

	PAGE
Manipulation of the knife, comment on letter from an osteopath Mapletoft, John, account of, by Dr. J. A. Nixon	62
Mauriceau, F. (1660), history of case of ectopic pregnancy, with comments, by Dr. C. H. Roberts	35
Medicine and mind, abstract of address by Dr. Ormerod	173
New preparations: the hammock suspender; the Congo truss; the duplex stocking, J. H. Hayward, 15; $\frac{1}{2}$ in. objective, H. Gowland, 29; medical cyllin, Jeyes; gas fires, Gas Light and Coke Company; sanitary appliances, Doulton; hospital lifts, Waygood & Co., 63; Fry's malted cocoa and milk chocolate, 79; Vervo malted tea, 112; Maw's sterilised lubricant for catheters; tabloid calcium lactate	127
Notes and comments: infrequency of Indian Medical Service and Navy news in the JOURNAL; situation of an old artesian well, 126; Mr. Bruce Clarke elected to Council R.C.S.; Dr. F. A. Bainbridge appointed Arris and Gale lecturer; satisfactory result of R.A.M.C. examination	177
Obituaries: Rev. Sir B. Savory, Bart.; D. H. Goodall, 9; A. W. Burnyeat, 28; J. Ackerly; G. B. Ferguson, 54; F. C. C. Griffin, 55; E. L. Farncombe, 108; F. E. Murray, 123; H. H. Rolfe, 180; H. F. Whitechurch, V.C.	196
Old books in the library of the East Sussex Med.-Chir. Society, Hastings, notes on, by Dr. H. Stanley	115
Old Students' dinner	22
One summer's day (<i>jeu d'esprit</i>)	198
Operations at hospital, time table of	13
Osteomalacia, case of, by Capt. W. H. Cazaly, I.M.S.	13
Out-patient and casualty block, the new, description of, 171; foundation stone of, 170; opening ceremony, account of (with illustrations), 161 <i>et seq.</i>	171
Pædiatric aphorisms, by Dr. W. P. S. Branson	149
Past v. Present, 1907, games at Winchmore Hill	152
Pathological block, the new, acceptance of tender for and amount subscribed	41
Peking Union Medical College	139
Physicians and Surgeons, times of attendance at Hospital	12
Poetaster's protest, the, verses (<i>jeu d'esprit</i>)	154
Poetry of history, the, a patient's account of himself	75
Presentation to an old St. Bart's man, Mr. H. O. Fowler	75
Prince of Wales, at opening of out-patient block; reply to Treasurer's address	169
Prize-list, 1905-6, 5; recent awards, Bentley, Wix, Shuter, and Junior Scholarships	187
Problem of the dead (reasons for cremation), by Mr. E. W. Lowry	188
Public Health course, the new	10
Publication committee of the JOURNAL, the (with illustration)	178
Quack doctor, a character sketch by Defoe	151
Rahere lodge	155
Resident medical officers, new quarters for (with illustration)	103
Recreations of medical men, articles on (1) Walking, 52; (2) Nature Photography (with illustrations), 70; (3) the Devout Fisher, 89; (4) Gardening, 100; (5) Fly-fishing, 120; (6) the Sport of Collecting, 136, (7) Golf	192
Reviews: Gastric Surgery, by H. J. Paterson, 14; Appendicitis, by C. B. Lockwood; Urethrotomies and Kidney Capsulotomy, by R. Harrison; Medical and Pharmaceutical Latin, by R. R. Bennett; Manual of Medicine, by T. K. Munro, 15; Lectures on Neurasthenia, by T. D. Savill; a Short Practice of Medicine, by R. A. Fleming, 29; Uterine Fibroids, by B. Fenwick; Midwifery for Midwives, by A. B. Calder; Nursing at Home, by J. D. E. Mortimer and R. J. Collie; the Puerperium, by C. N. Longridge; Diseases of the Heart, by G. Steele; Guide to Anæsthetics, by T. D. Luke, 30; Diagnosis of Nervous Diseases, by P. Stewart; Medical Electricity, by H. L. Jones; Röntgen Rays in Diagnosis of Chest Diseases, by H. Walsham and G. H. Orton; Minor Maladies, by L. Williams, 46; Cancer of the Breast, by W. S. Handley; Students' Handbook of Operative Surgery, by W. I. de C. Wheeler; Surgery, by W. J. Walsham and W. G. Spencer; Applied Bacteriology, by C. G. Moor and R. I. Hewlett; Enlargement of the Prostate, by F. J. Freyer; Diseases of the Nose and Throat, by C. A. Parker; Manual of Midwifery, by T. W. Eden, 47; Diseases of the Lungs, by J. A. Lindsay; Syphilology and	199

Venereal Diseases by C. F. Marshall; Elements of Practical Medicine, by A. H. Carter, 61; Retro-peritoneal Hernia, by B. G. A. Moynihan and J. F. Dobson; Management of the Commoner Infections, by R. W. Marsden; Urine-testing for Nurses, by M. Robinson; Golden Rules of Medical Evidence, by S. B. Atkinson; Aseptic Surgery, by E. A. R. Newman; Hypnotism and Suggestion, by E. Ash, 62; Tumours, Innocent and Malignant, by J. Bland-Sutton, 77; Diseases of the Eye, by H. R. Swanzy and L. Werner; Chemical Investigation of Gastric and Intestinal Diseases, by V. Harley and F. W. Goodbody; Manual of Surgery, by A. Thomson and A. Miles; Röntgen Rays in General Practice, by R. H. Cooper; Aids to Medical Diagnosis, by A. Whiting; Glimpses of American Surgery in 1906, by C. H. Whitford, 78; Deviations and Spurs of Nasal Septum, by StClair Thomson; Address on the General Medical Council, by D. Macalister, 79; the Nursing, by Pierre Budin, translated by W. J. Maloney; Circulation and Respiration, by Sir L. Brunton; Anæsthetics, by D. W. Buxton; Surgery of the Rectum, by F. C. Wallis; Cancer, its Treatment by Modern Methods, by F. Owen, 92; Prevention of Cancer, by C. B. Keetley; Aids to Surgery, by J. Cunningham, 93; Public Health Legislation, by Martin and Gilbert Elliott; Essentials of Histology, by E. A. Schäfer; St. Bart's Hospital Reports (1906), 111; First Lines in Midwifery, by G. E. Herman; Text-book of Ophthalmic Operations, by H. Grimsdale and E. Brewerton; Materia Medica and Therapeutics, by the late R. Ghosh, edited by C. P. Lukis, 123; Intussusception, by C. B. P. Clabbe; Antiseptic Methods for Surgical Nurses and Dressers, by H. Upcott, 126; Integrative Action of the Nervous System, by C. Sherrington; Ellis's Demonstrations of Anatomy, revised by C. Addison; Ties and their Treatment, by H. Meige and E. Feindel, translated by S. A. K. Wilson; Guy's Hospital Reports, vol. 60, 143; Practical anæsthetics, by H. E. G. Boyle; Sense of Touch in Animals and Birds, by W. Kidd; the Microscope and how to use it, by T. C. White and M. Amsler; Synopsis of the British Pharmacopœia, by H. W. Gadd; Medical Lectures and Clinical Aphorisms, by S. Gee; Climatotherapy and Balneotherapy, by Sir H. Weber and F. P. Weber, 158; Lectures on Medicine to Nurses, by H. E. Cuff; Cod-liver Oil in Tuberculosis, by J. M. Wells, 159; Operations of General Practice, by E. M. Corner and H. T. Pinches; Cancer of the Womb, by F. J. McCann; Clinical Lectures and Addresses on Surgery, by C. B. Lockwood, 182; Functional Nervous Disorders in Childhood, by L. G. Guthrie, 183; Skin Affections in Childhood, by H. G. Adamson; Lessons in Disinfection and Sterilisation, by F. W. Andrewes	199
Round the Fountain	23, 127
Royal Army Medical Corps, changes and gazette notifications, 15, 79, 127, 143, 159, 200; death of Lieut. W. H. Hills, 15; examination of candidates	31, 48, 143, 159, 183
Royal Collège of Surgeons, election to council of	147
— Naval Medical Service, appointments	143, 159, 183, 200
Rude Rubáiyát, verses (<i>jeu d'esprit</i>)	44
Scapula, case of congenital elevation of, by Mr. R. C. Elmslie	40
Science and religion, lectures by Rev. P. N. Waggett	59
Smoking concert	43
Special departments: the throat department	24
Streptococci, the romance of (<i>jeu d'esprit</i>)	38
Students' Christian Association of St. Bart's Hospital	11
Students' Union dance	57
Summer concert, the	176
Temperance Association, British Medical	23
Trained nurses, institution of, St. Bart's	56
Treasurer's address to Prince of Wales on opening of Out-patient Block, 169; report for 1906	148
Trichiasis, treatment of, by Dr. T. H. Butler	5
Triples, case of, with illustration	109
View day, with illustration	135
West London Med.-Chir. Society, inaugural meeting and address on Art and Medicine, by Dr. L. Mark	37
"When all the world was young," an incident, by J. E. H.	153
"When the ward is still," verses, by H. A. L. R.	75

St. Bartholomew's Hospital



JOURNAL.

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OCTOBER, 1906.

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St. Bartholomew's Hospital Journal,

OCTOBER 1st, 1906.

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

Calendar.

Mon., Oct. 1.	—Annual Dinner of Old Students. Winter Session begins.
Tues., " 2.	—Dr. West and Mr. Bruce Clarke on duty.
Fri., " 5.	—Dr. Ormerod and Mr. Bowlby on duty. Second Examination Conjoint Board begins.
Mon., " 8.	—Final Examination Conjoint Board begins. Special Lecture, 1 p.m. Mr. Eccles. "Claw Hand and Hammer-toe."
Tues., " 9.	—Dr. Herringham and Mr. Lockwood on duty.
Wed., " 10.	—Clinical Lecture, 2.45 p.m. Mr. Bowlby.
Fri., " 12.	—Dr. Tooth and Mr. D'Arcy Power on duty. Clinical Lecture, 1 p.m. Dr. Norman Moore.
Mon., " 15.	—Special Lecture, 1 p.m. Dr. Lewis Jones.
Tues., " 16.	—Dr. Norman Moore and Mr. Cripps on duty.
Wed., " 17.	—Clinical Lecture, 2.45 p.m. Mr. D'Arcy Power. "Pericolicitis; its Symptoms and Treatment."
Fri., " 19.	—Dr. West and Mr. Bruce Clarke on duty. Clinical Lecture, 1 p.m. Dr. West.
Mon., " 22.	—Special Lecture, 1 p.m. Dr. Fletcher.
Tues., " 23.	—Dr. Ormerod and Mr. Bowlby on duty.
Wed., " 24.	—Clinical Lecture, 2.45 p.m. Mr. Bowlby.
Fri., " 26.	—Dr. Herringham and Mr. Lockwood on duty. Clinical Lecture, 1 p.m. Dr. Ormerod.
Mon., " 29.	—Special Lecture, 1 p.m. Dr. Lewis Jones.
Tues., " 30.	—Dr. Tooth and Mr. D'Arcy Power on duty.
Wed., " 31.	—Clinical Lecture, 2.45 p.m. Mr. D'Arcy Power. "Duodenal Perforations."
Fri., Nov. 2.	—Dr. Moore and Mr. Cripps on duty. Clinical Lecture, 1 p.m. Dr. Herringham.
Mon., " 5.	—Special Lecture, 1 p.m. Dr. Garrod.
Tues., " 6.	—Dr. West and Mr. Bruce Clarke on duty.
Wed., " 7.	—Clinical Lecture, 2.45 p.m.
Thurs., " 8.	—Primary Fellowship begins.

To Freshmen.

THIS month once more we extend our welcome to the Freshmen among us. We trust that their number will be reasonably large, we feel sure that their quality as students, and subsequently as practitioners will be such as to preserve and enhance the traditional reputation of the Hospital. Last year in these columns we quoted the characteristics of the students of the various London Medical Schools as seen by a daily paper. Bart's men, we were told, possess more "side" than any other students. By all means let this be so, but let the "side" take the form of a high opinion of our Hospital rather than of ourselves. However brilliantly clever we, as students, may be, a little reflection on the lives of those who have preceded us at the Hospital during the past centuries, on the benefits they have conferred upon humanity and on their manifold contributions to medical and general knowledge, will soon serve to lessen our self-conceit and to show us that to add our names to such a roll of fame requires a life-long devotion to our work. "Whatsoever thy hand findeth to do, do it with thy might" is written over the entrance to the Medical School, and the Freshman can find no better advice to adopt either in work or in play. It is enthusiasm to undertake and energy in carrying out some piece of work which will lead to its most satisfactory accomplishment, and he who can exhibit sufficient enthusiasm and energy on behalf of the Hospital will be permitted to indulge in a little self-pride without being told by his friends that he is putting on side.

With regard to his work we have little advice to offer the Freshman. There are the tutors, Mr. Waring, Dr. Garrod, and Dr. Drysdale, to whom he can apply when in difficulties. At present the work of these is somewhat handicapped by the fact that they have no official hours and no official home, so that the harassed student may find it difficult to discover his tutor; the Dean and Warden, however, are generally accessible and ready to advise. Further, the Freshman

should have no hesitation in seeking for information from the Demonstrators in the various subjects, these he will find always ready with advice and instruction if approached in the right way. The Demonstrator only gets irritable with the student who fails to do the necessary minimum of work, and occasionally with the first-year man who desires to argue with him on abstruse points of pathology, instead of endeavouring to learn his anatomy or biology.

Of the winter clubs notices will be found in another column; every Freshman should early find out his secretary and take part in the practice games. If any do not play we hope that when the Cup ties come round they will remember that they can help by looking on and shouting. There are many other clubs and societies, details of which can be found in the Students' Union *Year Book*. Perhaps we might call special attention to the Musical Society and the Amateur Dramatic Club, which deserve well in that they help to entertain others besides themselves. Both of these will be shortly commencing preparations for the Christmas entertainment, and will be glad of recruits.

Editorial Notes.

THE past year has seen many changes and improvements in the Hospital and Medical School. First, the two new operating theatres were opened, then the temporary outpatient department, which although only a shadow of the glories to come is yet a great improvement on the old quarters. Then there are the new chemical laboratories, with, at any rate, more room than the old ones, and more recently the physics theatre and laboratory have been completed. When the commencement of the next school year comes round we hope to be able to record that the new buildings are ready for occupation.

WE understand that a request has been made to the Governors to consider the possibility of placing on the top of these new buildings a five court or squash racquet court, as a means of open-air exercise for the junior staff. The life of a resident medical officer at any hospital is a great strain even on those of good physique, the hours are long and the work hard, and it is most important that they should be able easily to obtain a little outdoor exercise. The new operating theatres now occupy the only place where those who are confined to the Hospital precincts could formerly get an occasional game of play. It would be a matter of real importance to health if something of the kind suggested could be promised.

MEANWHILE the Governors have granted the use of a section of the basement of the new buildings for a Morris tube range. We trust that this will not only yield much pleasure to residents and others, but will result in a great improvement in the rifle club, with frequent successes at Bisley.

THE Treasurer, Lord Ludlow, during his stay at Homberg in the summer, paid a visit to Frankfort Hospital. He had the advantage of being accompanied by Professor Van Noorden and thus obtaining an insight into the working of the hospital and of German methods of administration.

THE Winter Session of the Abernethian Society opens on October 4th when Dr. Norman Moore will deliver the Sessional Address on "Medical Books." We hope to see a large attendance, and feel sure that those who come will be amply repaid by an interesting and instructive address.

IN the Correspondence column we print this month two complaints. The first, from Dr. Rawlings, complains that there are not sufficient opportunities for meeting old friends at the Bart.'s entertainments. Most of what he says is very just and true, there has been a tendency of late years to exalt the entertainment and to cut down the intervals for conversation and refreshment to a minimum. At the Christmas entertainment, for example, this interval has recently been abolished. There are, however, certain meetings at which ample conversation can be indulged in, notably is this so at the dinners of the Contemporary Clubs, whilst the presence of more old students of the Hospital at the Students' Union Smoking Concerts would be welcomed.

IN this connection we may point out that a smoker will take place at the Crown Room, Holborn Restaurant, on Friday, November 2nd, at 8.30 p.m. Mr. Lockwood will take the chair, and several new features are promised. Tickets may be obtained from Messrs. Miles and Trevor-Davis, the Secretaries of the Union. A dance has also been arranged for December 7th at the Wharnclyffe Rooms.

WE might also remind the more-recently qualified that the first dinner of the Ninth Contemporary Club, embracing the decennium 1895 to 1905, will take place on Wednesday October 10th, at the Imperial Restaurant. There is still time for any who wish to come to let the Secretaries, Dr. Howell and Mr. Elmslie, know.

THE second complaint, from one who wishes to work during August, is also very true. Those who have duties at the Hospital during this month have to put up with many annoyances, and our correspondent's suggestions as regards the library, the time of closing the school buildings, and the method of doing the painting and cleaning are very pertinent.

WE were pleased to see Mr. Harmer about for a short time recently, looking as if his enforced holiday were resulting in a very great improvement in his health.

WE are glad to say also that the Rev. W. Ostle, Hospitalier, who has been so seriously ill, is now convalescent. We were pleased to see him in the Square the other day, and to hear that he will be able to get away for a

much-needed change abroad in a week or two. We hope that he will come back fully restored to health.

AN important alteration has been made in the arrangements for teaching midwifery. Up to now students have been obliged to attend Dr. Champneys' lectures before attending their cases on the district. It has been felt by the students themselves and by others that they would get much more benefit from these lectures if they could attend them later; from now, this arrangement will be possible. Dr. Williamson will, in future, give three courses of instruction in the year, each of twelve classes, and every student must attend these before he can attend his cases, but can postpone the lectures until later.

THE Special Committee appointed by the General Medical Council, and presided over by Sir John Williams, recently recommended that a period of instruction in a maternity hospital or in the maternity wards of a general hospital should be a compulsory part of the student's work before going up for his final examination. It seems, therefore, that we should be prepared in the near future for this regulation, and that the Medical School authorities should be prepared to enable students to carry it out.

WE may be permitted, perhaps, to point out that the City of London Lying-in Hospital is at present being re-built, and re-organised, that this is conveniently situated, and that the present visiting staff there consists of two former members of our staff. It would be a great convenience if it were possible to come to a working arrangement with this hospital, so that Bart.'s men might have a maternity department to attend which would be in a sense their own.

Herr A. G. Haltenhoff, B.A. (Berlin University), will hold a German class for medical men on Tuesdays and Fridays at 9 a.m. in room No. 12, Junior Resident Quarters, to begin Tuesday, October 9th. The class will be conducted to practise conversation, as well as the reading of medical subjects for the M.R.C.P. examination, etc. The fees per term of 12 weeks are £3 3s.

The Abernethian Society.

THE winter programme of the Abernethian Society commences on October the 4th with an address on "Medical Books" from Dr. Norman Moore. It is satisfactory to note that the list of papers to be read during the session includes the names of men of very varying standing at the Hospital, amongst others eight members of the Junior Staff. The tendency which has sometimes been observable to have a series of papers read by members of the visiting and teaching staff, though it may possibly raise the level of the papers, certainly detracts from the value of the Society as a *debating* society.

We would remind those that are fresh amongst us that this Society was founded in 1795 by John Abernethy, and thus is the second oldest medical society in London. At the present time all students become permanent members when they enter the Hospital. Even from the first they will find interest and instruction if they will attend the sessional and mid-sessional addresses, but most of the other papers are upon clinical medical and surgical subjects, and will not attract the student until he has passed his second examination. The objects of the Society are primarily to train every student to speak at a debate, secondly to encourage men to write and read their first contributions to medical literature, and lastly, to introduce papers containing original observations on any medical or surgical subject. This last is, in a sense, the least important section of the Society's work, but many valuable pieces of original work have been first described at its meetings in the past, and it is to be hoped that many more will be so in the future. Every Freshman, then, and every older student who is not already in the habit of attending the meetings, should early commence to do so. When he has something to say or some question to ask let him speak up, he will be welcomed, it is one of the avowed objects of the Society to give him the opportunity to speak. When he has an opportunity to undertake to read a paper let him accept it, the preparation and reading of it will be a most valuable lesson. But, in the meantime, let him listen to, and freely comment on, the works of others, and thus cultivate a spirit of scientific criticism which will stand him in good stead in his reading and throughout his medical career.

LIST OF PAPERS, SESSION 1906-7.

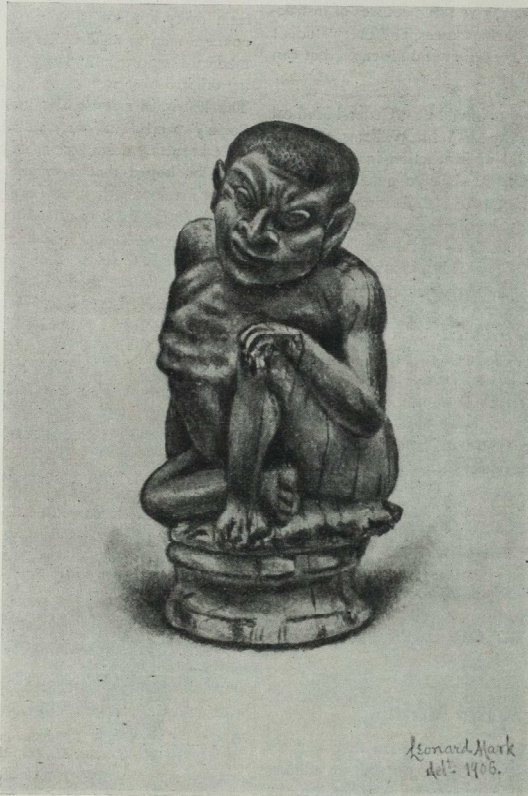
- July 5...C. B. Lockwood, F.R.C.S.—"Drill, Tactics, and Strategy in Surgery."
 Oct. 4...NORMAN MOORE, M.D., F.R.C.P.—"Medical Books."
 " 11...F. A. Bainbridge, M.D., M.R.C.P.—"Diabetes Mellitus."
 " 18...R. C. Elmslie, F.R.C.S.—"Some Points in the Treatment of Fractures."
 " 25...H. Morley-Fletcher, M.D., F.R.C.P.—"Will introduce a Clinical Evening on "Diseases of the Heart."
 Nov. 1...J. E. R. McDonagh, M.R.C.S.—"Skins."
 " 8...J. G. Priestley, M.B., B.Ch.—"Respiration."
 " 15...
 " 22...B. T. Lang, M.R.C.S., and others.—"Discussion on "Theories of Cancer."
 " 29...C. G. E. Simpson, M.B., B.Ch.—"Complications of Graves' Disease."
 Dec. 6...H. W. Wilson, F.R.C.S.—"On Urine."
 Jan. 10...H. H. Tooth, C.M.G., M.D., F.R.C.P.—"Inoculation against Enteric Fever."
 " 17...C. Gordon Watson, F.R.C.S.—
 " 24...A. H. Hogarth, M.B., B.Ch.—"The Medical Inspection of Schools."
 " 31...G. Gask, F.R.C.S.—"Will introduce a Clinical Evening on "Surgical Joints."
 Feb. 7...C. M. H. Howell, M.B., M.R.C.P.—"Hand Atrophies."
 " 14...R. Jamison, M.B., B.Ch.—"The Treatment of Stricture of the Oesophagus."
 " 21...F. Le Brocq, M.B., B.C., and others.—"Discussion on "Serum and Vaccine Treatment."
 " 28...W. G. Ball, M.R.C.S.—"On the Tongue."
 Mar. 7...L. T. Burra, M.B., B.Ch.—"Angio-Neurotic Oedema."
 " 14...Annual General Meeting.

