, the wife of C. G. Cory, M.R.C.S. and L.R.C.P., of a son.

PAIN.—On the 22nd July, at 2, Lynvale Villas, Lyncombe, Bath, the wife of Basil H. Pain, M.B., M.R.C.S., of a daughter.

STEEDMAN.—On the 23rd July, at Arcall, Streatham, S.W., the wife of J. F. Steedman, F.R.C.S., of a son.

TRACEY.—On the 17th July, at The Gables, Willand, Cullompton, to Dr. and Mrs. H. Eugene Tracey, a son.

Marriages.

ATKINSON—EILEN.—On the 10th July, at St. Andrew's Church Sharrow, Sheffield, by the Rev. F. Minton (uncle of bride), Rector of Cottingham, and the Rev. F. G. Scovell (Vicar), Harold William Atkinson, M.A., M.B., M.R.C.S., L.R.C.P., youngest son of J. P. Atkinson, Esq., M.D., Saffron Walden, to Constance, youngest daughter of Arthur R. Eilin, Esq., of Sharrow, Sheffield.

BRIGGS—ATYEO.—On the 12th July, at St. Mark's, Southampton, by the Rev. P. Gaisford Bourne, D.D., Rector of North Baddesley, assisted by the Rev. E. L. Franklin, M.A., Vicar of the Parish, John Arthur Oswald Briggs, M.D.Lond., F.R.C.S.Eng., of Nottingham, son of John Briggs, Esq., of Sutton-in-Ashfield, to Florence Emily, only daughter of Thomas Atyeo, Esq., Southampton.

DIXON—ROBERTSON.—On the 6th July, at St. Paul's Church, Brentford, by the Rev. H. F. Nixon, M.A., Vicar of the Parish, assisted by the Rev. T. Eland, M.A., Vicar of St. Lawrence's, New Brentford, Charles Frederick Lyne Dixon, M.D., M.R.C.S., to Jessie May Robertson, eldest daughter of Mrs. Newcombe, of Clovelly, Boston Road, Brentford.

DRU DRURY—SIMS.—On the 17th July, at the Church of St. George-the-Martyr, Holborn, by the Rev. E. C. Bedford, M.A., Godfrey Dru, M.R.C.S.Eng., L.R.C.P.Lond., of Corfe Castle, Dorset, fourth son of Edward Dru Drury, F.R.I.B.A., of Blackheath, S.E., to Ethel Blanche, fourth daughter of Charles Sims, L.D.S.R.C.S.Eng., late of Edgbaston, Birmingham.

GOULD—PEARSE.—On the 24th July, at St. Ninians, Moffat, N.B., by the Rev. F. Wingate Pearse, B.A., brother of the bride, Harold Utterton Gould, M.A., M.B. (Trinity College, Cambridge), of Shattesbury, Dorset, second son of Charles Gould, Esq., K.C., to Mabel Charlotte, youngest daughter of the late Rev. J. Wingate Pearse, Rector of Wilton, Bucks, and R.D.

JENNINGS—THOMAS.—On the 12th July, at Haven Green Church, Ealing, by the Rev. Evan Thomas, John Frederick Jennings, F.R.C.S., of Hampstead, son of J. M. Jennings, Esq., of Penarth, to Gwendolyn, younger daughter of the Rev. Evan Thomas, of Ealing.

NEWBOLT—ELLIOT.—On the 11th July, at St. Bride's Church, Liverpool, by the Rev. Bernard C. Jackson, M.A., George Palmerston Newbolt, M.B., F.R.C.S., of 42, Catherine Street, to Lila, only daughter of the late John Elliot, Esq., Canonbie, Dumfriesshire.

WHITE—REID.—On the 14th July, at Reigate Parish Church, by the Rev. F. C. Davies, Vicar of Reigate, Captain F. Norman White, M.D.Lond., I.M.S., youngest son of the late C. F. H. White, of Eastbourne, to Katherine Isabel, second daughter of the late Captain Sylvester Reid, Devonshire Regiment, and of Mrs. Reid, Ramleh, Reigate.

Deaths.

STOTT.—On the 24th July, at 1, Highgate Road, N.W., Thomas Sibley Stott, M.R.C.S., L.S.A., in his 64th year.

NOTICE.

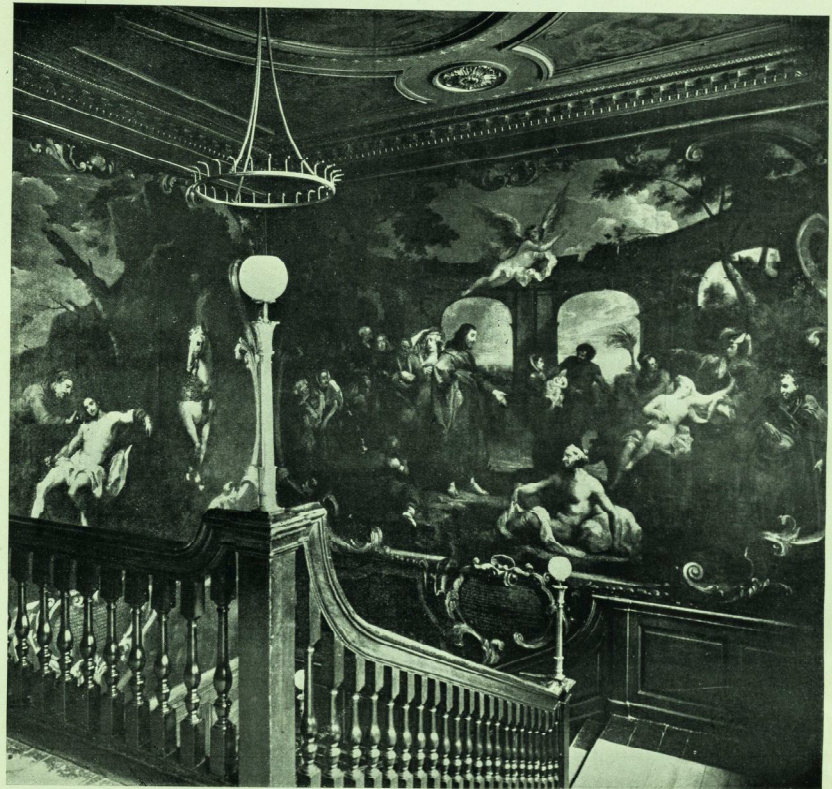
All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, Smithfield, E.C.

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 Journal Office, 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.



THE STAIRCASE.
HOGARTH'S MASTERPIECES, 1736.

St. Bartholomew's Hospital



JOURNAL.

Vol. XIII.—No. 12.]

SEPTEMBER, 1906.

[PRICE ONE SHILLING.]

The Hospital and its Medical School.

ST. BARTHOLOMEW'S HOSPITAL was founded in A.D. 1123. Its founder, Rahere, was also the founder and first head of the adjacent Priory, of which the fine Norman Church of St. Bartholomew the Great is the sole portion now standing. During a pilgrimage to Rome, about the year 1120, Rahere was attacked by a fever, and during his convalescence saw, in a dream, the Apostle St. Bartholomew, who desired him to build a hospital for the poor in the outskirts of London. From this dream the Hospital took its origin. The Royal



THE GREAT HALL.

Hospital of St. Bartholomew can therefore boast of a very ancient foundation, and existed even before the City of London had its first Lord Mayor in the person of Henry FitzAilwin, who was appointed to this office in 1189.

Since the date mentioned, well-nigh eight centuries have elapsed, and throughout that long period the Hospital, which has been more than once rebuilt, has carried on its beneficent work upon its present site. The services which it has rendered to the sick poor, not of the City and of

Greater London alone, but of the United Kingdoms and even of the Colonies, cannot be estimated.

King Henry VIII, on the petition of the Lord Mayor and citizens of London, granted a new charter towards the end of his reign. The Hospital then contained no more than one hundred beds; but since that time it has greatly extended its work, and when the foundation stone of the new building was laid by his present Majesty in July, 1904, the total number of beds was no less than 744, of which

seventy are in the Convalescent Branch at Swanley in Kent.