Observations on an Antique Statuette of a Dwarf to accompany a Sketch made at the British Museum.

By LEONARD MARK, M.D.

ONE of the most interesting curiosities in the Græco-Roman Department of the British Museum is a small statuette carved out of ivory $4\frac{1}{4}$ inches in height, representing a dwarf in a crouching position, on a pedestal. It is, indeed, a work of art, but far from a thing of beauty, and it dates back to a period when the Greek arts were flourishing in Italy some seventeen centuries ago. But besides this it is interesting from a pathological point of view. The sculptor has given us a true presentation of a case of Pott's disease, and his work is so good that there is no doubt he must have copied his model very exactly. The little figure's chest is much deformed, bulging forwards, forming in front a well-marked pigeon breast; the shoulders are much raised, especially the right one, and the neck is deeply buried between them. Viewed from the front one has a typical example of a hunch-back, and one takes up the figure and turns it round expecting to find an angular curvature. There is none, however, but a careful inspection shows that the whole back is flatter than it should be. No doubt

the sculptor, after much time and pains spent in fashioning the front portion of the figure has found that he has been too lavish in using his block of ivory, so when employed with the back he has been obliged to do the best he could with what remained of his material. He has shown that he is a true artist. He has made the outline of the spine somewhat tortuous, really giving it a lateral curve, but producing the illusion of an angular curvature.



The figure's head is in a very good state of preservation. It has a very long antero-posterior diameter, and is very flat on the top. The face shows signs of most finished workmanship. It is most expressive. The huge pointed nose like a hawk's beak, with the large eyes sloping upwards on each side, and the deep furrows in the brow make it look very fierce. The big mouth and jaw, and the large pointed ears add to its grotesque appearance.

The lower portion of the figure has been rather damaged, and the various cracks and the discolouration of the ivory are the ravages of time. The pedestal has been slightly restored.

The legs are bent up under the figure. He is really sitting on the right one and the left is in front, the knee close up under the chin with the left hand placed upon it. They are rather short in proportions, and their position suggests the possibility of the individual having lost the use of them. The right arm is much mutilated, and part of the right hand has been lost. The left hand, although somewhat damaged, shows long narrow fingers like claws.

The left foot is also damaged, but the right, which is bent up under the figure, has been protected and is in good proportions.

This statuette formed part of the Towneley Collection which was bequeathed to the British Museum in 1805. Nothing is known about its previous history. Most of the other objects of the collection came from Italy. Sir Charles Newton, when keeper of the Greek and Roman antiquities

of the British Museum, the great authority on the Halicarnassian marbles, thought this figure to be the work of a Greek artist belonging to the later Greek schools during the third century, A.D. It was very rarely that the Greeks, with their love of the beautiful, ever attempted to reproduce any monstrosities in their sculptures, although they are now and then seen amongst the terra-cotta figures in the various museums. The chief interest in the present case is that it shows that the model must have had a definite affection which we recognise to-day as Pott's disease.

The writer's thanks are due to the officials of the British Museum for their kindness in supplying information, and for their courtesy in affording him facilities for making the water-colour sketch.

Prize List, 1905-6.

Luther Holden Research Scholarship in Surgery.—H. W. Wilson.

Lawrence Scholarship and Gold Medal.—G. C. E. Simpson.

Brackenbury Medical Scholarship.—P. L. Guiseppi, J. K. Willis, æq.

Brackenbury Surgical Scholarship.—R. H. Bott.

Matthews Duncan Medal.—Not awarded.

Matthews Duncan Prize.—D. W. Hume.

Senior Scholarship in Anatomy, Physiology, and Chemistry.—T. L. Bomford, H. H. King, æq.

Senior Entrance Scholarships in Science.—J. L. Joyce, R. Crawford.

Junior Entrance Scholarship in Science.—K. Bremer, W. C. Dale, æq.

Junior Entrance Preliminary Scientific Exhibition.—R. Pearse.

Junior Entrance Jeaffreson Exhibition.—C. A. Prada.

Junior Entrance Shuter Scholarship.—H. T. H. Butt.

Kirkes Scholarship and Gold Medal.—G. C. E. Simpson.

Willett Medal.—J. C. Mead.

Walsham Prize.—Not awarded.

Bentley Prize.—Not awarded.

Hichens Prize.—A. J. W. Cunningham.

Wix Prize.—K. Macfarlane Walker.

Harvey Prize.—T. S. Lukis. *Certificates.*—A. P. Fry, G. R. Lynn.

Sir George Burrows Prize.—P. L. Guiseppi.

Skyner Prize.—E. A. Cockayne.

Practical Anatomy, Junior.—Treasurer's Prize.—1. W. C. Dale. 2. J. W. Adams. 3. A. L. Moreton. 4. R. Pearse. 5. A. Ferguson.

Practical Anatomy, Senior.—Foster Prize.—G. R. Lynn.

2. R. R. Smith. 3. A. L. Weakley. 4. A. P. Fry.

Junior Scholarships in Anatomy and Biology (1906).—

1. W. C. Dale. 2. K. C. Bomford.

Junior Scholarships in Chemistry and Histology.—1. K. C. Bomford. 2. K. Bremer.

The Treatment of Trichiasis.

By T. HARRISON BUTLER, M.D.

CASES of trichiasis may be divided into three groups. Those caused by entropion, those caused by the growth of adventitious lashes in a false position, the so-called "distichiasis," and, finally, trichiasis caused by a combination of these two causes. The last group contains the largest number of cases which require treatment in a land where trachoma is endemic.

Trichiasis may be found at any age from three years or younger to seventy. It may exist in any degree of severity. In the severe cases all the lashes may sweep the globe, and the palpebral slit may be contracted by conjunctival atrophy and tarsal contortion till the eye is almost immobile. In the slight cases partial entropion may invert a few lashes, or there may be only one or two misplaced cilia which touch the cornea.

Trichiasis may cause little or no trouble. I have seen many cases in which, though a whole row of cilia scraped over the cornea, the patients have refused to allow an operation, declaring that there were no hairs in the eye. On the other hand one or two lashes touching the cornea of sensitive individuals may cause great pain, lachrymation, and irritation.

Very often a complete secondary row of lashes grows from the inner margin of the lid sweeping the globe. In these cases an ordinary splitting operation is very difficult.

The first object of a trichiasis operation must be to effect a permanent cure. The second object to remedy the defect without causing lagophthalmos or other deformity.

Trichiasis operations naturally fall into two groups:—Those in which the tarsus is split from the edge, and those in which it is divided transversely. There is a third group of operations only applicable to trichiasis localised at the canthi.

Operations in which the tarsus is not attacked need not be considered for in any but the most trivial cases they are quite ineffective.

After performing over a thousand operations for trichiasis I have found that the following methods meet all cases:—Van Millingen's, Snellen's, a modified Spencer-Watson, and simple excision with a lip graft. The last two operations, which I have fully described in the *Ophthalmoscope* (vol. iv, No. 7, p. 377), are only applicable to special cases.

The "splitting operations" which I have tried are, the Jaesche-Arlt operation, a combination of Arlt's operation with Hotz'; Waldhauer's operation and Van Millingen's operation.

I have given the simple Jaesche-Arlt operation a very full trial and have found it only useful in slight cases. In severe cases the tarsus is thickened, often to an enormous extent—I have seen it at least 3.5 mm. thick. There is much more cicatrization at its ocular than at its outer surface, and in

consequence it is in tension, and has a constant tendency to spring inwards. This tendency is more marked on its inner aspect. When the lid is split the inner lip contracts and in-curve; in consequence the outer lip, bearing the cilia has no support even when the skin has been shortened, and the cilia tends to drop inwards. A large gap is left which closes by cicatrization. This cicatrix contracts and draws the lashes inwards again. For this reason these operations are often in severe cases a failure from the first, and, even if the first result is good, they soon relapse. I have known an apparently good case return in a month to be permanently cured by Van Millingen's operation. In order to remedy this defect I made the split more oblique, so as to completely detach the lash-bearing edge, I then stitched it down to the tarsus higher up in such a way that the lashes pointed rather upwards at first, combining the procedures of Arlt and Hotz. The results of this modification were good as regards permanent cure, but a large gap was left, and much thickening resulted from the healing process. J. W. Barrett, of Melbourne, has highly recommended this operation, and he stitches the inner lip to the lower lid for a day or two to keep the gap open for a longer time (vide *Ophthalmoscope*, vol. ii, No. 9). After performing this operation a large number of times I have completely abandoned it on account of its bad cosmetic effect.

In Walhauer's modification of the Jaesche-Arlt operation the split is made obliquely so as to detach the lower edge of the outer lip of the split, and the piece of skin removed is left attached at its extremities and pushed down into the split. It is adjusted in place and readily grows there. The first result is excellent. So good is it that I was at one time led into performing the operation a large number of times. But after a few months nearly all the cases returned. In all of them the hairs in the skin-graft had hypertrophied and the artificial trichiasis induced was as bad as the primary condition. In a few of the cases the skin-graft had become much broader, pushing up the lashes and causing a very ridiculous effect. In all these cases I was obliged to cut out the skin and substitute a lip graft. At the present time cases come to the hospital in which the operation has been performed outside, always with the same result. It may be laid down as a rule without exception that skin may, in no case, be grafted into the lids internally to the lashes. It will always cause a secondary trichiasis.

Van Millingen's remains the only satisfactory splitting operation. After performing it a large number of times I have concluded that it is by far the best of all operations for trichiasis. It is especially indicated where there is conjunctival atrophy, where the tarsus is short, and in relapses from other operations, especially from Snellen's. It is perhaps rather a severe procedure in very slight cases, and it takes a long time to perform, a consideration in the East, where at certain times of the year there may be thirty lids to be treated in one day!

The operation is performed in the following manner:—The patient should a fortnight before be instructed not to epilate his lashes. He should be anaesthetised, and the cilia cut quite short from both upper and lower lid. The lids should be disinfected by being washed with warm water and soap, with alcohol, and with a solution of biniodide of mercury, 1-500. A Snellen's clamp is now inserted backwards and the lid everted. A very much better clamp for the purpose could be constructed, but Snellen's suffices. The lid is now carefully split from end to end of the clamp, the clamp is removed, and the split continued outwards and inwards into the skin surface at each canthus. It may be carried 1-2 mm. into the skin, and deepened to 7 mm. It is absolutely essential that the split shall be long and deep, so that it loses its tendency to close and gapes naturally. If the trichiasis extends to the canthi the split should be carried well into the skin at each end. Any vessel seen to be spouting should now be twisted. The clamp is now inserted in its natural position, and a piece of skin removed from the lid exactly as in the Arlt operation. Its breadth will depend upon the amount of loose skin in the lid. In many cases it is unnecessary to remove any at all. The skin wound is now sewn up and the clamp removed. As soon as the bleeding from the split tarsus has ceased the inner lip should be carefully examined with a lens to detect hair follicles. Should any be found they must be excised with scissors. If any roots are left behind they will grow and appear between the inner lip and the graft, in a very undesirable position. The patient should now be well under the anaesthetic. A pad of wet wool is placed inside the lower lip, which is everted and compressed at each end between the fingers and thumbs of the assistant. With a sharp knife a graft 2.5 mm. broad and as long as the split is marked out and detached with a pair of sharp scissors. While the assistant sews up the lip wound the graft is spread on the back of the hand, and the submucous tissue removed with curved scissors. If there is now no bleeding from the wound it is gently scraped to provoke a little haemorrhage, and the graft adjusted in place. It should be gently pressed till the blood has coagulated under it and has luted it down. Should there be trichiasis at the canthi the graft must be long enough to enter the skin. As soon as all haemorrhage has ceased the graft is gently wiped clear of blood-clot, and the eye irrigated with boracic lotion or normal saline. The lower lid must now be well greased with boracic vaseline to prevent any possibility of the graft adhering to it. A piece of well greased oil silk is used as a dressing. The dressing should be removed after twenty-hours. The greatest care must be taken that the graft does not adhere to the dressing, which should be removed by the surgeon himself. The eye should be kept covered for four days or the graft may become desiccated. If these precautions are followed the graft will almost invariably adhere. If the

lid be insufficiently split the graft may be squeezed out of place. If at the first dressing it is found that this has happened the split should be reopened and the graft inserted again. It has a most extraordinary vitality, and this procedure is generally successful. After a very few days the graft can hardly be distinguished from the conjunctiva. The only failure that is common is the appearance of one or two lashes internal to the graft. These lashes must be removed by two curved incisions, which include the lashes, and are deep enough to enable the root follicle to be excised. If the lid be tightly held in Grady's forceps the operation is almost painless.

If it is decided to perform the operation on a case of distichiasis where the lashes spring from the extreme inner margin of the lid, an extremely common state of things, the split must be made first in a transverse direction, and then parallel to the lid surface. In this case there will be several root follicles on the inner lip. These must be removed. Van Millingen's operation is perhaps not best suited to these cases, but there is often so much atrophy that Snellen's operation would inevitably produce lagophthalmos.

The chief operations in which the tarsus is divided transversely are Snellen's, Panna's, and Burow's.

I have found that Panna's operation, though very efficient, causes much ugly thickening, and in cases where there is much atrophy the lash-bearing fragment is liable to slough.

Burow's operation is liable to an early relapse. The tarsus is divided from the inside, and the contraction of the cicatricial tissue formed draws the lashes inwards.

Snellen's operation, as modified by Cant, has been performed in the British Ophthalmic Hospital, Jerusalem, considerably over ten thousand times. In selected cases it gives an excellent result, and the cosmetic effect is almost always good. In fact, in the majority of the cases it is difficult to tell that an operation has been performed. In order that it may be successful it is necessary that the tarsus be of good breadth, the operation must on no account be repeated, and there must not be conjunctival atrophy. If the trichiasis extends to the canthi the operation must be combined with canthoplasties at either or both angles.

The objections to the operation are that a considerable number of the cases relapse, and if the tarsus be short, or the operation be repeated, lagophthalmos results. If there is much atrophy the lower fragment may slough wholly or partially. A canthoplasty does not seem to render sloughing more frequent.

Cant's modification of the operation is performed as follows:—Snellen's clamp is inserted, and the skin divided from one end of the clamp to the other, close to the lid margin. A second incision is carried through the skin at a height above the first which is gauged by the amount of

loose skin in the lid. The piece of skin between the two incisions is removed. It is generally about 3.5 mm. broad. The skin is now reflected upwards, cleaning the tarsus and removing the fibres of the orbicularis.

The cartilage is now incised from one end of the clamp to the other, close to the roots of the cilia, and the incision is carried down to the conjunctiva. A second incision is made parallel to the first from one to two millimetres above it. This incision is also carried down to the conjunctiva. The narrow strip of tarsus included between the two incisions is now removed with scissors, leaving a long trough whose floor is formed by the conjunctiva.

The lower cilia-bearing fragment is now sutured to the tarsus above the trough, as in Hotz's operation, by four sutures. These sutures may or may not include the skin. When the sutures are tied after removing the clamp the cilia will all be everted. In very slight cases the piece of tarsus removed may be a mere shaving, or one incision may suffice.


The first incision must not be made too close to the roots of the lashes or they may fall out and cause alopecia; on the other hand the nearer the trough is made to the margin of the lid the better the eversion.

Van Millingen's and Cant's operations are applicable to most cases of trichiasis. For slight cases Cant's is better. It takes a shorter time, the cosmetic effect is certain, and it is a much less formidable operation. On the other hand it weakens the tarsus and shortens it. The trachoma also tends to shorten the tarsus. In severe cases or where the trachoma is still progressive it should not be done. Van Millingen's operation on the contrary lengthens the conjunctiva which is being shortened by the disease. It removes nothing, and so it can be applied to all cases. Cant's operation is very prone to recurrences. So far I have never seen a recurrence from Van Millingen's. They probably occur as the disease progresses, but the operation can be repeated. It must be borne in mind that in the East babies in the first year of their life may have pronounced follicular trachoma; at three they may have trichiasis. In such cases where the tarsus has a lifetime in which to shrink and curl inwards no operation which removes tissue should be performed. For children Van Millingen's operation should always be chosen.

For trichiasis of the lower lids I always perform Snellen's operation exactly as for the upper lid. If, however, as is often the case in young children the lids are much rolled in, Panna's elastic operation must be adopted. It gives good and permanent results with little or no deformity.

In certain cases where there is much atrophy combined with entropion of the upper lids Van Millingen's operation might be first performed, and later on be followed by Cant's. My patients have, so far, not had sufficient patience to allow me to try this method.

Books.

 E trust that the following list of books will be of use to some among Freshmen and possibly to some older students. Those given below are for the subjects studied during the first two years. They are the text-books and practical manuals recommended by the lecturers and demonstrators, and in most cases are required more or less constantly in the classes. In the selection of his books on the further sections of his work the student has a wider choice, and here some words of advice may be of use.

In general he will find it advisable to select in each subject a text-book of considerable size, that is one which deals with the subject at length and not in condensed form. The ease and pleasure with which any section of medicine or surgery is read varies, up to a certain point, directly with the length of the article dealing with it. To read the section on Tumours in a short surgical text-book, for example, to read the forty pages on this subject in Rose and Carless, is to many a far more laborious task than to read the whole of the five hundred odd pages of Bland-Sutton's work on this subject. The latter may be taken up and read for pleasure, and will be found as interesting and entertaining as a good novel, whereas the former consisting of cut-and-dried facts reduced to the shortest comprehensible form, is heavy reading to one who has not a preliminary knowledge of the subject.

The short, pithy text-book, however, has its uses, it is specially required for revision. The student who has already obtained a good general knowledge of his subject is rapidly reminded of all its points by reading through such a book in the last months or weeks before an exam., in fact under these circumstances the use of a "cram book" may even be justifiable or advantageous. The cram book might be defined as a work which is compressed until it is not comprehensible, except to those who have already a knowledge of the subject. It might, no doubt, be possible to reduce many sections of medicine and surgery to within the compass of a cram book and keep them accurate and intelligible; but this class of work does not generally attract the best of authors, consequently inaccuracies creep in, and these books above all others require to be read in a critical spirit, and their contents must not always be accepted as gospel.

Let our advice then be, read widely, read monographs, you will naturally get a subject treated in the most accurate and most interesting manner by one who has made a special study of it; leave the study of short text-books for the revision of the subject later, you will then find them easier to get through, and you will read them with a more critical spirit. It may be urged that extensive reading means extensive buying of books, but this is not necessarily so, from

circulating libraries, especially from Pentland, and from Lewis of Gower Street, most of the classical monographs and of recent works on all subjects can be obtained, the subscriptions being very moderate considering the conveniences granted. With the assistance of these the student can manage to read very widely and yet spend comparatively little money on books, and he need only purchase those works which he thinks he would like to have always by him.

BIOLOGY.

(a) Students for the Conjoint Board Diploma.

1. Mitchell's *Outlines of Biology*.
2. Foster and Shore's *Physiology for Beginners*. (Macmillan, 2s. 6d.)
3. Marshall, *On the Frog*.
4. Marshall and Hurst, *Junior Practical Zoology*. (Smith, Elder, 10s. 6d.)

(b) Students for the Preliminary Scientific, London.

5. Bourne's *Comparative Anatomy of Animals*.
 6. Scott's *Structural Botany*.
- In addition to 3 and 4 above.

(c) For reference.

- Vine's *Text-book of Botany*. (Swan Sonnenschein.)
 Balfour's *Comparative Embryology*. (Macmillan. 2 vols., 18s. and 21s.)
 Marshall's *Vertebrate Embryology*. (Smith, Elder. 21s.)
 Howes' *Atlas of Practical Elementary Zoology*. (Macmillan. 10s.)

PHYSICS.

- Deschanel's *Physics*, or
 Ganot's *Elementary Treatise on Physics*. 15s.
 Watson's *Textbook of Physics*. (Longmans. 10s. 6d.)
 Sylvanus Thompson's *Elementary Lessons in Electricity and Magnetism*. (Macmillan. 4s. 6d.)

CHEMISTRY.

(a) Students for the Conjoint Board Diploma.

1. Tilden's *Manual of Chemistry, Theoretical and Practical*. (Churchill.)
2. Shenstone. *The Elements of Inorganic Chemistry*. (Edward Arnold), or
3. Turpin's *Lessons in Organic Chemistry*. (Macmillan.)

(b) Students for the Preliminary Scientific, London.

4. Thorpe's *Manual of Inorganic Chemistry*. (Collins), or
5. Holleman's *Text-book of Inorganic Chemistry*. (Wiley), or 1 above.
6. Perkin and Kipping's *Organic Chemistry*. (Chambers. 7s. 6d.), or
7. Cohen's *Theoretical Organic Chemistry*. (Macmillan. 6s.), or
8. Holleman's *Text-book of Organic Chemistry*. (Wiley. 2 vols. 10s. 6d. each.)

9. Tilden's *Introduction to Chemical Philosophy*. (Longmans.)
10. Fenton's *Notes on Qualitative Analysis*. (Cambridge University Press.)

ANATOMY.


1. Holden's *Osteology*. (Churchill. 16s.)
2. Morris's *Treatise on Human Anatomy*. (Churchill. 30s.)
3. Cunningham's *Text-book of Anatomy*. (Pentland. 31s. 6d.)
4. Gray's *Anatomy*. (Longmans. 32s.)
5. Quain's *Anatomy*. (Longmans, Green, and Co. Eight parts and Appendix. £5 1s. 6d.)
6. Cunningham's *Manual of Practical Anatomy*. (Pentland. 2 vols. 21s.)
7. Box and Eccles. *Clinical Applied Anatomy*. (Churchill. 12s. 6d.)
8. Rawling. *Landmarks and Surface Markings of the Human Body*. (Lewis. 5s.)

PHYSIOLOGY.

1. Schäfer's *Text-book of Physiology*. (Pentland. 2 vols.)
2. Foster's *Text-book of Physiology*. (Macmillan. 4 vols. 10s. 6d. each. Appendix 7s. 6d.)
3. Halliburton's *Handbook of Physiology*. (Murray. 15s.)
4. Starling's *Elements of Physiology*. (Churchill. 12s.)
5. Klein and Edkin's *Histology*. (Cassell. 7s. 6d.)
6. Pembrey, Beddard, Edkin, Hill, and Macleod. *Practical Physiology*. (Edward Arnold, 12s. 6d.)
7. Keith's *Human Embryology and Morphology*, or
8. Minot's *Embryology*. (Macmillan.)

Obituaries.

REV. SIR BORRADAILE SAVORY, BART., M.A.

 T. BARTHOLOMEW'S has sustained a serious loss by the death, on September 12th, of Rev. Sir Borradaile Savory, in his fifty-first year, and a genial and lovable personality has passed away from us. Sir Borradaile's connection with the Hospital has all his life been a close one. The only son of the distinguished surgeon, who for so many years was an ornament to the Staff, he entered at Trinity College, Cambridge, graduating in 1879. Having a desire to take Orders he was ordained Deacon in 1880, a Priest in 1881, serving as curate at St. George's, Hanover Square, for seven years.

In 1887 he became Rector of St. Bartholomew-the-Great, and the real work of his life began.

The beautiful church, which is the choir of Rahere's old Priory Church, had been for many years in a sad state of neglect, but an important restoration had been carried out

before he entered into office, namely, that of the Apse, the work of Sir Aston Webb, R.A.

Under Sir Borradaile's rule the schools were rebuilt in 1889, the South Transept was cleared in 1890, the North Transept, Crypt, and Triforium in 1893, the Lady Chapel in 1895, and the Cloisters this year, 1906. But his interest, though great, was not confined to the fabric of his church, for he will be long remembered by his parishioners as a pastor, sympathetic with distress, and generous to the poor. Especially will he be missed by the children, for whom he had a particular fondness. He was a chaplain of the Order of St. John of Jerusalem, 1890, and of the Volunteer Medical Staff Corps, 1896. He was much attracted by Freemasonry, and became Provincial Grand Chaplain of Buckinghamshire, 1898, and Grand Chaplain of English Freemasons, 1901.


He took a warm interest in the affairs of our Hospital. He was elected a Governor in 1896, and he served on the House Committee continuously from 1900 until last July, when he resigned.

He married in 1881 the daughter of Dr. Pavy, F.R.S., Consulting Physician to Guy's Hospital, and he is succeeded in the title by his only child William Borradaile.

Sir Borradaile had a jovial and boyish disposition, full of fun, ready to enter into all the amusements of young people, but beneath this lay a nature self-denying and religious, unobtrusively anxious to share the sorrows as well as the joys of his friends and parishioners.

His death leaves a gap hard to fill, and he is mourned by many warm friends.

DAVID HENRY GOODSALL, F.R.C.S.

 HE death of Mr. David Goodsall occurred suddenly on September 14th as the result of heart disease, from symptoms of which he had suffered since the early part of the present year. In him our Hospital loses a distinguished former student, and many members of the profession a staunch and excellent friend.

Left fatherless at an early age owing to the tragic death of his father, then a student at Bart's, from the results of a post-mortem infection, Goodsall was first apprenticed to a chemist in Aldersgate Street. Later he became a student at Bart's, acting throughout his student days as assistant to Mr. Ingleby, who practised in Finsbury Square. From September, 1869, to April, 1870, he held the post of Resident Midwifery Assistant, passing on soon afterwards to the post of House Surgeon at St. Mark's Hospital. Here his merits were evidently immediately realised, as he was elected an Assistant Surgeon only a year later, and in 1888 he became a full Surgeon, remaining on the Staff until 1903, when he retired, having reached the age limit.

The other hospital with which Mr. Goodsall was closely associated is the Metropolitan, where he was elected Sur-

geon in 1872, became Senior Surgeon twenty years later, and kept up his work to the last, having visited the hospital on the day of his death. For many years he had been on the Committee of Management, and since 1888 had acted as Trustee. Mr. Goodsall had also been surgeon to St. Saviour's Hospital for several years.

Of his contributions to surgical literature the best known is his *Diseases of the Anus and Rectum*, in two volumes, written jointly with Mr. W. E. Miles, and embodying the results of the long experience and previous investigations of its author. Many other papers on Rectal Disease were contributed from time to time to the Hospital Reports.

Mr. Goodsall was an excellent man of business. He took an active part in the management of the two hospitals with which he was associated, was for many years a Director of the Western Telegraph Company, and above all took an active part in the conduct of the Medical Society. Of the latter he was Chairman of the House and Finance Committee for nineteen years and Honorary Treasurer for ten years.

The New Public Health Course.

HERE has recently been a complete revision of the arrangements in the Medical School for instruction in Public Health, especially in the provision of a full course qualifying for all the various examinations for the Diploma in Public Health. It is well known that the diploma (D.P.H.) is a necessary qualification for men going in for State medicine, or for those desiring to obtain holiday posts as medical officers of health. But it is also a useful qualification for the general practitioner, as year by year the prevention of disease becomes an increasingly important section of general medical work. Hitherto it has not been possible to take the entire course for these examinations at Bart's; now however, thanks to recent changes, things are different.

In a general way it may be said that the twelve months' course in public health work is capable of division into four sections, and in each of these the requirements are now abundantly supplied in connection with the Hospital and Medical School. First there is the six months' laboratory work divided into

1. CHEMISTRY IN RELATION TO PUBLIC HEALTH.—A three months' course of practical instruction and lectures dealing with the methods of analysis, the examination of air, water, food and beverages, sewage effluents, disinfectants, etc., food preservatives, and the purification and softening of water. Dr. W. H. Hurlley, the lecturer on Chemistry, arranges the instruction in this section, the course being repeated three times yearly.

2. BACTERIOLOGY AND THE SPECIAL PATHOLOGY OF

PREVENTIBLE DISEASES, WITH GENERAL MICROSCOPY.—A three months' course of instruction, arranged by Dr. Andrews, and consisting chiefly of practical work, including in addition to the general methods of bacteriological investigation, and the investigation of the organisms of specific diseases, the bacteriology of water, air, milk and other foods, soil, sewage, etc., infection and pathology of infective diseases, and of diseases of animals communicable to man, fermentation, disinfectants, and filters, immunity and serum therapy, and general microscopy of food-stuffs, clothing materials, water deposits, etc.

This class is also repeated as a rule three times a year; the next courses in chemistry and bacteriology will commence early in October. In addition Dr. Klein delivers a special course of lectures in bacteriology during the Summer Session.

In the second place Dr. Womack, the Lecturer on Physics, has arranged a special course of demonstrations in—

3. PHYSICS IN RELATION TO PUBLIC HEALTH, including the application of the principles of physics to warming, ventilation, water supply, drainage, and other questions of public health, meteorology, including the construction and use of meteorological instruments, the effect on health of season and climate, and vital statistics, principles and methods, the construction of life-tables, etc.

4. INSTRUCTION IN FEVER HOSPITAL AND OUTDOOR SANITARY WORK.—Thirdly, arrangements have been made for the necessary course of outdoor sanitary work under a medical officer of health and clinical instruction in a fever hospital. Some men prefer to enter as clinical clerks to the hospitals of the Metropolitan Asylums Board, whilst others find it more convenient to take out the necessary fever course at Croydon, West Ham, or in other hospitals.

5. A COURSE OF LECTURES ON SANITARY LAW AND ADMINISTRATION is given by Dr. G. Newman, the Medical Officer of Health for Finsbury, and Consulting Medical Officer for Bedfordshire. This is a necessary class which it has not been possible hitherto to obtain at Bart's. It will concern various practical subjects, including sanitary engineering, and the lectures will be delivered at such times as suit the convenience of students.

The whole of the new course has been carefully organised, and is now one of the most complete in London. It is hoped to build up a school of public health and preventive medicine second to none in the metropolis. It should be added that this course is in addition to the ordinary lectures on public health which are given in the Summer Session for men in their fourth year. These lectures are now given by Dr. Newman, who has succeeded Dr. Hamer, and who is now acting as Director of Public Health Studies, and from whom information may be obtained respecting the course and the examinations of the various bodies granting a diploma in public health.

St. Bartholomew's Hospital Students' Christian Association.

THE medical student, although he is popularly supposed to be a moral degenerate and somewhat lacking in the "religious sense," must be ascribed the honour of having commenced organised religious work among students in this country. It is now nearly sixty years since such work was first begun, and during all that time Bart's men, both as students and as qualified men, have taken as prominent a place in this work as they have in the profession of which they are members. From very small beginnings a very large movement has resulted, and to-day, in this country, there are Christian Associations in 121 Colleges and Universities with a membership of over 4500, and, in the world at large, there are federated together in a brotherhood of Christian students nearly 105,000 representatives of forty different countries.

The Medical Prayer Union originally comprised two sections, a senior for qualified men and women and a junior for students, has allowed itself, so far as its student work is concerned, to be absorbed into this general organisation which, in this country, is known as "The Student Christian Movement," and the Christian Association at St. Bartholomew's, as in other hospitals, has affiliated itself to this organisation, and by so doing, in common with all other colleges, has taken, as its basis of membership, a belief in Jesus Christ "as Saviour, as Lord, and as God." It is particularly desirable that medical students, when they are qualified, should still keep in touch with the old Hospital Christian Association, and for this object, and in order that members of the profession who are keenly interested in Christian work should have an opportunity of Christian fellowship the one with the other, the Medical Prayer Union exists. Any qualified men who wish to join the Medical Prayer Union can gain further information on the subject by writing to the London Secretary of the S.C.M., 22, Warwick Lane, E.C., or to Mr. McAdam Eccles, 124, Harley Street.

Various meetings have been arranged in connection with the Christian Association this year. General meetings are held in the Library and commence at 5 o'clock. There is one exception to this; on Thursday, October 18th, we meet at the invitation of Mr. and Mrs. Eccles at their house in Harley Street. The meeting will commence at 8 o'clock. Lord Kinnaird and Mr. Hodder Williams will address the meeting.

On Thursday, October 4th, there will be an informal meeting, at which Mr. J. G. Gibb and Mr. Wenham will speak; and on the following Thursday, October 11th, Dr. Datta, of Calcutta and Edinburgh Universities, will speak on "The Problem of the Evangelisation of India."

On November 13th, 20th, and 27th, the Rev. P. N. Waggett, M.A. (the author of the "Scientific Temper in Religion") will speak on "Science and Religion."

All meetings are quite open, and any student will be heartily welcomed.

In addition to these general meetings several small conversational meetings for Bible study are held every week and men meet for prayer daily at 1.5 in the vestry of the Hospital Church. There are now upwards of fifty students at the Hospital who are members of our Christian Association. We hope that any Freshmen who may be interested in this movement will come to the meetings. Especially do we hope to see such at the meeting at 8 p.m. on October 18th, at 124, Harley Street.

The Secretaries for this year are Mr. H. H. King and Mr. R. G. Hill. They will be glad to give further details of the work of the Christian Association to any who are interested.

The Clubs.

RUGBY FOOTBALL CLUB.

Capt. 1st XV.—C. R. Hosking.

Sec.—H. B. Follitt.

Capt. 2nd XV.—F. J. Craddock.

This Club does not start the season with as good prospects as last year; but it is possible that this may lead to better results, for which there is room.

The six year rule comes into force this season; possibly it may improve the form of some Hospitals who run Internationals, and brilliant County Caps, who prefer games, and a somewhat doubtful and passing glory amongst their fellow students, to getting qualified within a reasonable time; but at Bart's it is very rare to find a man who wishes or can play in his sixth year. If he is not already qualified he is on the verge of it, and in either case it is very probable that he prefers to take his exercise in a less strenuous way, and, anyhow, does not wish to be forced into holding an official position, which in all probability he would be, as a senior member of the team; and it is not fair to him to be elected by men who do not realise the responsibilities of the post. For this reason we do not think that the six year rule will ever be popular at Bart's, nor be of any use to the football of the Hospital, and may, in fact, do harm.

At present nothing can be said of the new players as nothing is known. Of the old players, Coombs, Richards, and Gibson, out-sides, and nearly all the forwards remain, but a good half and two three-quarters are badly wanted. At present there seems no chance of any coming up; however, hope is not yet dead.

The fixtures for the season are much the same as last; but then we had a very large proportion of the 1st XV matches at Winchmore Hill. This year we pay the penalty by having most of them away.

Members are especially asked to remember that every match scratched without very definite recognised cause is a mark against us in the football world. It is very much better to go and be beaten well. Last year and the year before the 2nd XV were forced to scratch several matches, because players from both XV "scratched off" at the last minute. The result is shown of the 2nd XV fixture list for this season, which is a weak one.

ASSOCIATION FOOTBALL CLUB.

SEASON 1906-7.

This Club is looking forward to a season at least as successful as was last season, if not more successful still. We got into the Final of the Hospital Cup last winter, and only suffered defeat by 1 goal to none from Guy's. An attempt will be made this season to go one step further and bring the Cup to a resting-place on the Library

table, in company of the other trophies gained by the athletic prowess of the Hospital. To help to attain this object it is earnestly requested that all Freshmen who can play, or who ever kicked a soccer ball in their lives, will give in their names at once to either the captain, F. J. Gordon, or the Secretaries, F. L. Nash-Worham and W. M. Glenister, and having given in their names will turn up at Winchmore Hill for practice on Wednesday, October 3rd, and every Wednesday and Saturday afternoon in October.

List of matches arranged up to Christmas vacation:

Date.	Match.	Ground.
Oct. 20	Old Foresthillians	Forest Hill.
" 24	R.M.A.	Woolwich.
Nov. 3	Emeriti	Acton.
" 10	Wellingboro' Masters	Wellingboro'.
" 17	Old Quernmorians	Winchmore Hill.
" 21	R.N.C.	Greenwich.
" 24	Old Reptonians	Winchmore Hill.
Dec. 1	Central Technical College	Winchmore Hill.
" 5	Wellingboro' Masters	Winchmore Hill.
" 15	Old Foresthillians	Winchmore Hill.

After Christmas a fuller programme has been arranged, and the Cup ties will be played during February and March, 1907.

The 2nd XI has also a good list of fixtures for the season, and will attempt to regain the Junior Cup, which was lost last year after having been held two years in succession by us.

HOCKEY CLUB.

This Club has not many lost members to lament, the majority of last seasons players being still available. G. Viner will be the captain this year with G. K. Sylvester as Secretary.

The Club will endeavour to run three XIs again, and it is hoped that all Freshmen who wish to play will either give in their names to the Secretary or write them on the list appended to the Club board in the School buildings for that purpose.

D. M. Stone will captain the 2nd XI, and A. E. Gow the 3rd XI. Practice games will be arranged at Winchmore Hill on Wednesdays in the early part of the season.

As a rather ambitious list of fixtures has been arranged the Club hopes for the keen support of its players.

Date.	Opponents.	Ground.
Sat., Oct. 6	Broxbourne I	Broxbourne.
" " 13	Streatham I	Streatham.
" " 20	St. Albans I	St. Albans.
" " 27	Hendon I	Hendon.
Nov. 3	Croydon I	Croydon.
" 17	Berkshire Gentlemen	Reading.
Wed., " 21	R.M.A.	Woolwich.
Sat., " 24	Old Augustinians I	Malden.
" Dec. 8	Eltham I	Sidcup.
" " 15	Brockley	

Times of Attendance at the Hospital of the Physicians and Surgeons.

	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.
Dr. NORMAN MOORE	1.30	1.30	1.30	1.30	1.30	—
Dr. SAMUEL WEST	1.30	3	—	1.30	3	1.30
Dr. ORMEROD	1.30	1.30	—	1.30	1.30	—
Dr. HERRINGHAM	1.30	1.30	—	1.30	1.30	—
Dr. TOOTH	1.30	1.30	—	1.30	—	—
Mr. CRIPPS	1.30	1.30	2	1.30	—	—
Mr. BRUCE CLARKE	1.30	1.30	2	1.30	1.30	—
Mr. BOWLBY	1.30	—	1.30	1.30	1.30	—
Mr. LOCKWOOD	2	1.45	—	2	1.45	—
Mr. D'ARCY POWER	1.30	1.30	—	1.30	1.30	—
Dr. CHAMPNEYS	2	—	2	—	2	—
Mr. JESSOP	—	2.30	2.30	—	2	—
Mr. HOLMES SPICER	—	2	—	11	—	—

Times of Attendance of the Assistant Physicians, Assistant Surgeons, and Assistant Dental Surgeons at the Out-Patients' Rooms and in the Casualty Department.

	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.
Out-patients' Rooms.						
Dr. GARROD	—	1.30	—	—	1.30	—
Dr. CALVERT	1.30	—	—	1.30	—	—
Dr. MORLEY FLETCHER	—	—	1.30	—	—	1.30
Mr. WARING	—	1.30	—	—	1.30	—
Mr. ECCLES	—	—	1.30	—	—	1.30
Mr. BAILEY	1.30	—	—	1.30	—	—
Casualty Department.						
Dr. DRYSDALE	—	9	9	9	—	9
Dr. HORTON-SMITH HARTLEY	9	9	—	9	—	—
Mr. GASKIN FOR Mr. HARMER	9	—	9	—	9	9
Mr. RAWLING	9	—	—	—	—	—
Mr. ACKLAND	—	—	—	9	9	9
Dr. AUSTEN	9	9	9	—	—	—

Times of Attendance of the Physicians and Surgeons for Out-Patients' Special Departments, and of the Dental Surgeons and the Medical Officer in Charge of the Electrical Department.

	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.
Diseases of Women.						
Dr. GRIFFITH	—	—	9	—	—	9
Diseases of Children.						
Dr. GARROD	9.30	—	—	—	—	—
Dr. MORLEY FLETCHER	—	—	9.30	—	—	—
Diseases of the Eye.						
Mr. JESSOP	—	—	3.30	—	3.30	—
Mr. HOLMES SPICER	9	—	—	9	—	—
Diseases of the Ear.						
Mr. CUMBERBATCH	—	2	—	—	2	—
Diseases of the Throat and Nose.						
Mr. HARMER	—	2	—	2	—	—
Orthopaedic Surgery.						
Mr. ECCLES	1.30	—	—	—	—	—
Diseases of the Skin.						
Dr. ORMEROD	—	9	—	—	9	—
Electrical Department.						
Dr. LEWIS JONES	1.30	1.30	—	1.30	1.30	—
Dental Department.						
Mr. PATERSON	—	—	—	—	9.30	—
Mr. ACKERY	—	—	9.30	—	—	—
Mr. ACKLAND	—	—	—	—	10	—
Dr. AUSTEN	—	—	10	—	—	—

During the absence of Mr. Harmer, Dr. Jobson Horne will be in charge of the Department for Diseases of the Throat and Nose on Tuesdays, and Mr. Rose on Thursdays.

Time-table of Operations.

Theatre.	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.
I. (C.)	Mr. H. Cripps 1.30 P.M.	Mr. Lockwood after Mr. Cripps 1.30 P.M.	Mr. Waring 1.30 P.M.	Mr. H. Cripps after Consultations or at 1.30 P.M.	Mr. Eccles 1.30 P.M. Mr. B. Clarke 3 P.M.	Mr. Harmer 1.30 P.M.
II. (D.)		Mr. Cumberbatch 3.30 P.M.	Mr. Bailey 1.30 P.M.	Mr. Bowlby after Consultations or at 1.30 P.M.	Mr. Bowlby 1.30 P.M.	
III. (B.)	Mr. Power 1.30 P.M.	Mr. B. Clarke 1.30 P.M.	Mr. Rawling 1.30 P.M.	Mr. Power 2 P.M.	Mr. Lockwood 1.30 P.M.	
IV. (A.)	This theatre is reserved for emergency operations.				Mr. Cumberbatch 3.30 P.M.	
V. (Martha)	Dr. Champneys 1.30 P.M.		Mr. Cripps 2 P.M.		Dr. Champneys 1.30 P.M.	
VI. (Ophthalmic)		Mr. Jessop Mr. Spicer 2 P.M.			Mr. Jessop Mr. Spicer 2 P.M.	
VII. (Coborn)	This theatre is reserved for cases from Coborn Ward.					

A Case of Osteomalacia.

By Capt. W. H. CAZALY, B.A., M.B., B.S.Lond., I.M.S.

THE following case of what is known as a rare form of pelvic deformity obstructing labour may be of some interest:

The patient, a Maratha (Hindu) woman, was admitted to the Civil Hospital, Satora, on August 7th, 1906, at 3.30 p.m., suffering from obstructed labour. I was at once sent for by the Hospital assistant.

I found the patient in labour which had begun at 4 a.m., so that she had been in labour for twelve hours—a very long time for a native woman especially a multipara. A good many "dhais" or native midwives had already attempted to deliver her before admission.

She gave a history of six previous labours, the first four quite natural, the fifth difficult, and the sixth very difficult. She said she had been suffering from "rheumatism" for the last two or three years.

The patient was very deformed. The lower extremities were in a condition of extreme flexion, the thighs flexed on the abdomen, and the legs on the thighs. The limbs were fixed thus, and the bones appeared to be quite hard. Ex-


ternally over the sacrum was a well-marked depression. The vulva was extremely swollen and œdematous.

On vaginal examination the os was found to be fully dilated and drawn up over the head which was presenting. The head could not enter the brim of the pelvis, and was freely movable about it. There was an enormous caput succedaneum. The pelvis was a triradiate malacostean pelvis. The symphysis pubis was pushed forward and beak-shaped, and the pubic arch so narrow that it would only admit one finger. The promontory of the sacrum was easily felt, and also the tubera ischii. The pelvis would not allow the hand to be passed through it. The bones were not in the least pliable, but quite hard and fixed.

Cæsarian section was refused. Craniotomy was performed, and a small child with some difficulty delivered.

The general condition of the patient was such that I thought it best to postpone making exact measurements till the next morning, but the woman was removed from the Hospital by her friends in the night.

New Regulations for Dressers.

1.  WHEN the Surgeon to whom they are attached is not on full or half duty, the Dressers shall attend in the Surgery at 9 o'clock each morning (except Sundays) and dress the Casualty patients, under the direction of the House Surgeons. They shall not leave the Surgical Casualty Department until all the patients allotted to them have been attended to.

2. When the Surgeon to whom they are attached is on full duty or half duty, they shall attend in the Surgery at 9 a.m., and, under the direction of the House Surgeons, assist in the treatment of all the new Patients, and when these have been attended to they shall attend to the old patients to whom they are Dressers. No Dresser attached to a Surgeon on full or half duty shall leave the Casualty Department until all the new cases and the old patients to whom he is Dresser have been attended to.