As far back as the year 1662, students were accustomed to attend the medical and surgical practice of the charity, and five years later material aid was afforded them in their studies by the formation of a library "for the use of the Governors and young University scholars."

From this time onwards the School has maintained its usefulness, and many are they who have been and are proud to own it as their alma mater. The School is now a complete school of medicine, where a student can study the whole of the curriculum required for the medical pro-

fession. The desirability for, and the convenience of, the advantages thus offered are almost self-evident. A student is thereby enabled to prosecute all his studies at one centre, and wastes but little time in travelling from place to place. He is, moreover, in close touch with his teachers throughout the whole of his course. He learns the intricacies of hospital life early in his career, and learns that collegiate intuition which renders student days so productive of good. He is also enabled to join his Hospital Athletic Clubs on entering, and maintain his interest in the same throughout his student course.



THE SQUARE.

The Students' Entry.

Anyone who desires to become a "Bart.'s man" must go through certain preliminary steps. What these steps are somewhat in different circumstances. Roughly speaking the students who come to St. Bartholomew's fall into one of four classes.

In the first place there are those who go through the whole medical course at Bart.'s, and they are mainly University of London students, and those aiming at the diplomas of M.R.C.S., L.R.C.P. Students who desire to take the full course at Bart.'s must, before they can begin to count their five years of compulsory study, pass one of the preliminary examinations in arts recognised by the General Medical Council.

It is of the highest importance *before* passing this that the student should decide what degrees or diplomas he desires to obtain. If he is seeking the University of London degrees the particular preliminary examination he should pass is the matriculation examination of that University, whereas if he decides to take the diplomas of M.R.C.S. and L.R.C.P., one of the easier preliminary examinations, such as the Cambridge or Oxford locals or the College of Preceptors Preliminary Examination for Medical Students, will be sufficient. It is often difficult to make the choice, and intending students would be well advised to seek the help of the Dean of the Medical School in deciding this question.

When the prospective Bart.'s man has passed the particular preliminary examination needed in his case he should call on the Dean in his office at the Warden's House.

St. Bartholomew's Hospital is not difficult to find, and access to it is easy from all parts of London. It is the only medical school within the City boundaries, and lies in Smithfield just off the main road of access to the City from the West-end of London. As all roads and all railways into London tend to converge towards the City, so they all give easy access to Bart.'s. When the student has arrived

at the Hospital he should enter by King Henry VIII Gateway from Smithfield, and, on inquiring of the porter, will be directed to the Warden's House.

He ought to bring with him his certificate of having passed a preliminary examination and a certificate to show that he has reached the age of sixteen years. If he is a University of London student he should, in the first instance, enter for the preliminary scientific class only; if not he had better enter at once for the full course. In either case the Dean will explain his course of study to him,



THE LIBRARY.

and give him a form of application for registration as a medical student. After he has filled it up and paid his fees, this form, countersigned by the Dean, will be sent by him to the Registrar of the General Medical Council for registration. At the same time the student will be asked to inscribe his name and address in the register of St. Bartholomew's students, and to promise to conform to the rules and regulations of the Hospital and Medical School.

All students, on their entry, are required to become Life Members of the Students' Union, for which they pay a single subscription of ten guineas. Membership of the Union brings the student at once into touch with all the social life of the Hospital and School, and makes him a

member of all the societies and clubs, entitles him to the club rooms, the cricket, football, and tennis grounds and pavilion, and he receives, while a student, every month a copy of the *St. Bartholomew's Hospital Journal*.

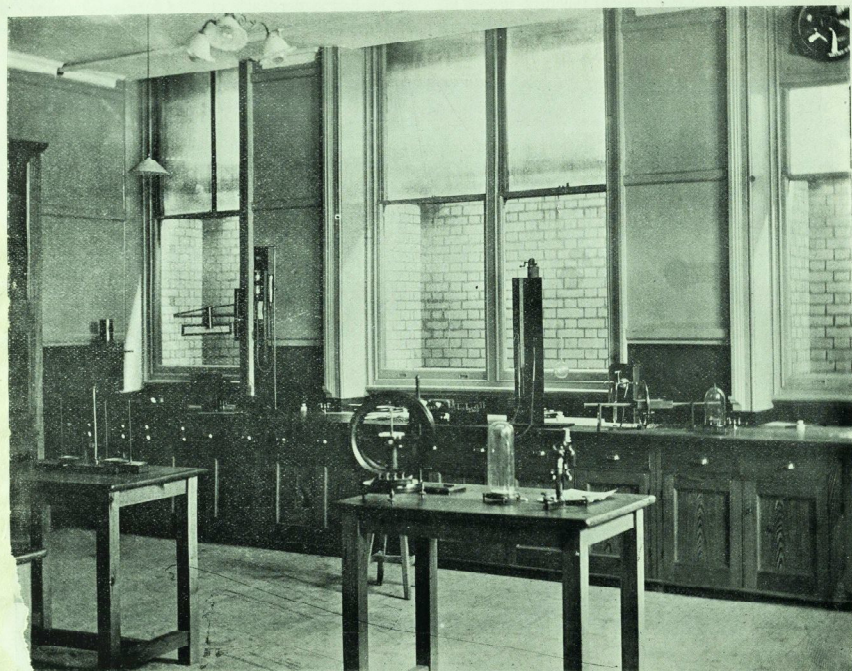
Although the best times for beginning are the commencement of the regular sessions in October and April, a student may enter at any time.

A second class of student, of whom there are many at Bart.'s, are those who, when they enter, have already passed the earlier part of their medical course elsewhere, chiefly at Cambridge, Oxford, or other universities. They come to complete the last two or three years of their curriculum attracted by the unrivalled opportunities for clinical work

and for study of the more purely professional subjects of pathology, medicine, surgery, and midwifery. For them there is no registration with the General Medical Council. They, however, must call on the Dean to pay their entrance fees and sign the register of St. Bartholomew's students. If they have passed their intermediate examinations they are eligible at once to receive hospital appointments of

dresser or clinical clerk, and the Dean will advise them in regard to this and other parts of their work. To avoid disappointment they should, however, enter a month or more before the time at which they desire to begin, and put their names down for appointments with the School Registrar.

A third class of student at St. Bartholomew's embraces



THE PHYSICS LABORATORY.

some enter for some special course of work of three, the course lasts twelve months' duration. They should call on the Dean, and enter as in the case of full and university students, and pay to him the fee for the particular course they desire to attend. They are invited to join the Students' Union, for which they pay a subscription of £2 2s. for not more than a year's membership.

A fourth class of student includes those taking post-

graduate work. Special classes are arranged for the final F.R.C.S. and all higher examinations, as well as a complete laboratory course, designed for those who seek a Diploma in Public Health. Qualified men may enter also for the general surgical or medical practice of the Hospital, or for any special department. They should call on the Dean, who will advise them of the special arrangements suitable to their requirements.

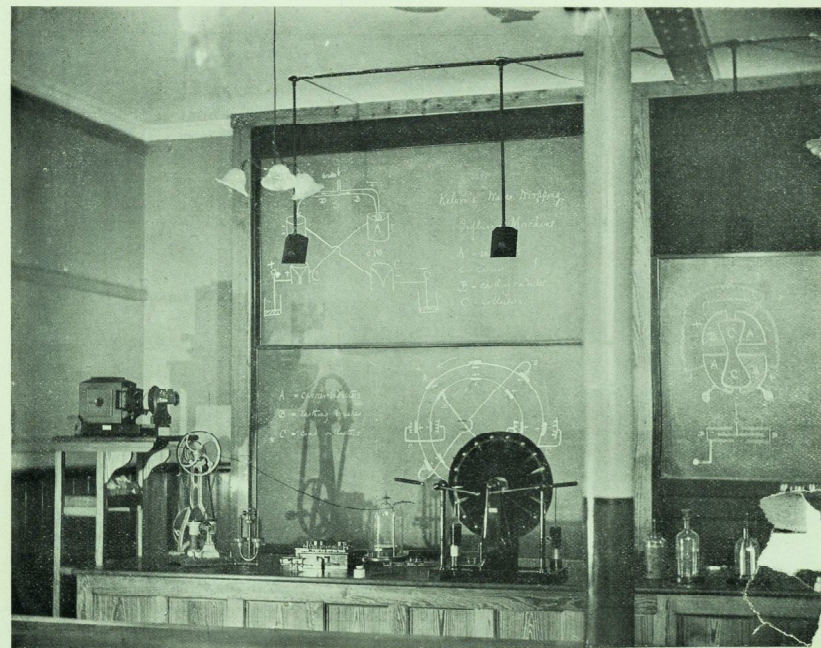
Preliminary Sciences.