3. They shall attend in the Wards of the Surgeon to whom they are attached immediately after their work in the Casualty Department has been completed; dress the cases and take the Clinical notes under the supervision and direction of the House Surgeons.

4. During the period of full duty two Dressers shall be especially detailed to assist in the treatment of all Casualties, and shall be on duty after the new cases have been seen in the mornings until 6 p.m. Also one Dresser shall be similarly detailed for night and shall be on duty from 6 p.m. until 9 a.m.

5. They shall attend in the Wards and Operation Theatres at the times when the Surgeon to whom they are attached is at the Hospital, and give such assistance as may be required of them.

Correspondence.

To the Editor of the St. Bartholomew's Hospital Journal.
THE SUDAN MEDICAL SERVICE

DEAR SIR.—In the July issue of the JOURNAL, p. 153, under the heading Health in the Sudan, you mention Drs. Waterfield, Nedwill, Fielding, and myself as constituting the whole of the medical service at present in the Sudan. May I venture to ask you to modify this in accordance with the facts, which are the following:—The Sudan Medical Department came into existence in March, 1904, in the natural course of events, the result of the peaceful development of a country which is finding that it may tentatively and gradually exchange a military administration for a civilian. It then consisted of a St. Bartholomew's man and Dr. Crispin, of King's College Hospital, nine or ten Egyptian and Syrian doctors, and a rudimentary staff of clerks and lesser employés for nine hospitals scattered about the Sudan. This department was presided over by the P.M.O.E. Army, the Medical Corps Egyptian Army having previously done the civil and the military work.

In October, 1905, the civil was altogether separated from the military department, the latter doing the work still in certain of the less advanced and remoter districts, the civil medical having a separate director. At the present time the Sudan Medical Department consists of six British doctors, four of whom are St. Bartholomew's men, and twenty Egyptian and Syrian, mostly graduates, from Beirut University, three chemists, a headquarter staff of clerks at Khartoum, hospitals and staffs for twelve civil hospitals, and one or two dispensaries located in various parts of the Sudan, some of them good and some not quite so good, but all of them useful.

Public health ordinances are about to be published for the Sudan generally.

A central Sanitary Board meets at intervals in Khartoum to advise on large sanitary questions or on anything of a medical character submitted by the Governor-General.

The Sudan Medical Department is organising a quarantine staff and station at Port Sudan, the new sea port, and Sudan Government quarantine regulations will soon come into force.

A railway branch of the department is being developed under the guiding influence of a St. Bartholomew's man, and it is probable that there will be further developments as time goes on.

I shall be glad if you will insert this letter in order to correct an impression which I myself perchance conveyed in the abstract you published.

Yours faithfully,
J. B. CHRISTOPHERSON.

KHARTOUM;
August 1st, 1906.

To the Editor of the St. Bartholomew's Hospital Journal.
THE BART'S ENTERTAINMENTS AND OLD BART'S MEN.

DEAR SIR.—Your hospitable columns are ever open to the just and unjust, to the discontented and querulous equally with the appreciative and admiring. It is in the capacity of a malcontent that I now venture to approach you.

I belong to the majority of old Bart's men who value their old friends, and in the hope of meeting them and holding converse with them, I have, during the last ten years, taken every available opportunity of attending the Bart's entertainments. In greater or less degree I have been disappointed every time. I have enjoyed the most charming entertainments—Theobald, Bacchanalian, Euterpean, and Terpsichorean—but have invariably been balked in my desire to spend an evening with my friends.

I take as an example the Old Students' Dinner in October. When getting rid of one's coat in the cloak room one shakes hands with several old friends, but cannot do more. From that time one is fixed in one seat within speaking distance of perhaps two men one knows, eating and drinking a most excellent dinner, and trying to catch the burden of even more excellent speeches made by one's distinguished confères. With the exception of the final half hour or so in the Library, one gets no other opportunity of talking with one's old friends, who, during dinner, have been widely scattered in the Great Hall.

Again, I went to the evening entertainment last View Day, when a very pleasant spectacle was provided, but I had absolutely no oppor-

tunity of speaking to a soul except the two friends I went with. Much as I enjoyed the evening, I was bitterly disappointed, seeing that my primary object in obtaining a *locum tenens* and spending a night in London was not that of seeing a demonstration of ancient dances.

What I venture to suggest, sir, is, first, that at the Old Students' Dinner the time devoted to speeches should be much reduced, and the freedom of the Library correspondingly lengthened; secondly, that, when practicable, the other entertainments should take more the form of the Café Chantant, in which the audience can move easily about the room during the evening. The exact nature of the entertainment itself is of small consequence, but let us old Bart's men have a chance of getting at each other throughout the evening. That, surely, is what we go to the entertainments for, and I cannot help thinking that we should come up much oftener if my suggestions were acted upon.

I notice with interest that your report of the Summer Concert in the current number of the JOURNAL contains the words, "The Great Hall was filled to overflowing . . ." and later, "That half hour's interval, with tea, coffee, and ices in the Square, which constitutes, perhaps, the most pleasant feature of the concert." I am sure, sir, that you are right, and that these re-unions would gain in popularity if the social element were increased at the expense of the spectacular and oratorial.

I am, etc.,
J. D. RAWLINGS.

DORKING;
August, 1906.

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

THE SUMMER VACATION.

DEAR SIR.—You, I will suppose, like all good Bart's men, are anxious to see the Medical School prosper. Here are some small points which impair the work of the student in August, and cause a discontent out of all proportion to their magnitude.

The Library is shut for the whole month. Why? There is a Librarian and an Assistant Librarian. Why not arrange that they should take their holidays separately. The shutting of the Library means for the student no place to read in, no books of reference on knotty points, and no text-books for his approaching examination in October.

The School, and therefore the workrooms and laboratories are shut at four o'clock. Why? There are always students who would like to work on some days up till six or even seven. If they are doing their duty in the wards, four to seven are the only hours they have for laboratory work.

Lastly, in the cleaning and painting of the School, which I agree are very necessary, there is no order or provision. A student leaves overnight some work on which he is engaged, and comes next day to find it all thrown away, because the workmen have appeared unexpectedly. There should be a notice posted in a conspicuous position giving at least twenty-four hours' warning.

In fact, sir, if you will look into the conditions of the student's life in August, you will, I think, agree with me that at present every encouragement is offered to men to leave the Hospital altogether during that month, and that a few very small reforms would make the workers who are detained in town more contented and more efficient.

AN AUGUST WORKER.

Books added to the Library during September.

Insomnia: its Causes and Cure. By Sir James Sawyer, M.D.
Selected Essays on Syphilis and Smallpox. Translations and Reprints from various sources. Edited by Alfred E. Russell, M.D.
Vol. xciv of the New Sydenham Society's Publications.

Reviews.

GASTRIC SURGERY: the HUNTERIAN Lectures, 1906. By H. J. PATERSON, M.A., M.B., B.C., F.R.C.S. (London: Baillière, Tindall and Cox.) Price 6s. net.

It is only in quite recent years that gastric disease in general has come to be recognised as falling within the province of the surgeon.

But progress has been so rapid, and has resulted from the individual efforts of so many, that it is difficult or impossible for the casual reader to gain a clear and unbiased insight into the subject. Mr. Paterson's efforts, directed as they have been to following up the results of operative interference not only in his own patients, but also in those of many other surgeons, yield an invaluable summary of the methods and results of gastric surgery at the present time. And although the method of collecting and tabulating cases, inevitably renders the work difficult to follow, none who are interested in diseases of the stomach will regret time spent on its perusal. Mr. Paterson's demonstration that the operation of gastro-jejunostomy has no appreciable effect on metabolism, and his criticism of Joslin's previous observations on this point are of the utmost importance, and should dispose of the chief theoretical objection to this operation, which bids fair to become the panacea for all non-malignant gastric disease. It is notable also that the author, on both practical and theoretical grounds, prefers the anterior to the posterior operation, in this differing from several of the greatest authorities; in his strenuous advocacy of a large opening, at least two inches and a quarter long, he, however, differs from none. The few illustrations are excellent, and an extensive table of particulars of cases is added.

APPENDICITIS, ITS PATHOLOGY AND SURGERY. By C. R. LOCKWOOD, F.R.C.S. (London: Macmillan and Co.) Second edition. Price 10s. net.

Although there are many additions the general arrangement of the first edition of this book has been retained. Although all must agree with Mr. Lockwood that the subject of appendicitis is not yet ripe for general treatment, yet the method of describing case after case clinically and pathologically renders the work difficult to follow and of little use except to the advanced student. As a scientific study of the disease, however, the book would be difficult to surpass. A new chapter has been added on "Appendicitis with Carcinoma," two microphotographs of primary carcinoma of the appendix are reproduced, but it is unfortunate that the second and most typical of these added on foreign bodies and intestinal parasites in the appendix, and the index has been elaborated and rendered very complete.

THE URETHROTOMIES AND KIDNEY CAPSULOTOMY. By REGINALD HARRISON, F.R.C.S. (London: John Bale, Sons, and Danielsson.) Price 2s. 6d.

This little book, giving in a small space and in a readable form the long experience of its author in urethral surgery, will be invaluable to those who wish to profit by this experience. The uses of the different forms of urethrotomy are set out shortly and clearly without any unnecessary discussion of obsolete and rejected methods. The short section on Kidney Capsulotomy will serve to call attention to the author's reasons for advocating this operation in certain cases of nephritis, though until a more extensive trial has been made the method must still be considered as in the experimental stage.

MEDICAL AND PHARMACEUTICAL LATIN. By REGINALD R. BENNETT. (London: J. & A. Churchill.) Price 6s. net.

As Prof. Greenish says, in his Introduction to the book, many students have forgotten much of their school knowledge of Latin by the time they commence the study of pharmacy. For this reason alone there should be a place for such a work as Mr. Bennett's. After a brief epitome of Latin grammar, and a list of the common abbreviations, a long list of prescriptions given both in the abbreviated and in the uncontracted form, and a useful Latin-English and English-Latin vocabulary are included; making the book suitable not only for those who have to prescribe, but also for those who have to dispense.

MANUAL OF MEDICINE. By T. K. MONRO. Second edition, demy 8vo, 1023 pp. and 41 illustrations. (London: Baillière, Tindall and Cox.) "University Series," 1906. Price 15s.

To the student of the art of medicine the proportions of some books on the subject are alarming, of others almost insignificant.

In his *Manual of Medicine* the author has hit a happy mean in a book which is, owing to his style of writing, very pleasant to read, and yet arranged in a manner so systematic as to preclude the omission of any important detail.

Nor is the book so large as at first sight it appears to be, since it is printed in excellent type, and besides the more purely "medical" conditions includes a section on diseases of the skin, while under the section on infectious diseases many conditions peculiar to the Tropics are mentioned.

The illustrations are for the most part careful reproductions of temperature charts, sphygmographic tracings, etc., explanatory of various points in the text.

It is a book we can honestly recommend, more especially perhaps to those who are clerking for the first time, as a sound and reliable "manual."

New Preparations.

J. H. HAYWOOD, SURGICAL MECHANICIAN, CASTLE GATE, NOTTINGHAM.

We have received from the above various forms of surgical stockings, trusses, and suspenders. Of the last we note a very efficient pattern known as "The Hammock." This possesses several advantages over the ordinary form of suspender, and obviates the tendency of the latter to become displaced by the addition of elastic straps passing under the perineum and over the buttocks.

The "Congo Truss" is covered with a soft absorbent material, which does not get hard after use like leather. The difficulty of cleanliness is apparently no objection, as the truss can be washed every day with a damp brush. In tropical climates this material should add considerably to the comfort of those compelled to wear a truss.

The Duplex Stocking is woven with a spiral thread of rubber, which is continuous throughout. The absence of any form of seam or binding is calculated to allow of the equal distribution of pressure. They are made in cashmere, wool, silk, and Egyptian thread.

Royal Army Medical Corps.

At the recent examination for commissions in the Corps, E. B. Lathbury passed ninth on the list.

The death is reported at Cawnpore, India, of cholera, of Lieut. Walter Hyde Hills, M.B., et. 28.

The correspondent of the *R.A.M.C. Journal* at that station writes—"I regret to announce the sudden death, from cholera, after an illness of only nine hours, of Lieut. W. Hyde Hills, on June 23rd. He was in perfect health and spirits the night before his death, which occurred soon after daybreak. His funeral was attended by all the officers of the garrison and many civilians, and was accorded full military honours. The deceased was a most popular and promising officer, and his death is deeply regretted by all who knew him. He is a loss to the corps to which he belonged, and to the profession also. He only arrived in India in January last.

On termination of the Promotion Course at the R.A.M. College Captains M. H. G. Fell and C. W. Mainprize are posted to the Western and Aldershot Commands respectively. After passing through the Course of Instruction at the Depot, R.A.M.C., at Aldershot, Lieut. E. W. M. Paine is posted to Netley; Lieut. A. S. Williams remains at Aldershot pending the next course at the R.A.M. College.

India:

Lieut.-Col. J. R. Dodd, F.R.C.S., is transferred from the Western to the Eastern Command; and Lieut.-Col. W. H. Starr from Secunderabad to Bangalore.

Lieut. Col. S. Westcott, C.M.G., is under orders for India during the coming trooping season; and Lieut.-Col. J. More Reid for Hong Kong.

Arrivals home on leave:

Capt. R. L. V. Foster (attached Egyptian Army) from Egypt.
Major H. A. Berryman from Gibraltar.
Major H. S. Thurston from North China.

Gazette notification—

Majors T. H. F. Clarkson (Tower of London) and H. B. Mathias (Peshawar), D.S.O., to be Lieut.-Cols.
Lieuts. R. M. Ranking (Hong Kong), M. G. Winder (Potchefstroom), and R. C. Willmot (Rangoon) to be Captains.
Lieut. E. W. M. Paine (Aldershot) is confirmed in that rank.

Examinations.

UNIVERSITY OF LONDON.

Preliminary Scientific Examination.

Biology.—F. H. B. Percival, H. E. Robinson, C. K. Sylvester, J. Tremble.

Organic Chemistry.—J. W. Adams, F. J. Anderson, K. C. Bomford, A. E. D. Clark, W. H. Dupré, H. J. Hacker, C. D. Kerr, A. L. Moreton, E. J. Storer, E. White.

The above lists were accidentally omitted from the September issue.

New Addresses.

ABERCROMBIE, J., Brough, Westmorland.
BARNETT, W. H., Radcliffe Infirmary, Oxford.
BISHOP, F. M., Hotel Royal, Varenna, Lake of Como.
BOYTON, E. T. A., 39, Woodgrange Road, Forest Gate, E.
CATHCART, G. E., Rawal Pindi, India.
CLEVELAND, J. W., Albany, Clarence Road, St. Albans.
CRAWFORD, S. E., Marton, New Zealand.
DEEBLE, W. D. C., Surg. Lieut.-Col., 60, Alma Road, Windsor.
DOUGLAS, A. R. J., Bellevue, Commissioner Road, Rangoon, Burma.
DOUTY, E. H., Winter: Cannes. Summer: St. Moritz-Bad.
Paris: 7, Rue St. Roch.

DUDLEY, P. HUGHES, 53, Valley Road, Spital, Chesterfield.
FREMANTLE, F., 29, Chester Street, Belgrave Square, S.W.
GLENNY, E. T., Essex and Colchester Hospital, Colchester.
GODDARD-SMITH, H., 5, Oakhill Road, Putney, S.W.
HARMER, W. D., Post Restante, Davos Platz, Switzerland.
JENNINGS, J. F., Ty-Bronna, Heath Drive, Hampstead.
LEFTWICH, R. W., 125, Kensington Park Road, S.E.
MAPLES, E. E., Bonny, Southern Nigeria.
MARTIN, E. L., 1, Marlborough Avenue, Hull.
MASTERMAN, E. W. G., English Hospital, Safed, Palestine.
MENZIES, J. H., 10, Wetherby Place, S.W.
MURPHY, J. K., 9, Weymouth Street, W.
NELIGAN, A. R., British Legation, Teheran, Persia.
OGLE, J. G., Tower House, Reigate Hill.
OLDHAM, Major B. C., I.M.S., Messrs. Grindlay and Co., 55, Parliament Street, S.W.
ROSE, F. A., 3, Upper Wimpole Street, W.
SCOTT, F. W., Southbourne, nr. Bournemouth.
WROUGHTON, A. C., R.M.O., Albany General Hospital, Grahamstown, South Africa.

Births.

CORNER.—On the 31st August, the wife of Albert Corner, M.R.C.S. Eng., L.R.C.P.Lond., of a daughter.
LISTER.—On the 19th August, at Terrington Lodge, King's Lynn, the wife of Septimus R. Lister, Surgeon, of a son.
MALIM.—On the 16th September, at Harrogate, the wife of Jeffrey Wentworth Malim, M.B., B.C., of a son.
MITCHELL.—On Sunday, the 26th August, at Eastgate House, Guildford, the wife of Arthur M. Mitchell, M.D., of a daughter.
ROBERTSON.—On the 30th August, at Althorpe, near Doncaster, the wife of J. F. Robertson, M.R.C.S., of a son.
WILLIAMS.—On the 26th August, at Smallburgh, Norwich, the wife of C. W. Williams, M.R.C.S.Eng., etc., of a son (prematurely).

Marriages.

BECK—POWELL.—On Saturday, the 25th August, at the Parish Church, Northwood, Middlesex, by the Rev. Basil C. Powell, brother of the bride, assisted by the Rev. C. H. Ayerst, Curate-in-charge, Edward Ashton Anthony Beck, M.A., M.B. Cantab., Bromley, Worcester, elder son of the Master of Trinity Hall, to Angela Lucy, youngest daughter of the late Very Rev. G. P. Powell, formerly Dean of Perth, W.A., and Vicar of Hoxton.
DUIGAN—BRIDGMAN.—On the 25th September, at the Parish Church, Marylebone, by the Rev. Bailey Saunders, M.A., Victor John Duigan, M.R.C.S., of East Dereham, Norfolk, son of the late John Philip Duigan, M.D., of Gainsborough, Lincs., to Mary Charlotte, only daughter of the late Joseph Bridgman, Esq., of Oaklands, Chester.

GAYNER—EDWARDS.—On the 28th August, at the Friends' Meeting House, Isleworth, John Stansfield Gayner, M.R.C.S., L.R.C.P. Lond., youngest son of R. H. Gayner, Beech Holm, Sunderland, to Alice Maud, youngest daughter of the late Edwin Edwards, of Plymouth.

MARTIN—EDWARDS.—On the 19th September, at Bingley, Edward Lister Martin, youngest son of the late Alexander Maughan Martin, of Singapore and Blackheath, to Ethel, third daughter of the late Canon Edwards and of Mrs. Edwards, Lea Bank, Bingley.

SHEWELL—ASTON.—On the 25th August, at the Parish Church of St. Mary's, Cheltenham, by the Rev. Edward Aston, Rector of Codford St. Mary's, Wiltshire, uncle of the bride, and the Rev. Canon Gardner, Vicar of All Saints', Cheltenham, Herbert W. B. Shewell, Staff Surgeon, Royal Navy, son of Major-General Shewell, to Georgina Maud, daughter of the late George Lyttleton Aston, of Rowington Hall, Warwickshire, and of Mrs. Aston, 2, Lansdown Terrace, Cheltenham.

WOOD—APPLEGATE.—On the 12th September, at Holy Trinity Church, Bradford-on-Avon, by the Rev. S. G. Collisson, Vicar, assisted by the Rev. W. Noel, B.A., and the Rev. W. N. C. Wheeler, M.A., William Vincent Wood, B.A. Cantab., M.R.C.S., L.R.C.P., of Wington, Somerset, son of Sir Henry Trueman Wood, M.A., to Meta Worsley, eldest daughter of Frank Applegate, Esq., J.P., of Woolley Hill House, Bradford-on-Avon.

Deaths.

CATTILIN.—On the 12th September, at 4, Westbourne Terrace, Hove, Sussex, William Cattilin, M.R.C.S.E., eldest son of the late W. A. N. Cattilin, P.R.C.S.E., aged 68. Friends will please accept this, the only intimation.
GOODSALL.—On the 14th September, at 17, Devonshire Place, David Henry Goodsall, F.R.C.S., Senior Surgeon, Metropolitan Hospital.

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEWS HOSPITAL JOURNAL, St. Bartholomew's Hospital, Smithfield, E.C.
The Annual Subscription to the Journal is 5s., including postage. Subscriptions should be sent to the MANAGER, W. E. SARGANT, M.R.C.S., at the Hospital.
All communications, financial or otherwise, relative to Advertisements ONLY, should be addressed to ADVERTISEMENT MANAGER, The 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 2s. post free) from MESSRS. ADLARD AND SONS, Bartholomew Close. MESSRS. ADLARD have arranged to do the binding, with cut and sprinkled edges, at a cost of 1s. 6d., or carriage paid 2s. 3d.—cover included.

St. Bartholomew's Hospital



JOURNAL.

VOL. XIV.—No. 2.]

NOVEMBER, 1906.

[PRICE SIXPENCE.]

St. Bartholomew's Hospital Journal,

NOVEMBER 1st, 1906.

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

Calendar.

- Thur., Nov. 1.—Abernethian Society, 8.30 p.m. Mr. J. E. R. McDonagh. "Pigment."
Fri., " 2.—Clinical Lecture, 1 p.m. Dr. Herringham. Smoking Concert, Holborn Restaurant, 8.30 p.m. Dr. Norman Moore and Mr. Cripps on duty.
Mon., " 5.—Special Lecture, 1 p.m. Dr. Ormerod.
Tues., " 6.—Dr. West and Mr. Bruce Clarke on duty.
Wed., " 7.—Clinical Lecture, 2.45 p.m. Mr. D'Arcy Power. "Some Cases illustrating the Surgery of the Spleen."
Thurs., " 8.—Abernethian Society, 8.30 p.m. Mr. J. G. Priestley. "Respiration."
Fri., " 9.—Clinical Lecture, 1 p.m. Dr. Tooth. Dr. Ormerod and Mr. Bowlby on duty.
Mon., " 12.—Special Lecture, 1 p.m. Mr. Cumberbatch.
Tues., " 13.—Dr. Herringham and Mr. Lockwood on duty.
Wed., " 14.—Clinical Lecture, 2.45 p.m. Mr. Lockwood.
Thur., " 15.—Abernethian Society, 8.30 p.m. Clinical Evening. "Diseases of Central Nervous System."
Fri., " 16.—Clinical Lecture, 1 p.m. Dr. Norman Moore. Dr. Tooth and Mr. D'Arcy Power on duty.
Mon., " 19.—Special Lecture, 1 p.m. Dr. Garrod.
Tues., " 20.—Dr. Norman Moore and Mr. Cripps on duty.
Wed., " 21.—Clinical Lecture, 2.45 p.m. Mr. Cripps. Cambridge Graduates' Dinner, Praeger's Restaurant, 7.15 p.m.
Thur., " 22.—Abernethian Society, 8.30 p.m. Mr. B. T. Lang and others. Discussion on "Theories of Cancer."
Fri., " 23.—Clinical Lecture, 1 p.m. Dr. West. Dr. West and Mr. Bruce Clarke on duty.
Mon., " 26.—Special Lecture, 1 p.m. Mr. Eccles. "Talipes."
Tues., " 27.—Dr. Ormerod and Mr. Bowlby on duty.
Wed., " 28.—Clinical Lecture, 2.45 p.m. Mr. Cripps.
Thur., " 29.—Abernethian Society, 8.30 p.m. Mr. G. C. E. Simpson. "Complications of Graves' Disease."
Fri., " 30.—Clinical Lecture, 1 p.m. Dr. Ormerod. Dr. Herringham and Mr. Lockwood on duty.

Editorial Notes.

THE sessional address to the Abernethian Society was delivered in the Medical Theatre by Dr. Norman Moore on Thursday, October 4th. The subject of the address was "Medical Books," and Dr. Moore entertained his large audience to a most interesting account of some of those old works on medicine, by writers of past centuries, which have been to him a source of pleasure, of interest, and of practical value in the study of physics.

A LECTURE such as this, by an acknowledged authority on the subject, is an excursion from the beaten track, which, if rightly regarded, should lead us towards a wider view of our profession, and a truer perspective of its literature. As modern students of medicine our eyes are so closely rivetted to the latest text-book, to the last new monograph, that we are in danger of embracing the fallacy that nothing can be good but what is new, and of forgetting that the wisdom of the ancients—even where it touches our most up-to-date of professions—is sometimes of far greater service, practical as well as intellectual, than the knowledge of our own day.

DR. NORMAN MOORE, in reply to an enthusiastic vote of thanks, insisted that he did not urge his hearers to read those old books because they were old, but because they were good; and therein, as we understand it, lies the lesson of the evening. Culture, intellectual, as well as social, is possible in some degree to us all, and there are signs that, in spite of the strict attention to business which is nowadays demanded of medical students and practitioners, this culture is gaining ground among those at least who are studying their profession at St. Bartholomew's.

THE JOURNAL has always made a point of encouraging, so far as it lies, all those movements which have been started for the legitimate diversion of students from the pressing business of their work. It has consistently aimed at the removal of the reproach—perhaps merited—that

medicine, itself the widest of subjects, has a narrowing effect upon those who pursue its study. In continuation of this policy we propose to publish a series of articles on the hobbies and recreations of medical men, and we ask for the co-operation of our readers in order to carry this into effect.

* * *

As is usual by the end of October, the work of the Hospital and the Medical School has settled down once more into full swing, after the shifts and expediciencies of the summer months. A welcome sight for eyes fatigued by the beauties of the country is the new Out-patient and Casualty Block, which has arisen from behind the advertisement hoardings, as it were in a night, and now reflects its whiteness upon Giltspur Street, a worthy architectural contemporary to the handsome buildings which constitute the new Old Bailey.

* * *

We await now with eager anticipation an early commencement of the new Pathological Block. High hopes of this were expressed at the annual Past and Present Dinner. One of the shops—Ferguson's—on the proposed site of the Block has already been closed, and we judge from this that there is more to follow. With each discovery in pathology, with each advance in the methods of clinical research, the needs of our present laboratory become more pressing; and we can hardly repeat too often in these columns—in case some friendly millionaire may light in a weak moment upon a stray copy of the JOURNAL—that money is urgently needed for the re-building and equipment of this most necessary department.

* * *

We at St. Bartholomew's are fortunate in that we are spared the formality of an inaugural address at the beginning of each winter session. We have already many ancient customs and traditions, and we can afford to dispense with one which serves no purpose, either practical or sentimental. With us, freshmen and seniors alike settle down to the work of the new Hospital year, with little, more to herald the auspicious occasion than that admirable institution the Old Students' Dinner.

* * *

In our opinion we are indeed to be envied for our freedom from the ceremonious welcome and the official here-we-are-again. We have better uses for the distinguished members of our profession than to set them in the arena and ask them to regale us with platitudes. Our Freshmen are none the less hospitably welcomed because we do not receive them with fireworks. Nevertheless, for those who really cannot do without such things, there is always a mild pyrotechnic display in each October issue of the JOURNAL—not as a reproach to the authorities, but as a concession to sentimentality.

* * *

THE churchwardens of St. Bartholomew's the Less announce that out of the offertories received in that Church the sum of Ten Guineas has been handed over to the Nurses' Home Rebuilding Fund, and a like sum has been given to the Samaritan Fund. We are also informed that the Rev. W. Ostle has, on account of his recent illness, been granted six months' leave of absence, and that the Rev. Dr. Leuthwaite has undertaken his duties during that time.

* * *

THE Annual Dance given by the Students' Union will be held at the Wharnclyffe Rooms, Great Central Hotel, on Friday, December 7th. Dancing will be from 9 till 2.30. A circular has been published containing the names of the Ladies' Committee and the Stewards, and a large and influential list of patrons and patronesses. Tickets, price 10s. 6d. each, may be obtained of the Stewards or of the Hon. Secretaries, Messrs. A. Miles and S. Trevor Davies. It is requested that applicants will specify whether they require their tickets for ladies or for gentlemen.

* * *

IT is not too far ahead to remind students that the success of their dance greatly depends on the numbers in which they themselves attend. Last year the dance was excellently arranged, and there was nothing lacking except a larger gathering of junior members of the Hospital. We do not doubt that a word to the wise will be sufficient to ensure complete success for this year's dance.

* * *

THE FitzPatrick Lectures at the Royal College of Physicians will be delivered on November 8th and 13th, by Dr. Norman Moore, the subject being "The History of the Study of Clinical Medicine in the British Islands." The Horace Dobell Lecture will be delivered on November 15th, by Dr. F. W. Andrewes, on the subject of "The Evolution of the Streptococci." These lectures will be given in each case at 5 o'clock, at the College, Pall Mall East.

* * *

THE Annual Dinner of the Cambridge Graduates' Club will take place at Frascati's Restaurant, on Wednesday, November 21st, at 7 for 7.15 p.m. Lieut.-Col. G. S. A. Ranking, M.D., will be in the chair. The price of the dinner is 5s. 6d., and tickets may be obtained of the Hon. Secretaries, Dr. Horton-Smith Hartley and Mr. R. B. Etherington Smith.

* * *

MR. R. C. ELSLIE has resigned the post of Editor of the JOURNAL, and Mr. K. M. Walker that of Assistant Editor. Mr. N. G. Horner has been appointed Editor, and Mr. J. E. Hailstone, Assistant Editor.

Direct Œsophagoscopy.

By T. JEFFERSON FAULDER, M.B. Cantab., F.R.C.S.

Direct Œsophagoscopy is meant the visual examination of the interior of the Œsophagus through a straight tube passed from the mouth.

Œsophagoscopy has up to the present time made very little progress in this country. Within our own Hospital it has been attempted, so far as I am aware, on only one occasion. This was in 1901 or 1902, when Gottstein essayed in the "new" theatre to demonstrate the practical utility of an Œsophagoscope. Two patients were submitted. One was an elderly man suffering from dysphagia, due, it was supposed, to a cancerous growth in the Œsophagus. The other was also a case of dysphagia, a woman who could pass Œsophageal bougies and stomach tubes for herself. The first case was unfavourable by reason of a short thick neck. The second would appear to be most favourable, but had very prominent upper teeth. In both alike the attempt failed.

At the present time in most of the Continental clinics for diseases of the throat this method is not only attempted, but carried out successfully as a matter of routine practice. No one who has worked in the clinics of such men as Killian at Freiburg, Chiari and Hajek at Vienna, or A. Meyer at Berlin, can fail to be convinced that direct Œsophagoscopy has a place in throat surgery and a future before it. Its use, however, like that of other surgical proceedings must be carefully defined.

The evolution of Œsophagoscopy, its dangers, difficulties, indications and contra-indications, results and technique, would each provide sufficient material for separate papers, so numerous are the recorded cases, and so extensive the literature in any language but our own. Only the barest outlines of this fascinating subject can be given here.

The instrument.—The essential parts are: i. the tube; ii. the light.

As is not unusual in surgery, the instrument began with a simple form, passed through a stage of great complexity, and has now reverted to something like its primitive simplicity. This statement applies to both tube and light.

The tube is perfectly straight, of uniform diameter throughout, circular in section, and rigid, being made of metal, which is as thin as possible. It has upon its exterior a scale in centimetres lightly engraved. The edge of the distal end is smooth, but not rounded, as is the case with the bronchoscope. The proximal end is thickened externally for a short distance. The tube shown in the illustration carries at the proximal end also a short arm set at right angles. This arm has a slot, into which can be fitted a handle bearing the source of light.

The light. A great impulse was given to the progress of

Œsophagoscopy by the introduction of electric power. A tube of the form described above is used either with a Kirstein forehead lamp or with the same lamp fitted to the instrument by means of a handle. A voltage of 8 to 12 is required. The rays are collected by a lens, caught on a plane mirror set at an angle of 45°, and reflected down the tube. It is essential that the reflected rays be parallel, and their direction centralised on that of the tube, otherwise a large proportion of the light is, in a long tube, lost. Moreover, if the interior of the tube is highly polished, the reflections are most baffling, and interrupt the view considerably. The surgeon looks through a hole in the mirror. This hole need not necessarily be at the centre of the mirror, but must, when the instrument is in position, be centralised on the tube, so that the visual axis can correspond with the axis of the tube. In this way full advantage is taken of the illumination. It will be seen that this object is more readily attained with the fixed lamp than with that carried on the forehead, but with practice one is as effective as the other. The fixed lamp, as shown in the illustration, is eminently suitable for purposes of demonstration.

Long, flexible, gum elastic bougies are extremely useful as aids to the passage of the instrument. They should be made several inches longer than the tube, and for the last five or six inches should taper gradually to a slightly bulbous end.

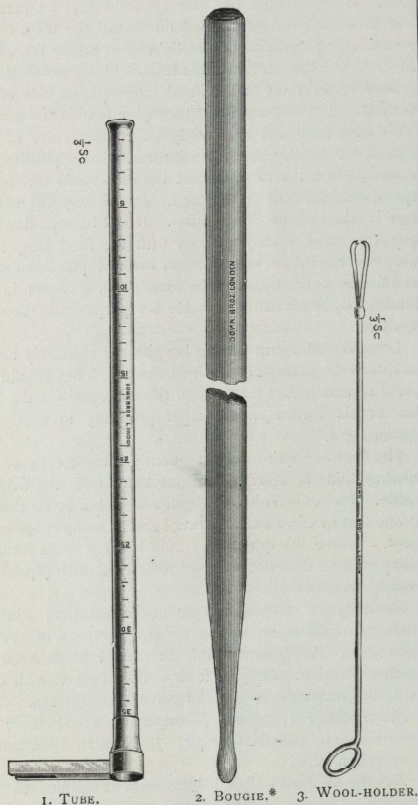
Finally, we require very frequently some means of removing fluids or debris of various kinds from the field of vision. Probes of suitable length and with a screw thread at one end to carry swabs of wool are in many cases sufficient. Where the quantity of fluid is large, some form of pump such as that devised by Professor Killian (Speichel-pumpe) serves excellently.

Naturally an Œsophagoscopy instrumentarium will include also various instruments for the extraction of foreign bodies, etc. A full account of these must be deterred to another occasion. Only let it be noticed here that all can be used through the tube under guidance of the eye.

Illustrations: 1, tube; 2, bougie; 3, wool-holder; 4, demonstration panelectroscope; 5, Kirstein head-lamp; 6, operation table.

Technique.—First: Local anaesthesia is applied to the pharynx. Cocaine 20 per cent is used. By far the best means of application is a wool swab on the end of a flexible probe, which is much more efficient than the usual spray. With the aid of an ordinary laryngoscope the mucous membrane is carefully swabbed over. Special attention should be paid to the fauces, sinus pyriformis of either side, and the pharyngeal wall behind the cricoid cartilage. If for any reason general anaesthesia is indicated it is still advisable to apply local anaesthesia to the parts mentioned. The instrument can be used equally well with the patient under general anaesthesia. More assistants are then required, because the

surgeon is deprived of the co-operation of the patient. Second: The œsophagus is washed, *si opus sit*. For this purpose an ordinary stomach tube with funnel serves admirably. Third: The œsophagoscopy. The patient may be seated on a low chair or lying, and that either on his back

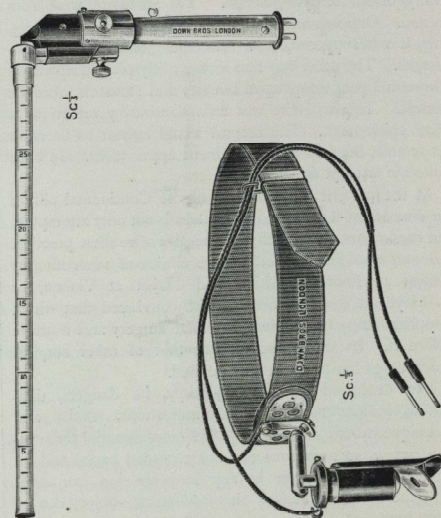


or on one side; or the operation may be begun in the sitting and ended in the recumbent posture. It is frequently easier to pass the cricoid cartilage with the patient seated. If the recumbent posture be adopted an operating table capable of having the feet raised is most useful. In such a position fluids like mucus, pus, blood, or food material gravitate towards the mouth and are more easily removed. Also the surgeon can sit comfortably on a chair at the head

* This bougie is shown several sizes too large.

of the table. One, sometimes two, assistants are required, as well as a nurse.

At this point it seems advisable to relate an actual case of œsophagoscopy. I select the first of a series of cases upon which the method was practised. Patient, a male, æt. forty-four, complained of gradually increasing dysphagia. The man was tall and well built, but sallow and somewhat wasted. Physical examination of the chest discovered nothing abnormal, but a skiagram showed that there was abnormality in the neighbourhood of the seventh dorsal vertebra. A sound stopped at 13 inches from the upper



teeth. Some large hard glands were felt in the left posterior triangle of the neck just above the clavicle. Such a history is, of course, sufficient to establish a diagnosis of carcinoma of the œsophagus. Nevertheless, at the patient's request the complete examination was carried out. The case is described because it illustrates many practical points. The operation was performed in the morning on an empty stomach. Local anæsthesia having been induced the patient was laid or rather laid himself on the table on his back, in such a way that his head projected beyond the end. The head being fully extended, the tube, lubricated with Paraffinum liquidum, with bougie in position and projecting several inches at the distal end, was passed into the pharynx and guided past the glottis by the finger, and the patient directed to swallow. At the same time the whole instrument

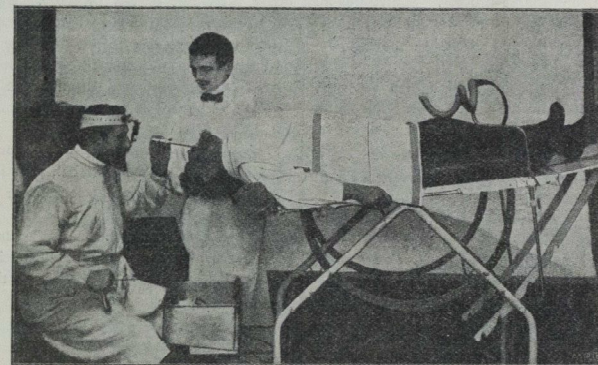
was gently pushed onwards. As soon as the tube entered the œsophagus its further progress was impeded. This was quickly seen to be due to too strong extension of the head. This was remedied by the assistant, and no further difficulty experienced.

On reaching the stricture the bougie was withdrawn and the tube passed down under guidance of the eye. The lumen of the tube now became filled with blood-stained mucus. This was immediately removed by a pump and the field of vision further cleared by gentle sponging. The growth was now visible. In the lumen of the tube there lay the edge of an ulcer which bore all the usual appearances of malignant disease. This was a striking spectacle in a tube 18 inches long, knowing, as one did, that the end of

nearly as possible in a line. This will be alluded to again later.

Indications. Impacted foreign bodies.—Usually these lodge in a sinus pyriformis, or in the region of the cricoid cartilage. Otherwise they are likely to pass towards the cardiac orifice. But museum specimens testify abundantly that they may be stopped at any part of the œsophagus. Now it is true that a great many foreign bodies, such as a tooth plate or a small orange, or an apple, or a piece of meat may become temporarily impacted, and then either be completely swallowed or pushed downwards by a probang or bougie; yet even in these cases a great deal might be said in favour of œsophagoscopy.

A coin catcher is by no means a safe instrument to use.



6. OPERATION TABLE.

the tube lay 13 inches from the upper teeth and near the seventh dorsal vertebra. I may add that the man bore the examination for fifteen minutes, and that without much appearance of discomfort, nor was there any alteration of his pulse either during or after the examination.

In this case the patient himself held his tongue forwards. Not uncommonly an assistant is required for this purpose. As above stated, the patient was well built and thin. Further he had had bougies passed on several previous occasions. That is to say, he was a very favourable case for anyone practising œsophagoscopy for the first time.

The purpose of the tapering bougie is to gradually dilate the narrow slit which is the form of the pharynx at the cricoid cartilage. The temporary stoppage which took place when the tube itself reached this level illustrates the condition under which œsophagoscopy is safely possible. It is that some part of the line of upper teeth, the back of the cricoid and the direction of the œsophagus must all be as

I believe that the difficulty which is not uncommonly experienced in withdrawing the coin catcher is due to spasm of some part of the œsophageal muscle. There is also a difficulty at the cricoid strait. Nor has the great cornu of the hyoid bone always escaped. Further, the œsophagoscope is no more unpleasant to the patient than the coin-catcher. In the case of more awkward foreign bodies, such as a jagged piece of bone, or a tooth-plate with sharp projections, the situation is extremely dangerous. Unless they are speedily removed, mediastinitis supervenes, and the death of the patient is then almost a foregone conclusion. Such a foreign body situated in the thoracic part of the œsophagus is inaccessible to surgery. Such cases can at least be attempted by œsophagoscopy. The proceeding is, of course, difficult and dangerous, but, if proper appliances are at hand, if the temperature be not rising, if mediastinitis has not set in, it is the patient's only chance. In the œsophagoscopic tube it is quite possible to

use a probe, as, for example, to gently push away the mucous membrane from a sharp edge, and the position of a foreign body can be changed by manipulation from one of danger to one of safety. It is also possible to cut an object in two with an electric cautery, and thus render its extraction easy. All the manipulations are done under guidance of the eye, and to this extent, at any rate, the œsophagoscope is far superior to any probang or coin-catcher. In such cases as these the ordinary old-fashioned instruments are very likely to do irreparable damage, as well as to fail in their object. The mucous membrane of the œsophagus is easily lacerated; perforations are easily made, and it is more than probable that many patients have lost their lives after use of instruments in the dark.

Fibrous strictures.—At the best the treatment of these is a most tedious and uncomfortable process. Sometimes an impassable stricture is met with, and then gastrostomy is the patient's only hope; but no stricture is really impassable. By means of the œsophagoscope much can be learnt about the nature and configuration of a stricture, ulceration can be avoided, and the lumen seen. Dilatation can then readily be effected. High-placed stenosis is not suitable for direct œsophagoscopy as here described.

Diagnostic.—In the majority of cases of dysphagia in adults it is usually a question of carcinoma. But there can be little doubt that errors have not infrequently been made, dependent as we have hitherto been upon the patient's history, the results of sounding, and some rather complicated methods of physical examination. In œsophagoscopy we have a more certain means of settling a doubtful case. We are also able to remove small pieces of tissue for microscopic examination exactly as well as in the larynx and other parts. Diverticula, general dilatation, and other obscure cases of dysphagia will come under this heading; lastly, certain ulcerative processes can be efficiently treated.

Contra-indications.—In 1881, von Micklewitz, as the result of experiments and practice, stated, "Dass jedem normalen Menschen das œsophagoscop eingegeführt werden kann."

Many of those who saw Gottstein's attempt five years ago doubted whether it was possible to pass a straight rigid tube through the mouth into the œsophagus. I have heard the same view expressed many times since. Nevertheless, if it is possible to get the line of upper teeth, the back of the cricoid cartilage and the direction of the œsophagus in a line, then œsophagoscopy is mechanically possible. Very prominent teeth, a short thick neck, ankylosis of vertebrae, or of the lower jaw, kyphotic curvature will all render this desideratum impossible. Kirstein, at a conference of German laryngologists at Heidelberg, 1898, stated that œsophagoscopy is only possible in about 75 per cent. of normal subjects. The truth probably lies somewhere between these two statements. Naturally one will not pass

the tube on persons suffering from certain serious general diseases, or from aneurysm, morbus cordis, pericarditis, etc. High-placed stenosis and acute inflammatory processes in the œsophagus or pharynx are also contra-indications.

Results.—It may be at once stated that more has been done in diagnosis than in treatment by the aid of this instrument. To this statement the removal of foreign bodies and the treatment of fibrous strictures form important exceptions. The other methods of removing foreign bodies are:

- (a) From the mouth by coin catchers, etc.
- (b) Œsophagotomy (cervical).
- (c) Gastrostomy.
- (d) Mediastinotomy.

There can be no question that œsophagoscopy is infinitely preferable to any of these. The fourth method is too heroic to be practical. Direct œsophagoscopy offers a means of saving the patient from the by-no-means imaginary dangers of the first three; fibrous strictures can, in case of need, be dilated through the tube, and, for this purpose, it is possible to introduce laminaria tents or other contrivances.

The object of this paper is to arouse interest in œsophagoscopy. It is certain that, with its aid, lives can be saved, and dangerous, and sometimes unnecessary, operations can be avoided.

I am indebted to Prof. Dr. Hugo Starck, late of Heidelberg, for permission to use the illustration of the operating table, and to Messrs. Down Bros. for the blocks of instruments.

The Old Students' Dinner.