PHYSICS.

The Physics Department has been rehoused in two basement rooms beneath the Library, formerly used as the Abernethian Society and Smoking Rooms. This position has the advantage of being comparatively free from vibration, but especially of being remote from the Chemical

Laboratory, the fumes from which have hitherto had a most destructive action on the metal work of the instruments.

The laboratory is the larger room of the two, and can easily accommodate forty students working at a time. In addition to the working benches round two sides of the room there is a slate-topped mercury bench, and loose



THE PHYSICS LECTURE THEATRE.

tables that can be fitted together to make an island bench, or which in general are used for experiments not requiring gas or water.

The delicate instruments are permanently mounted on slate brackets from the walls, and include a Nalder moving-coil galvanometer, a Wiedemann dead-beat galvanometer, a high resistance reflecting galvanometer, and a Dolezalek quadrant electrometer, all read by electric lamps and screens. The less delicate instruments stand on the working benches. A slight drawback, which has, however, educational advantages, attaches to the fact that the labora-

tory stands obliquely to the meridian, so that the galvanometers stand askew to the walls of the room. The benches are teak topped; there are two sinks with a cold pressure water supply, a rail for extension and pendant experiments, and ample accommodation for apparatus. The laboratory is ventilated by an electrically driven fan, illuminated entirely by electricity, though it is only in the winter months that artificial light will be necessary, and the accumulators required for laboratory work are charged from the mains. The laboratory, in short, is possessed of every modern convenience, and may undoubtedly claim to be

better equipped and more up to date than that attached to any other London Medical School.

The lecture room is somewhat smaller than the laboratory, but has every requisite for teaching. There are four rows of benches accommodating forty students. The lecture table is supplied with gas, water at high pressure, and electric current at 200 volts. It is fitted with a sunk sink serving as pneumatic trough, and with a glass front so that the interior may be viewed while experiments are in

progress. There is a Newton projection lantern arranged for vertical as well as horizontal projection, and fitted with a Nernst lamp of 1500 candle power. There is an excellent dark room for photography.

Perhaps the most modern fitting is the rising "black board," which is made of ground glass in four sections and counterpoised by weights slung by bicycle chains. The lecture room like the laboratory is lit entirely by electricity, and ventilated by an electrically driven fan.



THE CHEMICAL LABORATORY.

CHEMISTRY.

This department is, for a while, provided for in two separate buildings. The lectures are given in the old lecture theatre; the practical work is done in a temporary laboratory in Christ's Hospital. There will be three principal courses of lectures in the coming session, one on general Inorganic Chemistry, one on general Organic Chemistry, and one on elementary Organic Chemistry; besides these courses there will be special courses designed to meet the special requirements of men preparing for various examinations. In the first two courses referred to special attention will be paid to two points: first, the experiments, which will be made as instructive and helpful as possible, and, second,

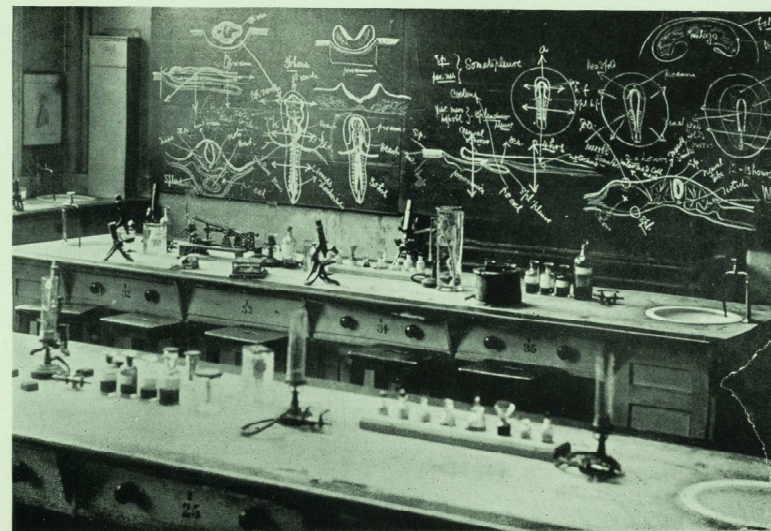
the treatment of substances the student is likely to encounter in the course of his medical studies, which will be done in such a way as to be useful and interesting to him.

There are three courses of practical work, one for the first examination of the Conjoint Board, one for Part I of the Preliminary Scientific Examination of the London University, and one for Part II of the latter examination. A part of the apparatus required for this work is supplied by the laboratory on a deposit being paid to cover breakage; the rest of the apparatus is provided by the student himself. A list of apparatus required can be had at the laboratory. Cyclostyled directions are given to each student for conducting his practical work, and the lecturer and demonstrator

systematically visit every student during class time. The work of each class is mapped out so as to include everything that is required in that class, and to leave time for its revision. Extra classes will be formed as required, but only students fulfilling certain requirements will be admitted to these. The temporary laboratory is a large well-lighted room with an excellent gas- and water-supply, good draught cupboards, and a convenient balance room.

BIOLOGY.

On the level of the ground floor of the Museum and over the Medical Theatre lies the Biological Laboratory, where the Preliminary Scientific and Conjoint Board students spend a large part of their time in the first year of their course. The laboratory is splendidly lighted, and consists of two communicating rooms, well fitted up with



THE BIOLOGICAL LABORATORY.

benches, having gas and water laid on, and giving accommodation for about forty students to work simultaneously. Every student has his place of work allotted to him, and a locker to keep his books and apparatus. Here a great deal of most useful work is done, every student being required to dissect a number of selected types of animal life, and to examine microscopically the lower forms, as well as to learn the principal methods of histological examination of plants and animals.

Some of the lectures on biology are given here, and are illustrated by numerous blackboard drawings and prepared specimens.

The walls of the laboratory are covered with framed diagrams and shelves of specimens, and there are incubators for embryological work, with all needed appliances

for zoological and botanical study. Everything is done as far as can be practically, and the value of the training given as introductory to anatomy and physiology cannot be overestimated.

Two main courses of instruction are provided, adapted to the requirements of students for the Conjoint Board, and the other more advanced for Preliminary Scientific London and other University men. An advanced course of practical embryology for the Primary Fellowship is also given. The lecturer on biology, Dr. Shore, has charge of the department, and is assisted by two demonstrators.

Students working in the department make records of their work in the form of drawings of their dissections and microscopical preparations.

Intermediate Subjects.

ANATOMY.

No student can become proficient in the knowledge of anatomy unless he is willing to conscientiously work at the subject by dissection.

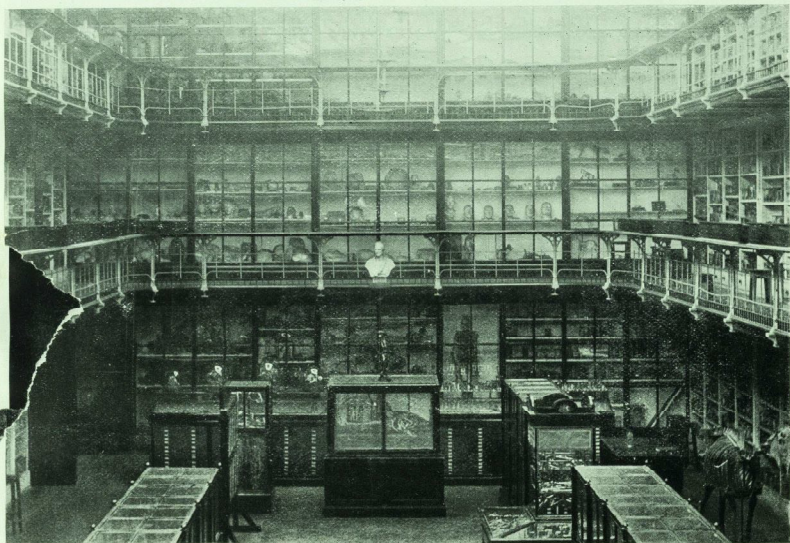
For this reason the first duty of the student in the Anatomical Department is to secure a "part." For this purpose he will present himself in the Dissecting Room on the morning of Tuesday, October 2nd, to have a part allotted to him, for which he will be expected to be ready to pay.

This part he should take the greatest care of, for the

manner in which he looks after and dissects it will make all the difference between pleasure and disgust. He should also obtain a dissecting case, for anatomy is not a "dry" subject if approached in the right way; in fact, it may become one of the most fascinating of studies.

The demonstrators in the "rooms" are there for the purpose of assisting the student in every way possible in the pursuance of their work, and no hesitation should be taken in invoking their aid.

The lectures on anatomy take place at 9 a.m., an hour



THE MUSEUM.

tends to show, by the attendance of the students, they are interested and keen on their work. In the first year Mr. McAdam Eccles instructs them in the elements concerning the general plan of the human body, in the chief facts concerning the bones, and the articulations of the arm and leg in the first half-session, whilst in the second half he deals with the muscles, vessels, nerves, and lymphatics of the upper and lower extremity. As far as possible the facts are demonstrated by the use of the lantern and photographs specially taken. Mr. Waring deals with the subjects for the men of the second year.

There are two kinds of text-books in anatomy. The first are those which concern the methods of dissection, and of these probably there is at present no better one than Cunningham's *Manual of Practical Anatomy*, which consists of two volumes, the first of which, costing 10s. 6d. net, and containing the dissection of the upper and lower limb and the abdomen, should be purchased by the student at once. The second volume may be bought in the second year.

The other form of anatomical text-book is one which deals with human anatomy from the systematic point of view. There are several excellent works under this heading,

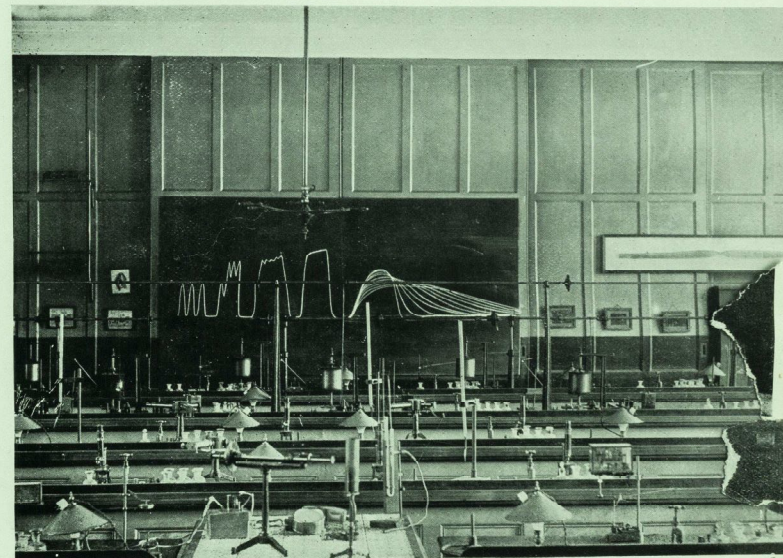
and the student will do well to choose rather according to the degree or diploma for which he is aiming. Gray's *Anatomy* is perhaps the best for the man who purposes to pass the "conjoint" examinations. For the university student Cunningham's *Text-book of Anatomy* is one of the best, although the *Treatise on Anatomy*, edited by Morris, is also very good. For surface anatomy Rawling's *Landmarks* should be purchased.

PHYSIOLOGY.

The Physiological Laboratory has changed somewhat

since its first appearance, when it was known as the Practical Class Room, a name still perpetuated on the folding doors leading into the Physiological and Pathological Departments. The Practical Class Room was represented by the whole floor between the museum and library, and this later became divided by setting up some movable screens for the convenience of the different forms of practical work.

Looked at from the standpoint of one who can appreciate the elaborate character of practical work of the present day, there seems to be evidence of some uncertainty as to what was the best way of arranging the rooms. Twenty years

THE PHYSIOLOGICAL LABORATORY.
EXPERIMENTAL APPARATUS.

ago what is now the Physiological Laboratory possessed various benches about 12 ft. by 4 ft., scattered about the room in a manner that suggested that the possibility of using the room for a bazaar must not be lost sight of. There was also a long bench with diminutive tram lines running along near the edge on either side, the meaning of which was a mystery to many. In reality these were devised as a convenient method of passing along microscopes. These fitted into the tram lines, and were pushed along from student to student.

In the year 1894 the need for rearrangement of the

laboratory became too pressing for further postponement. At the cost of about £400 the interior was almost completely refitted. All the old benches were removed, and the present transverse benches with the teak covers were substituted. A long bench for demonstrations was also put some three feet above the floor level. A year or two later arrangements for lantern work were introduced.

But, from the point of view of the student, one of the most important innovations, which was only introduced last year, was the change of illumination adopted. All bygone students up to 1904 have a vivid recollection of the woeful

condition of the atmosphere after two or three hours work in the laboratory, chiefly due to the fact that some fifty or sixty Argand gas burners, in addition to Bunsen burners, had been alight for a few hours. This has at last been remedied. The continuous electric current has been brought up to the laboratory, and now, both for microscopic and lantern work, only electricity is used. The shafting working the revolving drums is also actuated by an electric motor, which works practically silently.

The result of all this is that now a class of about 80 or 90 students can simultaneously engage in practical work

under very satisfactory atmospheric conditions. The room is now also used for the lectures in physiology, which are essentially experimental illustrations of the science, and about 150 students can be accommodated without any overcrowding for such lectures.

It is worth noting that the ordinary diagram has disappeared from the Physiological Laboratory. All the illustrations used in lectures or demonstrations are either projected by the lantern or actually drawn at the time of lecture by the teacher. This is found to be much more satisfactory in engaging and retaining the interest of the student.



THE PHYSIOLOGICAL LABORATORY.
THE LECTURER'S BENCH.

laboratory may now be said to fulfil all the requirements of medical teaching of physiology in a highly satisfactory manner.

MATERIA MEDICA, PHARMACOLOGY, AND THERAPEUTICS.

Materia medica is a subject in which a student may waste an enormous amount of time. To begin with, he may pay serious and prolonged attention to drugs which are of little or no importance. This is especially likely to happen to the University of London student, because he has no schedule whatever to guide him, whereas all the other examining bodies do offer the student some protection by

scheduling the drugs upon which the examination will be held.

Some men spend much time and labour in learning the geographical and botanical sources of the drugs. To do so may be interesting, but it is certainly not useful, and, if any examiner were to ask questions on these points, an excellent answer would be "I don't know."

A candidate is not likely to be asked for the chemical processes by which the drugs are obtained, except, perhaps, in a very few instances where some important point is involved, for example, it may be worth while to know the chemical processes by which potassium iodide is obtained,

because they show why iodate may be present in the iodide as an impurity.

In the compound preparations the student should know the active drugs, and the precise amount of them if they be dangerous, but surely it is a wretched waste of time to attempt to remember the trifles they contain, for example, in *confectio sulphuris* he should remember the acid tartrate of potassium, but why should he struggle with the *tragacanth*, *glycerin*, *syrup* and *tincture of orange*.

There are many of these compound preparations in the *British Pharmacopœia*, and no sensible examiner would himself know, or expect a candidate to know, any of their ingredients except the active ones.

The great thing in reading *materia medica* is to stick to essentials, and constantly to consider—is it useful to remember this particular thing, or is it not?