THE annual Old Students' Dinner took place on Monday, October 1st, in the Great Hall. As the representative of the *British Medical Journal* sympathetically remarks, "There is no finer chamber of the same character in the City of London, and no hall in any university which chimes in better with the feeling which brings men together on such occasions—the desire to revive old friendships . . . and a love of their *alma mater*." Dr. J. A. Ormerod was the Chairman of the evening, and there was a good gathering of old St. Bartholomew's men of every age and standing to support him. Among the guests were Professor Osler, Sir Alfred Keogh, Director-General of the Army Medical Department, Sir Arthur Rücker, Mr. Danvers Power, Hon. Secretary of King Edward's Hospital Fund, and Mr. Acton Davis, the Senior Almoner. The arrangements were in the hands of Dr. Herringham, the Hon. Secretary of the Dinner, and it is almost unnecessary, therefore, to say that they were excellent. The total number present was 148.

The Chairman, in proposing the toast of the evening—"Prosperity to St. Bartholomew's Hospital and the Medical School," said that this toast emphasised the unity of the Hospital and of the School. That was a fact which everyone ought to realise. A hospital without a medical school was, in a sense, incomplete, like a man without a wife. But the union of our Hospital and School had been fertile—both in the advancement of medical science and in the production of a large and united family of workers in the field of medicine.

During the past few years there had been inevitable difficulties and anxieties. Necessary re-building and improvements had been unavoidably postponed till the removal of Christ's Hospital had given space for them. The inception of this great work of re-building had been met by outcry and opposition from a certain section of the daily press. Again, the School authorities had had their anxieties in providing for the constantly increasing requirements of a medical education; for, unlike more fortunate educational establishments in the country, the School was absolutely unendowed.

But difficulties had been met, and their time of trial was over. The Hospital remained on its historic site, and the first instalment of the new buildings was almost completed. That would give them, *inter alia*, a new casualty department, new out-patient rooms, separate rooms for each of the special departments, and proper accommodation for their resident medical staff. The next instalment would also be one of great importance to the Hospital and School, viz. the Pathological Block. Turning from the buildings to the men who were to work there, he maintained that their students were as zealous, as successful, and as united among themselves as they had ever been. Their teachers of science had that year gathered around them a notably large preliminary scientific class. Much attention had been given to the special departments, in view of the important position they would take when the new block was opened. The physicians and surgeons spared no effort to promote the welfare of the patients and the practical training of the students.

All these things were guarantees of success to the Hospital and School, but there was one further asset of immense value, namely, the goodwill and loyal support of her sons, whom that company represented, and upon whom St. Bartholomew's would never rely in vain.

The toast was acknowledged by Mr. Acton Davis, who, in his speech, expressed hopes of the erection of the Pathological Block being soon begun, and anticipated that by the next annual dinner the new Out-patient Department would be completed and in occupation. Mr. Duttin proposed the health of the visitors, which was responded to by Professor Osler. The health of the Chairman, which was proposed by Dr. Norman Moore, was received with enthusiasm, while Dr. Herringham, in response to the toast

of the Hon. Secretary of the gathering, made an amusing speech. After the speeches the diners adjourned to the library, and a most enjoyable evening was there brought to a close.

Bound the Fountain.

Patient in medical ward.—"This 'ere orspital's better built than the —; thicker walls."

"Built two 'undred year ago, was it? Ah! I reckon they was *tradespeople* in them days."

Martha clerk.—"What do you complain of, missis?"

Young wife.—"Eart disease and pregalency, doctor."

Mother of small boy with adenoids.—"E's all right in 'isself, only as 'e walks, so 'e grunts."

Patient with hypertrophic rhinitis.—"I brings up grape skins through my nose, 'specially on Tuesdays. The doctor says I've got anteloids."

Anxious wife, whose husband has been admitted for intestinal obstruction.—"You know, doctor, I've thought all along as 'ow 'e was sufferin' from 'Gripe's disease.'"

Sporting gent to porter in the Square.—"Say, cocky, can yer tell us the way to 'Kempton' Ward, please?"

From our contemporary, the *British Medical Journal*, October 20th, 1906, we glean the following:

LARVÆ IN THE INTESTINE.

".....Some time ago I had two patients in one family suffering in a similar manner, mother and child. The mother brought me some strange-looking insects, with rounded, hard, hairy backs, dark brown in colour, with black eyes, extremely repulsive-looking, which ran about quickly. A very large number of them had been passed. I gave them *santonin* and purged them, and they were soon quite well....."

We are not told what ailment in the "repulsive-looking" insects called for treatment, nor what was the dose of *santonin* for a rounded, hard, hairy brunette, say, half an inch in length. Had it occurred in our own practice we should have called in a vet.

British Medical Temperance Association.

THE widespread interest which is being shown in the physiological and pathological effects of alcohol on living tissues makes all study of the subject of the utmost value to the individual and the nation. In the past irresponsible persons have made extravagant statements with very little, if any, foundation. Clearer perception, based on careful research, is giving a foundation which it is worth while observing and building upon.

The Council of the British Medical Association, with Prof. Sims Woodhead, of Cambridge, at its head, is anxious to enrol as a "Student Associate" every medical student who is, or is willing to become, a total abstainer. Particulars appear in our advertising columns. There are, doubtless, advantages in such a course, even if it be only followed during the years of study. In practice the many cases of alcoholism and alcoholic poisoning force the subject almost daily before the practitioner, and a sound knowledge of the matter is of great value.

Aberdeen University Quatercentenary.

THE following is the text of the illuminated address of welcome which the University of Aberdeen sent to St. Bartholomew's for the Quatercentenary celebrations at Aberdeen:

UNIVERSITAS ABERDONENSIS.

ACAD. MED. APUD NOSOC. S. BARTHOI. S.P.D.

Academia Nostra, eorum nunquam immemor qui olim doctrinae dulcedine atque utilitate adducti Collegii Regii prima initia incoharunt neque eorum qui postea Collegii Mariscallani fundamenta iecerunt, anno Salutis MDCXXXIV Quadragesimum Natalem et vite felicitis tot quasi decursa spatia celebratura, novae tamen aulae nobisque aedificis condendis intenta occasione iustam praetermittere coacta est. Nunc civium auxilio confirmati, anni MCMVI medio mense Septembris Ferias Saeculares instaurare et novas simul scholas inventuti studiosae accommodatas inaugurare in animo habemus, Deo Optimo Maximo gratias pie agentes quod patrum nostrumque aedificandi laborem iam paene ad finem perduxit, Eumque precantes ut operi coronam suo tempore imponat.

Cui occasione auspiciata, si modo publice res ex voto processerint, fas est sperare Regem nostrum Eduardum VII die quem ipse elegerit fauste et benigne esse adfuturum.

Vos itaque, Viri doctissimi illustrissimique, invitamus ut legato misso, qui Universitatis atque totius Civitatis Aberdonensium amicus hospesque gaudiis nostris carmonisque intersit, consensum et approbationem litterarum Reipublicae significetis: rogamusque ut nos certiores factiatis quem addeaveritis.

Dabamus Aberdoniae, Kal. Ian. MCMVI.

J. MARSHALL LANG,
Univ. Aberd. Vice-Cancellarius et Praefectus.

Sir Dyce Duckworth, who represented St. Bartholomew's at the celebrations, presented the following address to the University of Aberdeen in the name of the Hospital:

UNIVERSITATI ABERDONENSI.

SCHOLA MEDICINAE, SANCTI BARTHOLOMAEI APOSTOLI, APUD LONDINENSIS. S.P.D.

Quarto jam saeculo diem referente natalem Universitatis vestrae, gratulatur vobis animo libentissimo Schola Hospitalii Sancti Bartholomaei et bona omnia et fausta precatur.

Misimus, feriarum vestrarum non modo testem sed etiam participem, collegam nostrum Dyce Duckworth, equitem auratum, emeritum Hospitalii nostri medicum.

Non enim sumus immemores inter alumnos Aberdonenses qui doctrinae virtute Universitatis suae annales exornaverunt, complures in re medica illustres Scholae nostrae ampliore famam contulisse.

Nihil ergo, viri doctissimi hodie auspiciatus arbitramur quam doctrinae sedem tam insigni in posterum per saecula plurima fortunam in dies feliciter exoptare.

VALETE!

A Case of Hemiplegia with rapid Recovery.

By E. BURSTAL, M.B., B.Ch.Oxon.



M—, aet. 19, single, was admitted to John Ward under Dr. Ormerod on June 6th, 1906, unconscious. On waking up that morning patient had a headache. At 11 a.m. she lay down and went to sleep, but woke at 12.45 p.m. in a convulsion. At 1.30 p.m. she was brought to the Hospital. She was unconscious, the right side of her face, the right arm, and the right leg twitched. Saliva frothed at her mouth. The twitchings

lasted a few minutes, then ceased, and then came on again. She had no history of rheumatism or scarlet fever. At 2 p.m. she was taken to John Ward. She was still unconscious though not very deeply so, and had stertorous breathing. The right arm, right leg, and right side of the face were paralysed, but she could shut her right eyelid. She could swallow. The left side of her face and left arm and leg twitched slightly for an hour after admission. The right knee-jerk was present, and the right plantar response was extensor. There was no knee-jerk and no plantar response on the left side. She kept putting her hand up to the left side of the head. Her heart was natural; no murmurs. She passed urine under her.

June 7th.—She recognised her mother and was more conscious, but could not speak. She could put out her tongue, but could not move the right side of the face except the upper eyelid, nor look to the right, nor could she move her right arm or leg. The right hand was flexed. The right foot was in a position of equinus. The knee-jerks were present, the right being increased. The plantar response was extensor on the right side, flexor on the left, and there was no clonus.

June 8th.—She could say "Yes," she could look to the right, and she had no anaesthesia.

June 9th.—Could move right arm and leg.

June 10th.—Spoke naturally.

June 11th.—Could cut up her dinner, and seemed perfectly well except for slight aphasia.

The point of interest about this case was the very rapid recovery the patient made after the hemiplegia. As to the cause, there was no heart lesion, and the patient lost consciousness, practically excluding an embolus. The absence of premonitory symptoms was against thrombosis, and it was thought that the case was probably one of cortical haemorrhage.

Special Departments.

THE THROAT DEPARTMENT.

IN 1908 fifty years will have passed since the practical application of the discovery of the laryngoscope to clinical medicine was established by Türk and Czermak. The Laryngological Society of Vienna, led on by a pardonable feeling of patriotism, has already issued invitations to the representatives of Laryngology in all countries asking them to take part in a festival to be held during this fiftieth anniversary, and to do honour to the memory of the two men who rendered a lasting service to investigators of disease, and conferred an inestimable boon upon suffering humanity.

From the foregoing it is apparent that the institution of special hospitals, and of special departments in general hospitals, for the treatment of diseases of the throat is a

development of the latter half of the nineteenth century. A special department for the throat appears to have been at work at Bartholomew's for some years previous to its formal recognition in 1878, for in 1875 Sir Lauder Brunton obtained two months' leave of absence from the Governors of the Hospital in order that he might go to Vienna to study throats. Upon his return he commenced the work of the Throat Department. At first patients were seen one day in the week; the number of patients so rapidly increased that he found it necessary to give up two days in the week. Able assistance was rendered by Dr. de Havilland Hall, now well-known as the author of one of the earlier text-books on Diseases of the Throat, and as physician to the Westminster Hospital, where his work in the throat department of that hospital has attracted many students. To Volume xiv of our Hospital Reports he contributed a short paper of instructive cases treated in the throat department during 1877. In 1880 Sir Lauder Brunton resigned the throat department in order to start an electrical department, being urged thereto a good deal by Mr. Bennoch, who was then acting Treasurer between the death of Mr. Foster White and the appointment of Sir Sidney Waterlow, the rules of the Hospital making it obligatory that the special departments should be placed under the charge of assistant physicians or assistant surgeons.

Upon the resignation of Sir Lauder Brunton the charge of the department was taken over by Mr. Butlin, who continued to have for a while the help of Dr. de Havilland Hall. Some account of the working of the department at that time will be found in vol. xviii, 1882, of the Hospital Reports. In addition to the ordinary dressers mentioned in the report Mr. Butlin subsequently appointed a chief dresser every three months from those men who had already dressed in the department; his business was to superintend the dressers. At a still later period he established a kind of unauthorised qualified assistant of much older standing, who was of great help to the students. Amongst those who held this appointment was the late Professor Kanthack. Out of this appointment there subsequently developed that of chief assistant, created during Mr. D'Arcy Power's term of office. In 1892 Mr. Butlin, when he was appointed full surgeon to the Hospital, and it became necessary that he should resign the department, handed it over in full working order to his successor. Since that date the successive heads have been as follows:—Mr. Bowlby 1892—1902, Mr. D'Arcy Power 1902—1904, Mr. Harmer 1904—1906. When Mr. Harmer resigned the department in July, Dr. Jobson Horne and Mr. F. A. Rose were asked to take charge until such time as a successor to Mr. Harmer might be appointed.

Such has been the *personnel* of the Throat Department of St. Bartholomew's Hospital—a *personnel* which has made no small contribution to the sum total of our knowledge of

laryngology, and played no small part in the outer throat world. One need mention only Sir Lauder Brunton's investigations into the physiology of the larynx; Mr. Butlin's advances in the surgery of the tongue, the larynx, and the oesophagus; Dr. de Havilland Hall's text-book, already referred to, which has continued to introduce many generations of students to the subject since he ceased to teach in the department; and Dr. Kanthack's classical researches into the histology of the larynx, which gave rise to no little discussion in the Laryngological Society of Berlin at the time of their publication in Virchow's *Archiv* some seventeen years ago, and which still should be read by all desirous of basing a special knowledge of laryngology upon a scientific footing.

Now to pass to the history of the work, or rather of the conditions under which so much good work has been done. *Non cuius homini contingit adire Corinthum* to the civilised Roman to behold Corinth was not only culture but an achievement; the undertaking was beset with many difficulties; and it might have been said with reference to the early days of the throat department—*Non cuius medico contingit adire laryngem*. The patients were seen one afternoon a week in the room between the old medical and surgical out-patients' rooms, a room which was common to both the assistant physician and assistant surgeon who happened to be sitting on the same day. It was often used after the hour at which the business of the throat department ought to have commenced, it was therefore impossible to begin at the appointed time. Mr. Butlin seeing that the department could never develop under the existing conditions obtained permission to transfer it to the surgery, where the conditions were certainly far from comfortable, but where the work could be carried on regularly and punctually, and with the result that the department became what it was always intended to be, a teaching department, and for special teaching it has continued to be second to none in London. The work, it is unnecessary to say, has always been carried on under many difficulties. It is therefore to the credit of everyone who has worked in the department, in whatever position, that so much good work of teaching has been done, to say nothing of the advances in laryngology effected through the department.

The department meets on Tuesdays and Thursdays at 2 p.m. It is outside the scope of this article to enter into a statistical report of the diseases which are treated; quite as many relate to the nose and its accessory sinuses as to the throat—so that it might be called the Throat and Nose Department,—none are trivial—all have been subjected to the filtration stage of the surgery; not a few call for long and careful investigation; in an afternoon there are usually some six to twelve patients requiring operations under general anaesthetics, and many more in need of minor operations under cocaine: but the important majority represent the minor throat and nose ailments which make health

miserable, and which go to swell the bread-and-butter cases of daily practice; it is these which afford the opportunities of acquiring that patience and accuracy in examination, and that dexterity and delicacy in treatment, which contribute so largely to the practitioner's success. The material is ample, the large number of cases is a considerable strain upon the time available for their investigation and treatment. The Throat Department no less than the other special departments is looking forward to the opening of the new out-patient building, when it may be possible to provide additional days and help to cope with the increase of work.

It would be difficult to over-state the importance of the laryngoscope in clinical medicine, and of some knowledge of laryngology in the daily work of the physician. A study of the clinical significance of fixation of only one vocal cord is, in itself, a liberal education in deductive medical science, but to be suddenly awakened by an avertible death to the fact that of all the muscles in the body the *crico-arytenoidæus posticus* is, *post cor, facile princeps* must be a tragedy in a man's practice. By way of further illustration consider the three most dreaded diseases of the larynx—cancer, tuberculosis, syphilis. It may be a bold statement, but it contains a considerable amount of truth, that there are very few, if any, intrinsic diseases of the larynx which are not curable or removable provided the laryngoscopic diagnosis is made early. In the three diseases mentioned an early diagnosis is of all importance, there is no form of malignant disease met with in the human body which is more amenable to surgical treatment than that of intrinsic epithelioma of the larynx provided it is detected early. Statistics show that by means of thyrotomy 80 per cent. are cured, and cured in the sense that they are left as though they had never had cancer in their bodies. The responsibility attaching to a practitioner who fails to do a laryngoscopic examination when such a case is first seen must be considerable. The differential diagnosis of these three diseases might well be a chapter in itself in any text-book, for their respective treatment is diametrically opposed to one another, and accuracy in diagnosis is half the cure. Even if one should not be able to treat the disease detected by the laryngoscope it is no small point gained, both for the peace of mind of the practitioner as well as for the satisfaction of the patient, to know precisely what has to be dealt with.

The editorial comments, prefatory to the first of the series of articles dealing with special departments, receive no greater force and emphasis than from their application to a throat department. In the October issue of last year it was remarked "There is a tendency on the part of students to neglect the special departments altogether, or to rush through the work as quickly as possible, as if it was a necessary evil to be brushed aside. This mistake is only discovered afterwards, and it may be at the cost of many

patients." The accuracy of the latter sentence is demonstrated by the large amount of post-graduate teaching in London in this particular line of practice. The good use that is made of all the places available in the Throat Department is in itself evidence of the appreciation of the Editor's comments.

Books.

NEXT month we published a selected list of standard text-books on the preliminary medical subjects by way of help to the Freshman in his choice of what to buy or borrow. We also offered a few remarks on the medical text-books in general, and a few hints on the attitude which students would do well to adopt towards "cram-books" and condensations. We now conclude the article with a list of works, general and special, on the later subjects of the curriculum. This list does not of course pretend to be complete or infallible; but it will certainly be found of considerable value to the clerk and the dresser when they come to consider the question of what books they should buy. We have tried to include only those books which are of recognised value and importance.

MATERIA MEDICA AND PHARMACY.

1. Hale White. *Materia Medica*. (Churchill. 6s. 6d.)
2. Mitchell Bruce. *Materia Medica and Therapeutics*. (Cassell. 7s. 6d.)
3. Calvert. *Practical Pharmacy and Prescribing*. (Lewis. 4s. 6d.)
4. Brunton. *Text-book of Pharmacology, Therapeutics, and Materia Medica*. (Macmillan. 22s. 6d.)

MEDICINE.

1. Osler's *Principles and Practice of Medicine*. (Pentland. 21s.)
2. F. Taylor's *Manual of the Practice of Medicine*. (Churchill. 15s.)
3. Fagge and Pye-Smith. *Text-book of Medicine*. (Churchill. 2 vols. 21s. each.)
4. Clifford Allbutt. *New System of Medicine*. (Macmillan. 8 vols. 25s. each.)
5. Gee. *Auscultation and Percussion*. (Smith, Elder. 6s.)
6. S. West. *Examination of the Chest*. (Churchill. 5s.)
7. Mitchell Bruce. *The Principles of Treatment*. (Pentland. 16s.)

SURGERY.

1. Walsham and Spencer. *Theory and Practice of Surgery*. (Churchill. 18s. net.)
2. Rose and Carless. *Manual of Surgery*. (Baillière, Tindall and Cox. 21s. net.)

3. Cheyne and Burghard. *Manual of Surgical Treatment*. (Longmans. 7 vols. £4 11s. 6d.)
4. Gould and Warren. *International Text-book of Surgery*. (Saunders. 2 vols. 21s. each.)

OPERATIVE SURGERY.

5. Jacobson. (Churchill. 2 vols. 21s. each.)
6. Waring. (Pentland. 12s. 6d.)

OBSTETRICS.

1. Galabin. *Manual of Midwifery*. (Churchill. 14s.)
2. Herman. *Difficult Labour*. (Cassell. 12s. 6d.)

GYNÆCOLOGY.

1. Herman. *Diseases of Women*. (Cassell. 25s.)
2. Lewers. *Practical Text-book of the Diseases of Women*. (Lewis. 10s. 6d.)
3. Kelly.
4. Roberts. *Gynæcological Pathology*. (Churchill. 21s.)

PATHOLOGY AND BACTERIOLOGY.

1. Green.
2. Sims Woodhead.
3. Bowlby. *Surgical Pathology*. (Churchill. 10s. 6d.)
4. Bland-Sutton. *Tumours*. (Cassell. 21s.)
5. Muir and Ritchie. *Manual of Bacteriology*. (Pentland. 12s. 6d.)
6. Klein. *Micro-organisms and Disease*. (Macmillan. 10s. 6d.)
7. Emery. *Clinical Bacteriology and Hematology*. (Lewis. 7s. 6d.)

HYGIENE AND PUBLIC HEALTH.

1. Whitelegge and Newman. *Hygiene and Public Health*. (Cassell. 7s. 6d.)
2. Hamer. *Manual of Hygiene*. (Churchill. 12s. 6d.)
3. Parkes and Kenwood. *Hygiene and Public Health*. (12s.)
4. Ham. *Handbook of Sanitary Law*. (2s. 6d.)

FORENSIC MEDICINE.

- Dixon Mann. *Forensic Medicine and Toxicology*. (21s.)

SPECIAL BRANCHES OF MEDICINE AND SURGERY.

- Diseases of Children.*
 Goodhart and Still. (Churchill. 12s. 6d.)
 Enstace Smith. (Churchill. 22s.)
 Ashby and Wright.
 Cautley. (Churchill. 7s. 6d.)
Nervous Diseases. Gowers. (Churchill. 35s.)
Insanity. Savage. (Cassell. 9s.) Clouston. (Churchill. 14s.)
Diseases of the Chest. Kingston Fowler.
 Harris and Beale. (Lewis. 10s. 6d.) West. (Churchill. 36s.)
Diseases of the Kidneys. West. (Glaisher. 7s. 6d.)
Diseases of the Kidneys (Surgical). H. Morris. (Cassell. 21s.)

- Diseases of the Skin.* Morris. (Cassell. 10s. 6d.)
Diseases of the Eye. Jessop. (Churchill. 9s. 6d.)
 Swanzy. (Lewis. 12s. 6d.)
Diseases of the Nose and Throat. Parker. (Arnold. 18s.)
Orthopaedic Surgery. Tubby. (Macmillan. 17s.)
 Whitman. (Kingston. 28s.)
Abdominal Surgery.
 Lockwood. *Appendicitis*. (Macmillan. 10s.)
 Eccles. *Hernia*. (Baillière, Tindall and Cox. 7s. 6d. net.)
 Treves. *Intestinal Obstruction*. (Cassell. 10s. 6d.)
Diseases of the Liver and Gall-Bladder.
 Rolleston. (25s.)
 Waring. (Pentland. 12s. 6d.)
Diseases of the Rectum. Cripps. (Churchill. 12s. 6d.)
 Goodsall and Miles. (Longmans. 7s. 6d.)
Diseases of the Tongue. Butlin and Spencer. (Cassell. 10s. 6d.)
Diseases of the Joints and Spine. Howard Marsh. (Cassell. 12s. 6d.)
Syphilis. Hutchinson. (Cassell. 9s.)
Medical Electricity. Lewis Jones. (Lewis. 10s. 6d.)