The examination at the Conjoint Board in "Practical Pharmacy" is really a *visà voce* on *materia medica*, but



LAWRENCE WARD.

before he can present himself for examination the candidate must have attended a course of practical pharmacy. This course is given every three months in the Pharmaceutical Laboratory of the Hospital Dispensary and it includes all the *materia medica* required for the examination. The examination can be taken at any time throughout the curriculum, but undoubtedly the best time is whilst the student is working for the final. The course in practical pharmacy of course has to do with *materia medica* to some extent, but it is chiefly concerned with actual dispensing, with pre-

scriptions and prescribing, and with that very important and much-neglected subject—incompatibility, and these are things the student cannot appreciate properly in the earlier years.

The University of London student, of course, must take the practical pharmacy course before he presents himself for the intermediate M.B. At present the regulations leave him no choice in the matter. At the intermediate he is examined on *materia medica*, practical pharmacy, and pharmacology.

Final Subjects.

When the student has completed his second examination he is free to devote himself entirely to work in preparation for the final qualifying tests. The opportunities which the Hospital and School afford him may be roughly grouped in three divisions: (1) Clinical work; (2) Lectures and Demonstrations; (3) Laboratory work; and the student will find the greatest difficulty in so arranging his work as to

apportion to each of these groups a due amount of time. Of late years there has been noticeable a tendency to devote more attention to laboratory work of various kinds, a tendency which is only to be regretted if it leads to the comparative neglect of clinical work. The reason probably lies in the fact that the results of the student's work in the laboratory, and of his attendance at lectures and demonstra-



A CORNER IN THE PRESENT PATHOLOGICAL LABORATORY.

tions are more directly appreciable than the results of clinical study, but he should be warned at the outset that the clinical work is quite as important as the other branches of his work, and, moreover, that it is much easier to fill in the gaps in his reading, and his technical work when his final examination is at hand, than to repair omissions in the knowledge he should have acquired in the wards and the out-patient departments.

CLINICAL WORK.

To take, then, first of all, the clinical work. The *minimum* required by the Conjoint Board is six months' medical, and six months' surgical, clinical work, of which, in either case, three months shall have been employed in the wards of the

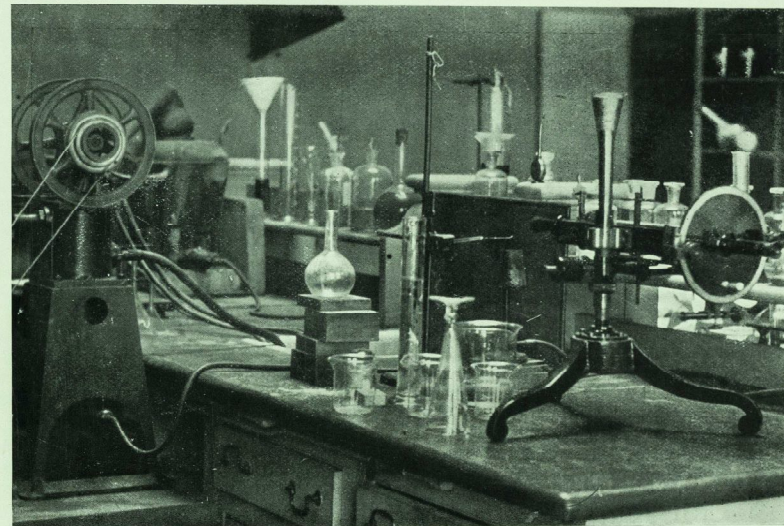
Hospital. So that the student should, directly he has passed the second examination, enter his name for the requisite ward and out-patient appointments.

Under the present regulations the dressing in the surgery and in the wards must be done simultaneously, and during the three months thus spent the student will find himself left with but little time for other work. Such time as he has should be devoted to the attendance of some of the lectures and demonstrations, specially those on pathology which bear directly on the clinical work which he is doing.

The three months which he devotes to medical clinical work are usually supposed to involve less constant work and attention, but this supposition is a mistake which most men will recognise later on. Three months of assiduous work in a medical ward will lay a sure

foundation, which will make his subsequent work both easier and more interesting. Both in the surgical and medical wards he should devote his attention especially to the acquisition of methods of examination and diagnosis, and should be constant in his attendance at post-mortem examinations, and acquire the habit of utilising the museum for the extension and solidification of his knowledge of the diseases with which he is more immediately concerned. At the expiration of these two appointments the student ought to be able to examine and report accurately upon any

of the more ordinary types of disease, that is, he should be in the position to ascertain the facts which the particular case presents, so that in future appointments he will have to concern himself more particularly with the interpretation and the estimation of the relative value of the phenomena. He will further, at the end of these six months, have attended a certain proportion of the lectures, at which his presence is necessary, and should be able to perform accurately all the more simple pathological examinations, such as the examination of urine, the examination of sputum for



THE CHEMICAL PATHOLOGY LABORATORY.

tubercle bacilli, or the enumeration and differentiation of the blood-corpuscles.

From this time onwards, in order to comply with the regulations of the various examining boards, it will be necessary for the student to map out his appointments carefully so that they may not clash, but among the multitude of special appointments which it is to his interest to hold it must not be forgotten that further clinical experience in medicine and surgery is absolutely essential, not, perhaps, for the passing of the final examination, although that end is rendered thereby easier of attainment, but because his work in the future will, in all probability, belong rather to these than to the more specialised branches of the medical art. This further experience is best gained in the medical and surgical out-patient departments where the system pur-

sued is to place the student in the position of the practitioner with regard to the patient, and after he has described the phenomena his notes are revised by the assistant physician or surgeon, who, by comment, by example, and by explanation, demonstrate the case, smoothing the difficulties, correcting faulty methods, and supplying the deficiencies of his record. The out-patient appointments are allotted in periods of three months, and each student should contrive to hold these appointments during nine months, of which six will be given to the medical and three to the surgical side. At the end of this period he will have spent eighteen months in clinical work, and should have learnt thoroughly all the methods which he will be expected to employ in the clinical portions of his final examination. Of these nine months' appointments six months should be taken immediately before his

final examination, and the intervening period will be fully occupied with the clerking and dressing in special departments, with attendance on labours, with attendance at a lunatic asylum and at a fever hospital, at a course of instruction in vaccination, and with the requisite lectures and demonstrations on Medicine, Surgery, Midwifery, Pathology, Public Health, and Forensic Medicine.

LECTURES AND DEMONSTRATIONS.

With regard to the lectures and demonstrations these should take a subsidiary position to clinical work in the

student's scheme. The function of the "set" lecture on Medicine, on Surgery, and on Midwifery, has been largely usurped by the excellent text-books, which are now available for the student, and it is probable that some change in this direction is inevitable. At present, however, the statutes of the Conjoint Board require attendance. It is otherwise with demonstrations; these deal almost entirely with concrete problems, and are directly in touch with the actual work of the student; they include, moreover, a large number of tutorial classes, which are invaluable to the student, by enabling him to ascertain exactly the gaps in his knowledge



THE FIRSTBORN,
AS SEEN ON THE DISTRICT.

experience, and are therefore especially suited to men who are about to enter for their examinations.

LABORATORY WORK.

The laboratory work, which composes the third division of the student's labours, partly consists of organised classes and demonstrations, and partly of that work which is directly concerned with the clinical portion of the student's work. At present, owing to the limited accommodation in the Pathological Department, the facilities for students desiring to carry out work of this description are not what they will be shortly when the new Pathological Block is completed,

but even at present it is easy for the earnest student to make himself master of all the more ordinary methods of Clinical Pathology and Bacteriology, to which end there are numerous classes both in the winter and summer sessions.

OLD STUDENTS' DINNER.—The Winter Session opens on October 1st. The Old Students' Dinner will take place on the evening of that day in the Great Hall at 6.30 for 7 o'clock, Dr. Ormerod being in the Chair. Tickets may be obtained from the Honorary Secretary, Dr. W. P. Herringham, 40, Wimpole Street, W.

The Students' Union and the Clubs.

FIFTEEN years ago the various Clubs were for all practical purposes isolated institutions: in 1892, however, an amalgamation was effected, the object of which was to simplify financial arrangements. It was generally recognised that an individual club was not in a position to lease a ground for matches or practice games on its own account, so the suggestion of amalgamation was put forward with the idea of obtaining a common ground. At the same time it was not felt necessary to interfere with the separate life of each club as far as its executive committee and management was concerned. Therefore the administration of the Amalgamated Clubs was naturally placed in the hand of a Finance Committee, consisting of the individual club secretaries under the guidance of two general secretaries and two members of the Medical Staff, who acted respectively as President and Treasurer. After this amalgamation students ceased to pay subscriptions to the separate clubs of their choice, but of necessity paid on entrance a composition fee which entitled them to become life members of all the clubs, and to obtain the JOURNAL free during their studentship.

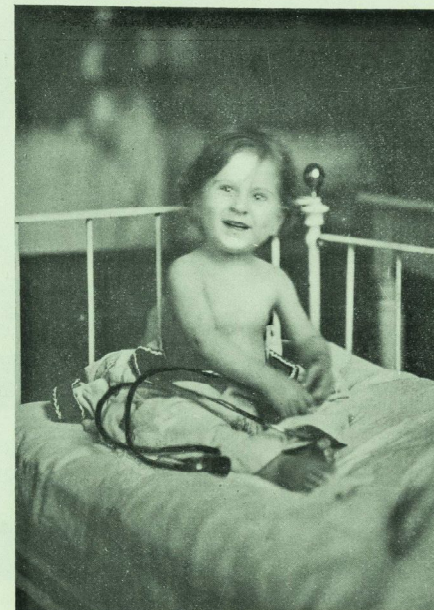
Dr. T. W. Shore, the first President of the Amalgamated Clubs, was the discoverer of the Clubs' ground at Winchmore Hill; and thanks to the sympathy and active support of certain members of the Medical Staff the money for the purchase and levelling of the ground and for the building of the pavilion was forthcoming, the total cost being almost £8000. Dr. Shore and Mr. Bowlby—the first President and Treasurer of the Clubs—were chiefly responsible for all the arrangements, and to them we are, therefore, indebted for the original excellence of the ground.

The ground is ten acres in extent, is prettily situated amid well-wooded and refreshing surroundings, and we are fortunate in possessing such so close to London. It

was purchased early in 1894, and was ready for use by the cricket season of 1895, when the first match played there was against the M.C.C. The formal opening, by Sir Trevor Lawrence, Bart., K.C.V.O., took place on June 8th, on the occasion of the first Past and Present cricket and tennis matches, which proved a very successful function.

In 1902 it was generally recognised that, although the Finance Committee fulfilled its function of administering the finances of the clubs, yet something more was wanted, in the shape of a students' executive committee, to further the interests of students generally and socially. As the outcome of two mass meetings of students in 1903, and of the laborious and praiseworthy efforts of Messrs. Crawford Hogarth, and Neligan, Commission was appointed to draw up the laws constituting the present Students' Union, which was formed at a general meeting in March, 1904, and the Executive Council, consisting of eleven students, three members of the Staff were elected.

The Students' Union has thus been established for two and a half years, and its existence continues to justify itself from year to year, as may be gathered from the annual reports. The laws and constitution can be read in the



THE PET OF THE WARD.

BOOK. The advantages over the old system, as far as the general interests of students are concerned, are obvious, and it rests with the general body of students to maintain and, whenever it may be necessary, to improve upon these advantages. The election of the Council secures a fair and representative Committee of Students whose duties are—

- (1) To manage the affairs of the Union.
- (2) To represent students in matters affecting their interests.
- (3) To afford a recognised means of communication between students and the authorities of the Hospital and the Medical School.
- (4) To supervise the management of the incorporated clubs and societies.

(5) To be responsible for the care of the premises allotted to the Union.

A Finance Committee is appointed by the Council to control the funds of the Union, and to make grants to the various clubs and societies.

The incorporated clubs and constituent institutions of the Students' Union are as follow:

The Abernethian Society.	The Association Football Club.
The <i>St. Bartholomew's Hospital Journal</i> .	The Rugby Football Club.
	The Hockey Club.

The Athletic Club (including the Hare and Hounds Club). The Cricket Club.	The Lawn Tennis Club. The Rifle Club. The Swimming Club.
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The Club Ground, Winchmore Hill.

The Club Rooms.

The Club Rooms, formerly consisting of the Abernethian Room and the Smoking Room, have been involved in the process of reconstruction of the Hospital, but, by permission of the Governors, excellent temporary accommodation, amid picturesque surroundings, has been provided in



THE STUDENTS' READING ROOM.

the Great Hall until such time as the new buildings, which contain an ample suite of rooms for the use of the students, are completed.

The usual papers and magazines are to be found in the Club Rooms.

It is unnecessary to say much about the clubs and societies, though we pass a few remarks upon the "winter" clubs below. Full details of all the clubs can be found in the YEAR BOOK. In addition there are certain societies which are not incorporated in the Students' Union, for instance, the Musical Society, which is both choral and orchestral, the Amateur Dramatic Club, the Christian Association, the Medical Missionary Society, the Cambridge Graduates' Club, and the St. Bartholomew's Oxford Club,

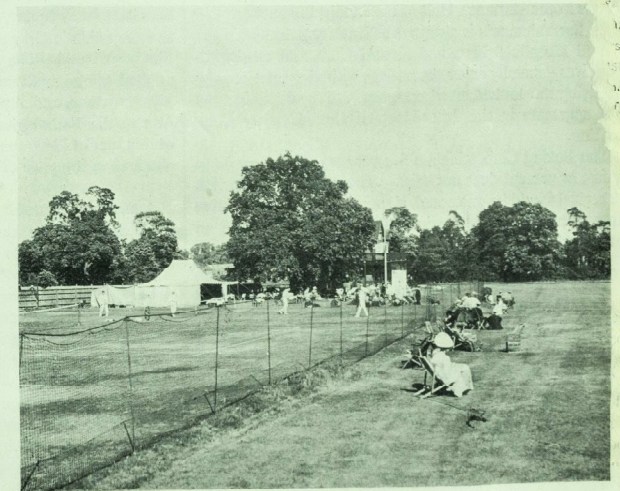
and finally, the various Decennial Contemporary Clubs for old Bartholomew's men. Moreover, there are other clubs which have at one time or other existed, such as the Boxing, Rowing, Chess, Bicycle, and Photographic Clubs, and, in addition, a Golf Handicap Competition for members of the Hospital is often held during the Summer Session. The Council of the Students' Union would welcome the revival of any of these clubs, and would help any members who were willing to take the initiative in starting them. The formation of a Mountaineering or Climbers' club has been talked of.

In return for the privilege of being a member—active or passive—of all the incorporated clubs, and a potential member of the others, every full student is required to pay



ATHLETIC GROUND, WINCHMORE HILL.
THE PAVILION.

of which the Rugby Football Club is the oldest, having been founded in 1873. According to tradition St. Bartholomew's has always had a strong fifteen, and has always been well represented in the United Hospitals' team. Nevertheless, the Club has passed through many changes of fortune, and has been burdened with periods of slackness, during which times many of the best players have found it more to their liking to play for other teams. Of course, under such circumstances, it was impossible to maintain a representative fifteen, and naturally we were defeated in the Cup matches. However, during the last two years, the state of affairs has been very different with the result that a keen and enthusiastic Executive Committee has instilled energy and enthusiasm into the members of the Club, so much so that the 1st XV has been able to hold its own against some of the best amateur clubs of the day, while a strong "A" team,



ATHLETIC GROUND, WINCHMORE HILL.
THE TENNIS COURTS.

has given an exceedingly good account of itself, and, finally, these two teams have been able to draw recruits from an excellent 2nd XV,

ten guineas on entrance, and every university student six guineas.