The Ninth Contemporary Dinner.

THE first annual dinner of the Ninth Decennial Contemporary Club was held at Oddenino's Imperial Restaurant on Wednesday, October 10th. There was a most satisfactory attendance of over sixty, and a thoroughly enjoyable evening was spent under the chairmanship of Dr. A. H. Hogarth, who, as editor of the Hospital JOURNAL for over two years and as first editor of the Year Book, has done so much to bring old Bart.'s men together, and to stimulate enthusiasm among past and present members of the Hospital. The dinner was good, and the arrangements, which had been most carefully organised by the Hon. Secretaries, Mr. R. C. Elmslie and Dr. C. M. H. Howell, were excellent. The Chairman proposed the toast of the King, and, in an amusing speech, the toast of the Club, Dr. Shruballs proposed the health of the Secretaries who each briefly replied, and at the close of the evening Mr. Binns gave the toast of the Chairman; otherwise the proceedings were quite informal. The date for future dinners was discussed, and it was provisionally decided by a show of hands that October was a better month than July. Mr. G. H. Colt gave a few really excellent feats of sleight of hand, and after Dr. Hogarth had sung the ever popular "Twelve Apostles" the company departed a short time before eleven o'clock. Everyone seemed thoroughly satisfied, and on account of the absence of set speeches and of formality there were many opportunities during the evening of meeting old friends and talking over old times.

The Clubs.

The Rugby XV have started the season auspiciously by winning their first two matches, the whole team playing well against the Marlborough Nomads. It is good to hear that the forwards are especially strong, as this division was always good in the best days of the Hospital teams. It is to be hoped that the team will continue its success and train on well for the Cup Ties.

E. V. Oulton and H. Trewby were selected to play in the recent match between Middlesex and the South Africans.

The Association XI have as yet only played one match, but the win was a good one. The team should be a good side this year.

The Hockey XI beat Broxbourne but lost to St. Albans, these being the only two matches as yet played. At present they lack a goal-keeper, always a great defect in any team. A. Robinson has been playing especially well forward, but the team has not yet got together.

RUGBY FOOTBALL CLUB.

ST. BART.'S v. MARLBOROUGH NOMADS.

This match was played on the Nomads' new ground at Thames Ditton on Saturday, October 20th. This ground will no doubt, when the hay has been cut and broken china and bits of glass have been cleared away, be a good one; but at present one cannot say very much for it.

The game, from our point of view at least, was a good one, except perhaps for a quarter of an hour in the second half, when the forwards were all at sea. The three-quarters are much improved, and are apparently learning to run straight, and tackle their men well. Their kicking was certainly rather wild, and much ground was lost by failing to find touch. Stone is a godsend to the side, and he and Gibson brought off some brilliant bouts of passing. Burn dropped a goal, and deserved to score more than once, as on one or two occasions he broke through in fine style. Coombs at half has apparently got back to his old form, and the opening which he made for Stone's last try was as clever a one as we could wish to see.

The forwards quite came up to expectations. They are a keen, bustling lot, and ought to be the means of winning many a match this season. Butt was particularly good and added an excellent try to the score.

In the result Bart.'s came out victorious by 2 goals (1 dropped) and 2 tries to 1 try, a very creditable win.

Date.	Match.	Ground.
Oct. 3.	Trial Game	Winchmore Hill.
" 6.	U.C.S. Old Boys	Winchmore Hill.
" 13.	Upper Clapton	Away.
" 20.	Marlborough Nomads	Away.
" 27.	London Irish	Away.
Nov. 3.	Lennox	Away.
" 10.	Beckenham	Away.
" 17.	Bedford	Away.
" 24.	Old Leysians	Away.
Dec. 1.	Civil Service	Winchmore Hill.
" 8.	S. Africans v. England	London.]
" 15.	Rosslyn Park	Winchmore Hill.

ASSOCIATION FOOTBALL CLUB.

ST. BART.'S v. FORESTHILLIANS.

Played at Forest Hill on October 20th, ending in a victory by 3 goals to 2.

The Hospital forward line played with great dash and pressed from the start. The first goal was scored by A. Cullen from a good pass by H. Rimington, who is playing well this year at inside right. The second goal came from E. J. Gordon who scored from a *meleé*. Gordon scored again after the interval, but the Hospital lost Woodruff with an injured ankle.

Our opponents had now more of the game, and scored two goals in quick succession, and but for fine play by Downes in goal they

would have increased their advantage. N. F. Norman played well at centre forward, and will be an acquisition to the team.

With better knowledge of one another's play, the side will develop into a strong one this season.

HOCKEY CLUB.

ST. BART.'S v. BROXBORNE.

The first match of the season was played against Broxbourne on their ground on Saturday, October 6th. The ground was in good condition, and we won by 7 goals to 4. Our forwards, as may be expected at this period of the season, did not get together. The passing, except for two or three short rushes, was very faulty, generally being not far enough forward. Another mistake made is that it is not hard enough, and the wings are very badly fed. Robinson and Gaskell did some excellent pieces of work, and scored some good goals, both being quick in the circle. We never looked like losing, although we fell to pieces once or twice and allowed some goals to be scored against us with seemingly little opposition. The way we fell to bits in a few matches last year was very noticeable. It seems to me to imagine that when they have a lead of two goals it is perfectly unreasonable to believe that their opponents can win. This fault has its remedy, and it is to be hoped that this season the games will be played from beginning to end. Phillips and Viner played very well at back, and with such defensive powers the list of matches won should be a decided improvement on the last season.

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

Played at St. Albans on Saturday, October 20th, and resulted in a win for the home side by 5 goals to 4. We never really warmed up to the game, and seemed unable to get going at all. The result was far from satisfactory, for the shooting on our part was very wild, and one or two certain goals were missed in consequence. Caldwell played well at half and stopped their forwards over and over again, while Gray did his best to make the game a bit faster. On the whole the play was not particularly brilliant, and aimless exchanges in the midfield seemed to be its general character, the ball going out of play more often than was desirable. The forwards must get a little more rush into their game, and especially should follow up their shots at goal. The "four half" game has yet to be mastered, and a good goal-keeper is wanted. The goals were scored by Robinson (two), Gaskell, and Sylvester.

In Memoriam.

A. W. BURNYEAT.



WE deeply regret to announce the death of a student of the Hospital, Arthur W. Burnyeat, which occurred in the Ophthalmic Ward on Friday, October 12th, after only a few days' illness. Burnyeat was educated at Carlisle and at the University of Oxford. He was a mathematical scholar of Queen's College, Oxford, and obtained a First Class in Mathematical Moderations. He then turned his attention to science, and after passing the first M.B. examination he entered St. Bartholomew's Hospital in October, 1905. In the short time during which he studied here he showed the same marked ability for medicine as he had earlier shown for the more exact sciences. At the time of his last illness he was beginning his work as clerk in Martha Ward. His tragically sudden death from cerebral abscess, after less than ten days' illness, has cut short a most promising career, and we offer, on behalf of the Hospital, our sympathy to his relatives and his friends.

The Abernethian Society.



THE first ordinary meeting of the Society was held on October 11th in the Library, Mr. W. Girling Ball in the chair.

Dr. Bainbridge read a paper on "Diabetes Mellitus." In the first part of the paper the pathology of the disease was considered, and Dr. Bainbridge adduced recent work showing that the disease was associated with an alteration in the normal secretion of prosecretion by the intestinal mucous membrane. In the latter half some clinical points bearing on the pathology of the disease were considered, and particularly that of coma. It was pointed out that the accepted view that coma is caused by acid intoxication was unsatisfactory, and Dr. Bainbridge was of opinion that it was more probably due to the formation of toxins. In the discussion that followed, Mr. Simpson related a case of unsuccessful treatment with elixir duodenale, in which treatment with uranium nitrate had abolished the glycosuria.

Messrs. Ball, Gaskell, Hale, Dixon, Almond, and Stansfeld also spoke.

During the evening twenty new members were admitted.

On October 18th Mr. Elmslie read a paper on "Rickets," Mr. H. W. Wilson being in the chair.

Mr. Elmslie's paper, which was illustrated by numerous skiagrams and photos, dealt with the incidence and the pathology of the disease. Mr. Elmslie was of opinion that the main factor in the causation of the bony curves was not that of pressure but of irregular ossification, the cartilage cells in a case of rickets not becoming arranged, as normally, in rows. Mr. Elmslie produced statistics to show the rare occurrence of genuine "late rickets."

The discussion that followed bore chiefly on the treatment of the disease, Messrs. H. W. Wilson, Durstal, Dixon, V. G. Ward, A. C. Wilson, H. Davis, Almond, Mead, Phillips, and Favell taking part.

On October 25th the Abernethian Society held its third ordinary meeting for the year in the Library.

The evening was a Clinical Evening devoted to Spines. Mr. Girling Ball, President, was in the chair.

Mr. Turton showed a case of congenital kyphosis in a boy of 15. The condition was irreducible. Mr. Turton wondered whether it had anything to do with rickets.

A case of winged scapula was then shown.

Mr. Gordon Watson showed first a case of fixed scoliosis in a boy as the result of *empyema*; a case of scoliosis with a dorsal curvature to the right, and a compensatory lumbar one to the left, in an adult girl, which he showed was due to her occupation; and a case of kyphosis in a waitress, due to occupation.

Mr. Jamison brought forward an aged man who had recently had a fall, which produced a dislocation of the fourth cervical vertebra.

In the discussion which followed, Mr. Gordon Watson, after passing round some museum specimens of spines, referred to the treatment by electrical irons in cases of thickening of the pleura, as suggested by Dr. Lewis Jones. He pointed out how fibrous tissue is thereby supposed to be softened, and thoracic deformity after *empyema* thereby averted.

Messrs. Haldin Davies, E. Burstall, Searle, A. C. Watson, and G. H. H. Almond then spoke.

Mr. Gordon Watson, at the request of the President, then concluded, and answered various questions that had been asked.

There were present 40 members.

New Preparations, etc.

We have received from HENRY GOWLLAND, Optician, of Selsey, Chichester, a $\frac{1}{8}$ inch oil immersion microscope objective. The price is exceptionally low, 55s. net. We have tried the specimen lens, and find that the definition is good, and that the field is very fairly flat. In our opinion it compares favourably with lenses sold at £5.

Books added to the Library during October.

A Manual of Midwifery. By T. W. Eden, M.D.
A Manual of Pharmacology. By Walter E. Dixon, M.D.
Heath's Manual of Minor Surgery and Bandaging. (13th edition) Revised by Bilton Pollard, F.R.C.S.
Studies in Pathology. Written by Alumni to celebrate the Quatercentenary of the University of Aberdeen and the Quatercentenary of the Chair of Pathology therein. Edited by William Bulloch, M.D.

The Argument, *a priori*, for the Being and the Attributes of the Lord God, the Absolute One, and First Cause. (6th edition.) By W. H. Gillespie, F.R.G.S.

X-Rays in Diagnosis. By several contributors (being an extra number of *The Practitioner*).

Intestinal Surgery. By N. Senn, M.D., Chicago, 1889.

The Life and Letters of Charles Darwin, including an Autobiographical Chapter. (In three volumes.) Edited by his son, Francis Darwin.

Essays on Museums and other subjects connected with Natural History. By Sir William Henry Flower, K.C.B.

Forms of Animal Life, being Outlines of Zoological Classification based upon Anatomical Investigation, and illustrated by descriptions of Specimens and of Figures. By George Rolleston, F.R.S., Oxford, 1870.

Natural Selection and Tropical Nature. Essays on Descriptive and Theoretical Biology. By A. R. Wallace, London, 1891.

The Scenery of England and the Causes to which it is due. By the Right Hon. Lord Avebury.

Literature and Dogma. An essay towards a better apprehension of the Bible. By Matthew Arnold.

Stonehenge and its Earth-works. By E. Barclay, R.P.E.

The Geology of Sussex; or the Geology and Fossils of the Tertiary and Cretaceous Formations of Sussex. By the late Frederick Dixon, F.G.S. New edition revised and augmented by T. Rupert Jones, F.R.S., Brighton, 1878.

Reviews.

LECTURES ON NEURASTHENIA. By THOMAS D. SAVILL, M.D. Lond. 3rd Edition. (London: Henry J. Glaiser.) Price 7s. 6d. net.

That a third edition of these lectures is required is sufficient proof of the extent to which they have been read. This edition has been revised and enlarged, the fresh material being chiefly an analysis of 103 private cases of neurasthenia, and showing that about 80 per cent. were due to some kind of auto-intoxication. Dr. Savill's aim has been to try and ascertain the pathology of neurasthenia. No one who reads these lectures can deny that, from the cases he quotes throughout the book, he has drawn most careful and legitimate deductions.

The author has such clear views on the subject of neurasthenia that he is able to express himself in a way easily to be understood, and his differential diagnosis between this affection and hysteria is worth any medical man's perusal.

The treatment of cases quoted, and hints as to the direction treatment should take, are especially valuable. We would heartily commend it to all practitioners.

A SHORT PRACTICE OF MEDICINE. By ROBERT A. FLEMING, M.A., M.D., F.R.C.P.E., F.R.S.E. (London: J. & A. Churchill.) Pp. 748, with charts and diagrams. Price 10s. 6d. net.

Of the smaller works on medicine, this is one of the best. It is readable, it is up-to-date, and the print is large and clear, while the author has avoided many of the defects which are usually associated with small text-books. We were especially pleased to see that, although there is a definite system in the arrangement of the signs and symptoms of each disease, the unsightly and demoralising practice of over-tabulation has been avoided. The chapters on the more important and serious diseases are sufficiently expansive to be

interesting, but, as is inevitable in small books, some of the articles on rare and minor disorders are very brief, and, in consequence, are dull and easily forgotten. One of the best chapters is that on the results of valvular disease. Where so much has had to be compressed it is good to find that the author has avoided the vice of abbreviating the names of drugs, and has added an extensive and complete index. The book is intended as an introduction to the study of medicine for students who are beginning their clinical work, as a *résumé* of essentials for rapid reference, and as a guide for those who are preparing for examinations, and in all three respects it is to be recommended.

UTERINE FIBROIDS AND OTHER PELVIC TUMOURS. By BEDFORD FENWICK, M.D. Illustrated. (London: E. H. Blakeley.) Price 3s. 6d.

This little book comprises a collection of half a dozen papers published during the last twenty years. The first two papers contain little that is worthy of note, indeed, it seems difficult to reconcile the views expressed in the first with those set forth in the second as regards the mode of origin of fibroid tumours. The treatment of pregnancy complicated by fibroids is clearly set forth, cases being quoted accompanied by illustrations. The author's views on the relation of pulmonary phthisis to ovarian disease are interesting, but, as he himself acknowledges, the statistics he gives can by no means be considered conclusive. The paper on "Four Years' Hospital Abdominal Surgery," accompanied by an excellent abstract of all the cases and the deductions he draws from them, is admirable, and one only wishes that more surgeons would tabulate their results in so satisfactory a manner.

LECTURES ON MIDWIFERY FOR MIDWIVES. By A. B. CALDER, M.B. Demy 8vo. 274 pp. 153 illustrations. (London: Baillière, Tindall, and Cox.) Price 5s. net.

One can give nothing but praise to this series of lectures. The first two lectures deal in a concise and explicit way with the anatomy and physiology of the pelvic organs, and with the symptoms and hygiene of pregnancy. Then follow chapters on labour, normal and abnormal. The puerperium and management of the child, whether proceeding normally or abnormally, are treated in a way which can leave no doubt in a midwife's mind as to the course she should pursue. The book is easy reading, without long abstruse scientific words, and without padding. Almost every point of interest that can be illustrated has been illustrated, and, on the whole, the illustrations are good, though in some there is a lack of clearness. The last chapter on sanitation, and the Midwives Act, together with an appendix on Rules of the Central Midwives Board, should prove very useful.

NURSING AT HOME. By J. D. F. MORTIMER, M.B. Lond., F.R.C.S. Eng., and R. J. COLLIER, M.D. Aberd. (George Gill and Sons.) Price 8d. net.

Many a patient would be happier if his well-meaning relatives had the elementary knowledge of nursing embodied in *Nursing at Home*. The sections on prophylaxis and the many emergency "tips" are particularly valuable. That horde of malignant superstitions, which renders the life of a slum baby a curse, and even that of its better class brother often a doubtful blessing, is attacked in Chapters V and VI. The advice on page 64, not to kiss an infectious patient, sufficiently indicates that the book is not written for the professional nurse, who, we understand, would not do this even with an ordinary case.

THE PUERPERIUM. By C. NEPEAN LONGRIDGE, M.D., F.R.C.S., M.R.C.P. (London: Adlard & Son.) Price 5s.

The author is to be congratulated on having written such a practical and useful book. In most treatises on midwifery the subject of "the lying-in woman and the new-born infant" is treated in a too superficial and scanty manner considering the importance of the subject. The teaching and treatment suggested are those in everyday use in Queen Charlotte's Hospital, a sufficient guarantee for their excellence. Nothing is too simple to be omitted by the author, and therein lies the value of the book. The chapters on

Breast Feeding and Artificial Feeding are especially instructive. It is a book which could be studied with advantage by practitioners, midwifery clerks, and midwives.

TEXT BOOK ON DISEASES OF THE HEART. By GRAHAM STEELE, M.D., F.R.C.P. With an Appendix on the Volume of the Blood in relation to Heart Disease, by J. LORRAINE SMITH, M.A., M.D. (Manchester: The University Press—Sherratt and Hughes.) Pp. 389, with illustrations and charts, price 7s. 6d. net.

Dr. Steele has written an interesting work, which the advanced student and the practitioner of medicine will read with pleasure and advantage. The plan of the book is somewhat unconventional, and at first sight a trifle inconsequent, but, as one reads on, the unity of the author's scheme becomes obvious, and the reader's interest is maintained. The style is lucid and pleasantly didactic. The author lays stress on the local pad of œdema which is often found over the sacrum in the dropsy of heart disease, and is especially interesting on the subject of the relation between nephritis and disease of the heart. Great emphasis is laid on the influence of the contractility of the heart muscle in the mitral valve apparatus, especially in so far as this is concerned in the production of mitral incompetence, which, the author holds, is, in the vast majority of cases, quite independent of any structural change in the valves themselves.

The subjects of the apex beat and the epigastric impulse are well treated of. Throughout the book there are a number of italicised aphorisms, which are for the most part of considerable value, and in accordance with the usual teaching. The author's observations on the frequency of the various auscultatory signs of mitral stenosis are interesting, but it will come as something of a shock to the student to learn that the pathognomonic presystolic murmur is the rarest of murmurs in this lesion. The diagrams of pulse tracings are copious and instructive, while the other illustrations are well selected. In the chapter on angina the symptoms, especially that of superficial hyperalgesia, are well and fully considered, but the pathology of this condition is dismissed in a line or two. The chapter on congenital heart disease, although brief, is good, and the author is engagingly frank as to the difficulty of diagnosis in adherent pericardium. The chapters on treatment are interesting and practical. The disadvantages of a carbo-hydrate diet in heart disease are insisted on, and the simplification of meals is advised, while the Nauleim treatment is discussed with an occasional glimpse of the author's sense of humour. The appendix explains the carbon monoxide method of estimating the volume of blood in the living subject, and the application of this procedure in disease.

GUIDE TO ANÆSTHETICS. By T. D. LUKE, M.B., F.R.C.S. Third Edition. (Edinburgh: Wm. Green and Sons.) Price 5s. net.

With the exception of a few additions, notably on the choice of an anæsthetic and local anæsthesia, the general arrangement of the former edition of this book has been retained.

Although agreeing with the author on the importance of ethyl chloride as a general anæsthetic, yet his statement that this drug has almost completely displaced nitrous oxide in general surgery seems premature; at the same time more space might with advantage be given up to the description of the sequence of nitrous oxide and ether.

With this exception, we consider it one of the best of the smaller books on this subject, and can confidently advise both general practitioners and students to make themselves familiar with its methods, for it shows correct observations and gives in a small compass an intelligible account of the practice of anæsthesia.

NOTE.—A number of reviews of books recently received are held over, on account of pressure of space, until our next issue.—Ed.

Royal Army Medical Corps.

An examination of candidates for not less than thirty commissions in the Royal Army Medical Corps will be held on January 24th next and following days. Applications to compete should be made to the Secretary, War Office, London, S.W., not later than January 14th, 1907, on which date the list will be closed. Candidates who are over the regulated limit of age at the date of the examination will be permitted to deduct from their actual age any period of service in the field after October 1st, 1899, that they could reckon towards retired pay and gratuity if such deduction will bring them within the age limit. The presence of candidates will be required in London from January 22nd, 1907.

Lieut.-Col. F. H. Treherne is appointed to act as Principal Medical Officer II (Rawal Pindi) Division.

Lieut.-Col. J. M. Reid has embarked for Hong Kong.

Lieut.-Col. W. H. Pinches retires on retired pay.

Capt. J. T. Clapham, from temporary half-pay, is placed on retired pay.

Indian Medical Service.

Capt. F. V. O. Beit, M.B., Civil Surgeon, passed the Lower Standard Examination in Burmese at Rangoon on June 4th.

Capt. R. A. Lloyd, I.M.S., assumed the duties of Civil Surgeon of Jhelum District, Punjab, on May 31st.

Major R. K. Mitter, I.M.S., is appointed District Medical and Sanitary Officer and Superintendent of Gaol of Madura District, Madras, but is to continue to act at Salem July 10th.

Major R. C. Oldham, I.M.S., Civil Surgeon of Patna, Bengal, is allowed privilege leave combined with furlough for fifteen months from July 16th.

Major E. V. Hugo, I.M.S., on return from leave reported his arrival at Lahore, Punjab, on July 2nd, and is appointed Civil Surgeon of Ferozepore, and assumed charge of duties on July 5th.

Capt. J. W. Illius, I.M.S., is appointed to act as Resident Medical Officer, General Hospital, Madras, July 31st.

Major A. Buchanan, I.M.S., Civil Surgeon, 2nd Class, is appointed to officiate as Civil Surgeon, 1st Class, from May 6th to June 16th, in Central Provinces.

Capt. W. W. Jeurwine, I.M.S., is appointed to medical charge of 27th Punjab on August 2nd.

Major F. P. Maynard, I.M.S., Professor of Ophthalmic Surgery, Medical College, Calcutta, and Ophthalmic Surgeon, College Hospital, is allowed privilege leave for three months, August 15th.