Certain members of the Council are, as a rule, told off to make themselves acquainted with Freshmen, especially with a view to obtaining active recruits for the various clubs. But Freshmen, on the other hand, should make a point of introducing themselves to the representative of their own constituency on the Council, and also to the Secretaries and captains of the various clubs in which they are interested. In this way most of the difficulties which Freshmen encounter during their first few weeks will be overcome, and they will soon learn to make themselves at home in their new surroundings.

It remains only to say a few words about the "winter" clubs

which only just failed to win the Junior Inter-Hospital Cup.

The Association Football Club was founded in 1881, and for many years was in the forefront of amateur football; thus, in 1890, after defeating Millwall in the Semi-final of the London Cup, we were only just beaten by Woolwich Arsenal in the Final. The Club has won the Inter-Hospital Cup five times, and the Junior Cup three times since its institution in 1898. During the last three or four years the members of the Club have displayed great keenness, and have got through a very good list of matches with considerable credit, but have not been quite fortunate enough to win the Cup. The Club also possesses a useful 2nd XI, which, after winning the Junior Cup two years in succession, was just beaten in the Final last season.

The Hockey Club, though the youngest of the winter clubs, is, perhaps, the most flourishing, as far as the number of active supporters is concerned; there are already three full teams, and we understand that a fourth is to be started shortly, which speaks well for the energy of its Executive Committee, more especially as the Club has very little opportunity of playing home matches at Winchmore Hill on account of the prior claims of the older clubs.

Trial games and practice matches for these clubs will be held at Winchmore Hill during the first ten days of the winter session. Due notice is given on the respective notices in the Entrance Hall of the Medical School.

St. Bartholomew's is always excellently represented in the Inter-Hospitals' Hare and Hound Club, and our representatives generally cover themselves with glory, not only by winning the individual winner, but also by obtaining the highest aggregate in the Inter-Hospital Cross-Country Competition.

The Boxing Club, which, a few years ago, was very flourishing, at present does not exist. There is little doubt that its revival would be welcomed, if some twenty or thirty active supporters would take the initiative. There should be no difficulty in finding suitable accommodation. But, perhaps, a Jiu-jitsu Club would be more up to date.

The other clubs mostly speak for themselves, but if any members require further information, we must refer them to the YEAR BOOK, or to the captains and Secretaries of the Clubs. We would, however, call the attention of Oxford and Cambridge men to the existence of clubs which serve to befriend Freshmen from their respective Universities. The Oxford Club holds monthly informal dinners at the Holborn Restaurant.

In conclusion we wish to point out to all our readers that lately a wave of enthusiasm has passed over St. Bartholomew's, differing from many that have preceded it in its longer duration. Therefore it is the duty of the present generation of students to ensure the continuance of this enthusiasm to the next generation. Such is the only true and permanent kind of *esprit de corps*. St. Bartholomew's

is by tradition a home of patriotism, and this tradition is perhaps older than that of any other institution in the British Empire. We have frequently heard the saying that old Bartholomew's men, wherever they are, always pull together. The saying is undoubtedly true and will probably always be true; but we should like to see all the present students showing more practical enthusiasm by doing something definite for the good of the Hospital which gives to them everything—name, standing, and education. We do not want to see selfishness; it is so small and useless. It is expected of every Bartholomew's man to do his duty, but it is only too true to say that this expectation is not always realised in the athletic world. The individual clubs require the keenest support of all their members. The brunt of the work in each club is too often borne by the few, whose energy and example call for more active support from the other members, while it must be remembered by those who do not actually play that "they also serve who only stand" and shout.

Editorial Notes.

THE photographs reproduced in this number are all copyright. We are indebted to D. M. Stone for those of the Great Hall, Square, Lawrence Ward, Hogarth's pictures, and the Athletic Ground, and to J. E. Hailstone for "The Firstborn" and "The Pet of the Ward." Copies of the original photographs may be obtained from Mr. Stone or Mr. Hailstone, and any profit from their sale will be handed over to the Pathological Block Fund. Additional copies of this special illustrated number of the JOURNAL can be obtained at the price of 1s., post free.

A PHOTOGRAPHURE of the portrait of Sir Dyce Duckworth by Walter Horsley has been prepared. Copies may be obtained from the Librarian, price 7s. 6d., post free.

DR. LEONARD MARK will deliver the Presidential Address at the opening meeting of the West London Medicico-Chirurgical Society on Friday, October 5th, at 8.30 p.m.

We are glad to hear that he has chosen for his subject "Art and Medicine," and that the address will be illustrated by lantern slides of some pictures and works of art in British picture galleries and museums which are interesting from a medical point of view.

Any former student of the Hospital not a member of the W.L.M.-C. Society who would care to be present, and who will send his name to the Hon. Secretary, Mr. Percy Paton, 53, Queen Anne Street, W., will be welcome.

At the recent examination for candidates for the Royal Army Medical Corps E. Browning Lathbury was successful.

Words in Season.

MY DEAR YOUNG FRIENDS,—I feel that it is incumbent upon me to accept your Editor's invitation and address to you a few seasonable words. Try to look upon me as your guide and companion at the commencement of this your first session at a great hospital. Come, follow me, and I will lead you in imagination through the portals of this unknown world. Hand in hand we will explore its mysteries.

Entering the main gateway, dedicated in 1066 to St. Honorarium, the patron saint of hospital porters, whose replica adorns this structure, we pass on our left the little church within the walls, and on our right the tea room—you cannot obtain alcoholic beverages there. Passing beneath another archway, and leaving the usual offices behind us, we find ourselves within the famous Square. Here let us pause awhile.

Those hatless striplings, chatting beside the fountain, or lounging in the shelters, are your fellow students. From amongst the ugliest of these are chosen the house doctors, whom you may recognise by their air of conscious modesty. Some of them, I am told, are exceedingly clever. You will do well to doff your hats in addressing them during the early days of your hospital life. And who are those reclining on *al fresco* couches, so diligently filling their mouths with their knives? They are the more reputable of the patients.

Leaving this attractive scene, we turn to the right, and enter the Medical School, built at the close of the second century by Odol, Bishop of Bayeux. A peep into the library, thronged with the eager votaries of knowledge, and we mount the staircase to the museum. On the first landing lies the coffin of Rahere, the founder of a lodge of Odd-fellows bearing his name, and beside it stands the statue of Sydenham, who built the Crystal Palace. The museum is rich in classic associations. Here is the skeleton of Percival Pott's horse. Riding one day across the Tower Bridge, this celebrated surgeon fell and injured his spine, and a grateful profession bestowed his name upon that prominence of the abdomen, so often associated with vertebral caries. Here also you will observe, in a jar of spirit, the first cigarette smoked by William Harvey, thrust through his own inguinal canal, and in a remarkable state of preservation. He never smoked again. The same cannot be said of his colleague, Hunter, who was burnt at Smithfield by the Medical Council for administering gas to an unregistered dentist. Oh, what a solemn thought is here, my young friends!

Let us now leave the School and hasten to the College. Here dwell the younger lads. I need hardly say that they are under the strictest supervision; but, to the best of my belief, they are, with few exceptions, docile and industrious. The ale in Hall, so I am informed, is of low alcoholic

strength, but of great purity. Twopence halfpenny a hundred, with sixpence on the rubber, are the usual afternoon points. Cats are only allowed in College by permission of the Warden; they must be in before midnight unless there is a choral practice. Entering the surgery for a brief inspection, our nostrils are greeted by the emanations of twelve centuries of out-patients. Eau de Cologne may be obtained from the senior chloroformist on personal application.

We will now return to the Square, for it is nigh upon half-past one, and the visiting staff are about to arrive. Carriages or cars are obligatory upon the senior members; but the assistant physicians and surgeons may use the tube or omnibus, and on Saints' Days they may borrow motor bicycles from the students. The consulting staff use bath chairs.

Punctually as the clock strikes the half hour a bugle sounds in the post-mortem room, and an artillery limber dashes into the Square. It is Sir Anthony, in tull khaki, from Buckingham Palace. A moment later and a still more gorgeous equipage discharges the senior surgeon upon a prostrate group of devotees of the yellow paper, each carrying a votive offering of Chicago salmon. What an animated scene, is it not? Even the pigeons in the plane trees seem deeply moved. Carriage after carriage and car after car swing gaily into the arena, and emit their distinguished occupants. Dr. Samuel and Mr. Bruce from the Embankment—their hands pink with the blood rejected examinees; Mr. Charles in his 500 Hawk-poseptic airship; Dr. Champétier, the deliverer of thousand Drs. Hareng and Ormulu—dark, dashing, and debonair, sunny faced Mr. D'Orsay; gallant Dr. Dent, C.M.G., the Portland Road Hospital, S.A.; and last, but not least, of the horse-borne deities, our senior physician detained by a false concord in the Hippocratic prescription at the British Museum.

Shall I also name to you, as they arrive, the famous personages who follow on foot, second only in maturity to those who dare not walk? Nay, rather than burden you, the ten assistant physicians and surgeons, the two eye-openers, the assistant lady's doctor, the four stumblers, and the other lesser luminaries, shall be nameless.

And now a word of warning and farewell. Cultivate your seniors; laugh with them when they jest. Do not buy packet cigarettes; but take boldly from the full tin that is proffered. Keep your dear grandfather's midwife forceps at home until you have passed your first professional examination; and never sneer at your Uncle George's obsolete surgical methods. Costly your habit as your father can afford, but not expressed in fancy waist-coats. Cultivate tact in all things, great and little: do not sing "The Blue Belts of Scotland" as you pass the Nurses' Home; neither volunteer to lend your *Aids to Surgery* to the overwrought house surgeon, as he totters across the Square, after seven consecutive hours' abuse in the comfortably-warmed theatre. And so, good bye.

N. G. H.

The Medical Defence Union.

THE advantages of co-operative protection for medical practitioners in Great Britain are most clearly illustrated in the pages of the last Annual Report of the Medical Defence Union. We advise all our readers who are "duly qualified," if they are not already members, to at once apply for a Candidate's Form to the Secretary of the Union at the registered offices, 4, Trafalgar Square, London, W.C.

A perusal of the Report in question will make it clear that the protection afforded to members is of great value even from a monetary point of view. Those subscribing to the Union are at liberty to seek advice from the expert officials upon any matter about which they may be in doubt in any professional question. By the schedule of actual work accomplished during the past year, it will be seen that a diversity of matters were brought before the officials by members requiring aid, advice, or assistance. Many a young practitioner has been saved incalculable trouble and anxiety by placing himself in the hands of the Society upon the onset of a threatened trouble in respect of some professional dispute or difference. The Medical Defence Union was the pioneer society in the work of organised defence; other societies have since followed on somewhat similar lines, but have never yet been able to establish a position equal to that of the Union.

It will be remembered that Sir Victor Horsley, F.R.S., was a President of the Union until he was elected upon the General Medical Council. Dr. Walter Griffith, F.R.C.P., so well known to Bart's men for his high abilities and estimable qualities as a Teacher, Lecturer, and Physician, was also President, and is still an active member of the Council and a diligent attendant at the meetings of the Executive.

Copies of the interesting Report of the Union can be obtained from the General Secretary, 4, Trafalgar Square, W.C., and can also be seen in the Library of the Hospital.

Examinations.

UNIVERSITY OF LONDON.

Preliminary Scientific Examination. (Internal and External Students.)

Inorganic Chemistry, Experimental Physics, and Biology.—R. G. Hill.

Inorganic Chemistry and Experimental Physics.—A. J. Chillingworth, T. V. Edwards, C. A. Prada.

Inorganic Chemistry and Biology.—A. J. Clarke, G. A. Hooton.
Experimental Physics and Biology.—A. C. L. O'S. Bilderbeck, F. R. Todd.

Inorganic Chemistry only.—W. M. Glenister, E. G. Stanley.

ROYAL COLLEGE OF PHYSICIANS, LONDON, AND ROYAL COLLEGE OF SURGEONS, ENGLAND: CONJOINT EXAMINATION BOARD.

The following have completed the examinations for the diplomas of M.R.C.S., L.R.C.P.:—K. M. Walker, B. W. Cherrett, R. A. P. Hill, A. W. G. Woodforde, H. J. Gauvain, S. A. Tucker, C. S. Lee, J. M. Postlethwaite, N. Powell-Bennett, E. W. D. Hardy, B. T. Lang, R. Wade, G. F. S. Bailey, E. L. Wright, J. R. Kemp.

Appointments.

HARRISON, EVERARD, B.A., M.B., B.C. Cantab., appointed Senior House Surgeon at the Scarborough Hospital.

JOHNSTON, D. M., L.R.C.P., M.R.C.S., appointed House Surgeon to the Victoria Hospital, Folkestone.

JORDAN, A. C., M.D. Cantab., appointed Medical Officer to the Electrical Department of the North-Eastern Hospital for Children.

NELIGAN, A. K., M.D. Lond., appointed Physician to the British Embassy at Teheran.

WATKINS, J. G., L.R.C.P., M.R.C.S., appointed House Surgeon to the General Infirmary, Hertford.

WILLIAMSON, HERBERT, M.B. Cantab., M.R.C.P., appointed Physician to Out-patients at Queen Charlotte's Lying-in Hospital.

New Addresses.

ATKINS, S. E., Park End, Cowick Lane, Exeter.
BAIRD, Capt. R. F., I.M.S., Fatehgarh, United Provinces, India.
BEADLES, A. H., 38, Silverdale, Sydenham.
BRODRIBB, ARTHUR, 14, White Rock, Hastings.
FORSYER, A. F., 1, Raffles Place, Singapore.
HUGO, Capt. J. H., I.M.S., c/o Manager, Army and Navy Co-operative Society, Limited, Victoria Street, Westminster.
HURTLEY, W. H., 170, Tulse Hill, S.W.
WILLET, EDGAR, Farnleigh, Worth Park, Crawley, Sussex. (Station Three Bridges. Telegrams: Pound Hill.)

Births.

AVERRILL.—On the 30th July, at Park Green, Macclesfield, the wife of C. Averill, M.D., of a daughter.
CALVERLEY.—On the 11th August, at 21, Earls Avenue, Folkestone, the wife of Dr. Calverley, C.M.G., of a son.
HARPER.—On the 27th July, at 7, Chiswick Place, Eastbourne, the wife of Alexander Harper, M.D., of a daughter.
HAYWARD.—On the 2nd August, at 23, The Grange, Wimbledon, the wife of John A. Hayward, M.D., F.R.C.S., of a daughter.
KENDALL.—On the 10th August, at Chiddingfold, Surrey, the wife of Nicholas Fletcher Kendall, M.R.C.S., L.R.C.P., of a daughter.
ROBERTS.—On the 23rd July, at Ston Hill, Garstang, the wife of Henry Roberts, M.D. Brux., M.R.C.S. Eng., M.R.C.P. Lond., of a daughter.

Marriages.

HUTCHENS—CLAY.—On the 1st August, at the Parish Church, Dewsbury, by the Rev. W. H. Booth, M.A., Rector of Old Charlton, Kent, assisted by the Rev. R. C. M. Harvey, M.A., Vicar of Dewsbury, Harold John Hutchens, D.S.O., D.P.H. Oxon., of Corbridge, Northumberland, to Ada Muriel, eldest daughter of Charles Clay, M.R.C.S., The Manor House, Dewsbury.
STATHAM—OUSTON.—On the 15th August, at St. Mary's Church, Elloughton, by the Rev. S. J. Seady, Vicar of the Parish, assisted by the Rev. J. Raine, Vicar of Welton, Hugh Statham, M.B., of Grosvenor House, Lymington, Hants, youngest son of William Statham, of the Redings, Totteridge, Herts, to Jessie, eldest daughter of Geo. R. Ouston, of Brough, East Yorkshire.

Death.

KALAPESI.—On the 16th July, at Frere Road, Fort, Bombay, Dr. R. M. Kalapesi, M.B. Lond., D.T.M. Camb., M.R.C.S., etc., in his 37th year, of tuberculosis.

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 Journal Office, 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.