Capt. W. H. Cazaly, M.B., I.M.S., is appointed to act as Civil Surgeon of Satara District, Bombay, from July 11th.

Lieut.-Col. H. Hendley, M.D., I.M.S., Civil Surgeon, has been permitted to commute period of furlough from October 15th, 1903, to May 27th, 1904, into study leave.

Lieut.-Col. S. Little, I.M.S., Civil Surgeon, on return from privilege leave resumed charge of duties at Rawal Pindi, Punjab, on July 24th.

Major E. V. Hugo, I.M.S., made over charge of duties of Superintendent of the district gaol, Ferozepore, Punjab, on August 15th.

Capt. H. J. Walton, I.M.S., Civil Surgeon, Mainpuri, United Provinces of Agra and Oude, is appointed to visiting medical charge of Etawah in addition to his other duties September 1st.

Captain R. F. Baird, I.M.S., Medical Officer 18th P.W.O. Lancers has been transferred to civil employment in the United Provinces, and posted as Civil Surgeon, Fatehgarh.

Examinations.

CONJOINT BOARD.

The following candidates have been approved in the subjects indicated. We have not yet received the official lists of the candidates who have passed in Medicine, Surgery, and Midwifery.

Practical Pharmacy.—G. O. Chambers, M. W. B. Oliver, G. F. Randall.

Anatomy and Physiology.—A. R. Snowden.

New Addresses.

ATTLEE, J., 65, Grosvenor Street, W.

BUTCHER, H. H., 4, Duke's Avenue, Chiswick, W.

CROSSE, R. E., Gothic House, Devonshire Road, Balham, S.W.

ECCLES, H. A., Parkhurst, 97, Church Road, Upper Norwood, S.E.

ELLIOTT, C., Clanricarde House, Tunbridge Wells.

FIELD, F. A., Oak Tree Bank, 463, Lordship Lane, S.E.

GILLESPIE, W. F., 44, Campbell Road, Bow Road, E.

HARDY, E. W. D., Royal Berkshire Hospital, Reading.

HARKER, T. H., 25, Pembroke Crescent, Hove.

HAWES, C. S., Cook's Hill, Mundesley, Norfolk.

HAWKINS, A., The Hospital, Exeter.

HENSLow, Rev. G., Drayton House, Leamington.

LEATHART, P. W., 11, Gatestone Road, Upper Norwood, S.E.

MAINPRISE, Capt. C. W., R.A.M.C., Staff Mess, Aldershot.

MARSHALL, C. F., 27, New Cavendish Street, Cavendish Square, W. Telephone: 3712 Paddington.

ORTON, W. H., West London Hospital, Hammersmith Road, W.

PENNY, G. T., "Newlands," Great North Road, Highgate, N.

QUICK, H. E., Free Eye Hospital, Southampton.

REES, F. J., West Ham Union Infirmary, Leytonstone, N.E.

ROSE, F. A., 3, Upper Wimpole Street, W. Telephone: 3306 Mayfair.

SCOTT, T. W., Wincombe, Southbourne, Hants.

SHAW, E. H., 70, Parkhurst Road, Upper Holloway, N.

SMITH, Capt. F. A., I.M.S., c/o Messrs. Grindlay and Co., 54, Parliament Street, S.W.

SMITH, J. M., The Hospital, Johannesburg.

SPEECHLEY, A. J. L., Hutti Mine, P.O. Lingsugur, Deccan, India.
STARR, Lt.-Col. W. H., R.A.M.C., Bangalore, India.
VERRY, G. T., County Hospital, Bedford.
WHITE, C. POWELL, 1, Albemarle Road, Withington, Manchester.

Appointments.

BARBER, A., B.S.Lond., M.R.C.S., L.R.C.P., appointed Junior House Surgeon to the Great Northern Central Hospital.
BROWN, A. CARNARVON, M.R.C.S., L.R.C.P., appointed Senior House Physician to the Great Northern Central Hospital.
COLE, T. E. C., M.D.Oxon., appointed Honorary Physician to the Warneford Hospital, Leamington.
DAVIES, A. T., M.D.Cantab., F.R.C.P., appointed Medical Officer to the Bank of England, and Consulting Physician to the Metropolitan Hospital.
GLENNY, E. T., M.R.C.S., L.R.C.P., appointed House Physician to the Essex and Colchester Hospital, Colchester.
HARDY, E. W. D., M.R.C.S., L.R.C.P., appointed Assistant House Surgeon at the Royal Berkshire Hospital, Reading.
HAWKINS, ARTHUR, B.A.Cantab., M.R.C.S., L.R.C.P., appointed House Physician to the Royal Devon and Exeter Hospital, Exeter.
HULBERT, HENRY L. P., B.C.Cantab., D.P.H., appointed Assistant Medical Officer under the Manchester Education Committee.
JAMES, W. A., M.R.C.S., L.R.C.P., B.Sc., appointed Surgeon to ss. "Matiana."
ORTON, W. H., M.B., B.C.Cantab., appointed House Physician at the West London Hospital.
QUICK, H. E., M.B., B.S.Lond., appointed House Surgeon to the Free Eye Hospital, Southampton.
REES, F. J., M.R.C.S., L.R.C.P., appointed Assistant Medical Officer to the West Ham Union Infirmary, Leytonstone, N.E.
SHAW, E. H., M.R.C.S., L.R.C.P., appointed Casualty Officer, Pathologist, and Registrar at the Metropolitan Hospital, Kingsland Road, N.
SMITH, J. M., M.B.Cantab., appointed House Surgeon to the Johannesburg Hospital.
VERRY, G. T., M.R.C.S., L.R.C.P., appointed Senior House Surgeon to the Bedford County Hospital.
WOOD, PERCIVAL, M.R.C.S., L.R.C.P., has been appointed Justice of the Peace for the County of Sussex.

Births.

BEWES.—On the 5th October, at Otahuhu, Auckland, New Zealand, the wife of Edward Anstis Bewes, M.R.C.S., L.R.C.P., of a daughter.
HARVEY.—On October 6th, at Swinton, near Rotherham, the wife of Frank Harvey, M.R.C.S., L.R.C.P., of a daughter.
MATTHEWS.—At Cawnpore, India, on October 6th, the wife of Captain E. A. C. Matthews, I.M.S., 10th Lancers, of a son.
ORMEROD.—On the 7th October, at Beauchamp Lodge, Wimborne, the wife of Ernest W. Ormerod, M.D., of a son.
RENDEL.—On the 22nd October, at 19, Norfolk Crescent, Hyde Park, the wife of A. B. Rendel, M.B., B.C.Cantab., of a daughter.
TAYLOR.—On the 14th July, at 44, Prince of Wales' Road, Norwich, the wife of Sidney Johnson Taylor, M.B., M.R.C.S., of a son.

Marriages.

NIMMO—MACKIRDY.—On the 24th July, at the Windsor Hotel, Glasgow, by the Rev. J. Traill and the Rev. Dr. Hewison, of Rothcay, Staff Surgeon Frank Hutton Nimmo, R.N., fifth son of James Nimmo, Esq., and Mrs. Nimmo, of 1, Oak Mansions, West Hampstead, to Annie, youngest daughter of the late Robert MacKirdy, and of Mrs. MacKirdy, of 20, Battery Place, Rothcay.
NUTHALL—JACKSON.—On the 2nd October, at All Saints' Church, Shooter's Hill, by the Rev. S. M. Warner, Vicar, assisted by the Rev. J. W. Morris, Rector of Kidbrooke, and Rural Dean, Alex. Wathen Nuthall, Ch.M., F.R.C.S., son of Colonel Nuthall, late Manchester Regiment, to Mildred Frances, daughter of John J. Jackson, of Lowood, Shooter's Hill, Kent.
WILLIAMSON—JACOB.—On the 20th October, 1906, at the Parish Church, Epsom, by the Rev. S. J. McClean, assisted by the Rev. W. Bainbridge-Bell, Vicar of the Parish, John Williamson, M.D.Lond., to Dorothy, second daughter of the late W. Heaton Jacob, F.S.A., and Mrs. Heaton Jacob, Beaumont, Ewell. At Home at The Limes, Epsom, Nov. 21st and 24th.

Deaths.

ADAMS.—On the 6th September, at Hove, James Adams, M.D., M.R.C.S., late of Barnes, in his 77th year.
CRADDOCK.—On the 14th October, at his residence, Wotton, Frederick Hurst Craddock, M.A., M.R.C.S., Medical Superintendent of 1st County Asylums, Gloucester, aged 55 years.

Acknowledgments.

British Journal of Nursing, Broad Way, Durham College Gazette, Guy's Hospital Gazette, Health Resort, Middlesex Hospital Journal, Nursing Times, St. Mary's Hospital Gazette, St. Thomas's Hospital Gazette.

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. B. 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.

VOL. XIV.—No. 3.]

DECEMBER, 1906.

[PRICE SIXPENCE.]

St. Bartholomew's Hospital Journal,

DECEMBER 1st, 1906.

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

Calendar.

Mon., Dec.	3.—Special Lecture, 1 p.m. Dr. Ormerod.
Wed., "	5.—Clinical Lecture, 2.45 p.m. Mr. Lockwood. "Fæcal Leaks and Fistulæ."
Thur., "	6.—Abernethian Society, 8.30 p.m. Mr. H. W. Wilson. "On Urine."
Fri., "	7.—Clinical Lecture, 1 p.m. Dr. Herringham. Students' Union Dance, Wharnccliffe Rooms, 9 p.m.
Mon., "	10.—Special Lecture, 1 p.m. Mr. Cumberbatch.
Wed., "	12.—Clinical Lecture, 2.45 p.m. Mr. D'Arcy Power.
Fri., "	14.—Clinical Lecture, 1 p.m. Dr. Tooth.
Wed., "	19.—Winter Season divides. Staff Christmas Dinner, Wharnccliffe Rooms, 7 for 7.30.
Tues., "	25.—Christmas Day.
Wed., "	26.—Bank Holiday.
Mon., "	31.—Dress Rehearsal for Christmas Entertainment.
1907.	
Tues., Jan. 1.	Christmas Entertainment in the Great Hall. "His Excellency the Governor," by members of St.B.H.A.D.C.
Wed., "	2.

Editorial Notes.

It will be seen from the short article we print in another part of this number that the work of building the new Pathological Block is to be begun. A tender has been accepted, and the remaining shops on the site have been closed. Thus, that which we hoped for in our Notes of last month, has taken place. A large sum of money is, however, still needed to carry out the work, and we ask our readers to spread, so far as they reasonably can, the knowledge of their Hospital's needs. It is through them alone that the public will learn what the Pathological Department means to the work of a modern hospital.

WITH all the charitable institutions of London jostling each other and clamouring for help, from boardings, from the Press, and even from pathetic little penny-in-the-slot machines in public houses, it is worth while to consider for a moment the effect which this hubbub is producing upon the public mind. It would seem that the national conscience is in danger of becoming fatigued by over-stimulation, and of responding—if at all—in sheer desperation, to those institutions only whose cries are the loudest and the most persistent. The remedy, so far as St. Bartholomew's is concerned, does not lie in the purchase of larger signs and more lurid posters than those used by its competitors for that would be but to encourage the evil—but in the education of at least one section of the public.

* * *

THE State does not support us: from the Hospital Fund we receive nothing. The sympathy of the vast multitude who read and believe in the halfpenny papers has long been diverted from us into another channel. But there is a class to whom we have not altogether appealed in vain. The charitable and wealthy are a long-suffering people, and singularly open to reason—even when it is offered them by their medical advisers. We ask old St. Bartholomew's men to use their influence once more, with their richer patients, in furthering the claims of their own Hospital, on the many occasions when it is possible to do so without loss of dignity.

* * *

An interesting ceremony took place on November 7th, 1906, at the Section Hospital, Meerut, when Senior Lady Superintendent, Miss R. A. Betty, Q.A.M.N.S., India, received the decoration of the Royal Red Cross. The presentation was made by Major-General Henry, C.B., commanding 7th Division, in the presence of a large number of staff and medical officers, of the nursing staff, and others. We congratulate Miss Betty on the honour which the Sovereign has been pleased to confer upon her as a recognition of many years of devoted service, and we

recall with pleasure the fact that she received her training at St. Bartholomew's.

ONE of the compensations for the toils and trials of editing is the receipt of letters from readers; letters of correction, of criticism, of suggestion, sometimes even letters of dignified commendation. But the most diverting, and the rarest, are the letters of stern reproof for the evil that is within us, for the evil that we have done. There is one such—at present in the hands of our picture-framer—which, but for the afterthought that bade the writer add the words "not for publication" to its tail, would now have found an honoured corner in our columns—its pungent adjectives in leaded type, its remorseless verbs in Gothic characters. And all this about one little accidental omission, such as repeatedly may be seen in the most august periodicals, whose pages we are not worthy even to cut!

WE have received a copy of an Address, delivered before the Royal Medical Society of Edinburgh, at the opening of its 170th session, by Sir Dyce Duckworth. The title is "The Dignity of Medicine." No one is better fitted to speak with authority upon this subject than Sir Dyce Duckworth. Many of our readers have doubtless already followed his arguments with much interest, and possibly, too, with some concern. He maintains that our profession has not advanced in prestige during the past fifty years, but rather has receded; that medicine, in spite of her vast scientific progress, stands not where she did in the days when the physician was amongst the few scholars and learned men of his age, remarkable alike for his wisdom and his high character.

WE must own that until now we held that there were a larger number of educated gentlemen at the present day in the profession than at any former time. We thought that the social standing and personality of the doctor was steadily improving. We believed that he could now take, if he wished, a position which in the past he could only obtain by fighting for. Sir Dyce Duckworth has shaken our belief. He sees in the medical profession of to-day a loss of dignity, a diminished power of commanding respect and confidence. He attributes this to the increasing claims of science at the expense of the *litteræ humaniores*; to the modern vogue for specialism; to the unseemly discussion of medical topics in the lay press; and to that spirit of the age which is inimical to all dignity.

But Sir Dyce Duckworth does more than point out the defect; he suggests the remedy. He is no mere destructive critic of modern tendencies, no mere *laudator temporis acti*. He bids us beware of becoming too professional, for "skill in physic alone does not constitute the highest excellence of the physician"; and he recommends some

bypaths which may be followed with advantage. The cultivation of good literature, the study of modern languages, travel in foreign lands, and the pursuit of open-air exercise, all lead to that full knowledge of men and manners, which he would have us acquire, that we may regain the dignity that we have lost. "We must try and meet the pressing claims of modern medicine as fully as we can, and yet study in some other fields of mental culture."

THE arrangements for the Annual Dance, which is to take place on Friday, December 7th, at 9 p.m., at the Great Central Hotel, are now completed. Mrs. Cumberbatch has kindly consented to act as Lady President. Pritchard's Band, which gave such satisfaction at the last dance, has been re-engaged for this occasion, and the arrangements at the Wharnclyffe Rooms will be precisely the same as last year. Old Bart's men are cordially invited, and those who intend to come are asked to make early application for tickets, price 10s. 6d. each, to the Secretaries of the Students' Union.

AT the Primary Examination for the Fellowship of the Royal College of Surgeons, held in November, 95 candidates presented themselves and 27 passed. Of the 95 who entered, 22 had studied at St. Bartholomew's, and of these 9 were successful. It will thus be seen that no less than one third of those who satisfied the Examiners came from this school. We heartily congratulate Messrs. Carver, Cripps, Cumberlidge, Roper, Smerdon, Sturdy, Verrall, and K. M. Walker upon their success.

MR. D'ARCY POWER has been re-appointed Examiner in Surgery at the University of Oxford for the years 1907-8, and Dr. A. E. Garrod has been appointed Examiner in Medicine. At the same University on November 6th the degree of Doctor of Medicine was conferred on Mr. J. A. Willett.

THE Hospital Amateur Dramatic Club has begun rehearsals for the Christmas Entertainment. The play chosen is "His Excellency the Governor," by Robert Marshall, and the dates of the performances have been fixed for Tuesday and Wednesday, January 1st and 2nd. The cast is a strong one, and the entertainment should be a great success.

WE offer our congratulations to Mr. Ransom Pickard, M.S., F.R.C.S., on his recent election as Sheriff of Exeter. This honour he has fully won by his devotion to the city. We would also congratulate Dr. W. Haig Brodie on being admitted a Member of the Royal College of Physicians of London; and Captain H. Warwick Illius on passing the examinations for the Fellowship of the Royal College of Surgeons of Edinburgh.

Clinical Odds and Ends.

No. VII.

By Dr. SAMUEL WEST.

HEADACHE IN TYPHOID FEVER.

HEADACHE is often the earliest symptom in typhoid fever, and may be the chief source of complaint for the first week or ten days.

Headache with fever may also mark the commencement of meningitis, and when there are no other symptoms the distinction between the two conditions may be very difficult, though the course of the case soon determines the diagnosis. Hesitation is naturally felt in diagnosing meningitis, with all that it involves, in the absence of conclusive symptoms, and the benefit of the doubt may fairly be given in favour of the commonest disease, *i.e.* of typhoid fever, especially if the patient be not a child, but an adult. Though the chances are in favour of the commonest disease in nineteen cases out of twenty, unfortunately it is impossible to say where the odd case will come in the series, and so mistake is sometimes unavoidable. Forewarned is forearmed, and the difficulty being known care will be taken not to make a positive diagnosis before the facts are conclusive. In relapses of typhoid fever headache is not, so far as my observation goes, so marked a symptom. Many relapses run their course without any headache to speak of, and I cannot recall any case in which headache was a source of serious complaint.

The case which has suggested these comments was that of a man of 45, in whom intense headache was the chief complaint in what was a very indefinite and otherwise mild case of typhoid fever. In the relapse that occurred the headache did return, but to a much slighter degree, coming on in slight paroxysms once or twice a day for the first three days of the relapse, and lasting only half an hour or so.

ANGINA WITH PAIN IN THE RIGHT ARM.

The pain of angina is usually felt in the precordium, radiating upwards on the left side and extending down the left arm. In severe cases it may spread more widely, *e.g.* over the whole upper part of the chest and down the right arm as well. There are cases in which the left arm escapes, and the pain radiates to the right shoulder and down the right arm only.

There is an instance of this at present in the Hospital, in a man 61 years of age. The unusual distribution of the pain suggested some unusual cause, for instance an aneurysm of the aorta. The chest has been carefully examined with this view, but so far nothing of the kind has been discovered.

EPILEPSY IN GRANULAR KIDNEY.

Epilepsy and granular kidney may of course be accidentally associated together, *i.e.* the patient may be an epileptic

and subsequently suffer from granular kidney. Again the fits in acute uræmia are epileptic in character. But there is another group of cases, by no means rare, in which epileptic attacks may be the first sign of disease in a patient suffering from granular kidney. In other words, epilepsy is one of the nervous states which the chronic toxæmia of granular kidney produces. A patient may not be known to have anything the matter at all until an epileptic attack occurs, and then examination shows the existence of advanced granular kidney. The patient is really epileptic.

There is an interesting case of the kind in Faith Ward. A girl of 19 had what appeared to be acute nephritis eighteen months ago, and had several attacks of uræmic convulsions, but it is probable that the kidneys were not sound before. At any rate, she now has signs of chronic interstitial nephritis, or granular kidney. For the last year she has had repeated attacks of giddiness and loss of consciousness as frequently as once or twice a week. The attack which brought her into the Hospital was of this kind. She had bright lights before the eyes, became giddy, felt strange, and fell down stairs, but without hurting herself. She picked herself up and went out. In the street she had another attack, but did not fall. She says she then went for a walk, but does not know why or where she went, and indeed remembers nothing more until she found herself in the Hospital. It appears she was seen to fall in the street, and was so strange in manner that the policeman who picked her up brought her straight to the Hospital. The attack was evidently one of masked or incomplete epilepsy. The girl is now a manifest epileptic, though she never had any fits or illness of any kind before the attack of apparently acute nephritis eighteen months ago; but it is probable that this acute attack was only an intercurrent affection occurring in a patient with already unsound kidneys.

"Ectopic Pregnancy in 1669."

By C. HUBERT ROBERTS, M.D., F.R.C.S., M.R.C.P.,
Physician to the Samaritan Free Hospital for Women; Physician to Out-patients, Queen Charlotte's Lying-in Hospital; formerly Demonstrator of Practical Midwifery, St. Bartholomew's Hospital.

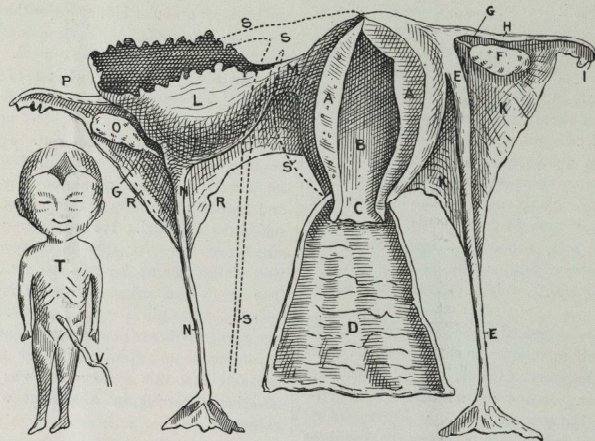
AT the November meeting of the Obstetrical Society of London I showed a specimen of pregnancy at full term in a horn of a uterus bicornis, which I removed at the Samaritan Hospital, six months after the death of the child. The case is fully reported in the *Journal of Obstetrics and Gynecology of the British Empire* for December. The specimen is now preserved in the museum at St. Bartholomew's, and a very careful examination has been made of it by Dr. Williamson. There are also several other very interesting specimens of a similar nature in the

museum, which will well repay a closer study by those who are interested in this curious abnormality; in fact, I do not know of any museum which contains better ones.

When I was looking over the literature of such cases, I came upon many of interest, but none perhaps of such ancient date as the one described by François Mauriceau in his book, *Traité des Maladies des Femmes Grosses et Accouchées*, published in Paris in 1682, pp. 69-73. This particular case was brought to my notice by Dr. Longridge, a former resident at Queen Charlotte's, who kindly lent me the book to verify the reference.

I was so struck with Mauriceau's description (and particularly with the plate,* which I have ventured to repro-

ductions that were truly tubal or truly cornual, *i. e.* developed in a rudimentary horn of a uterus bicornis; and on this basis, as we do at the present day, Mauriceau rightly argued that his case was developed in part of the uterus and not in the tube. He does not say that he thought the cornu to be imperforate; in fact, it is probable that he took the condition to be a hernia uteri. He also observed that in such cases the womb became enlarged, and contained "a spongy substance" like the afterbirth (the true decidua). The ovaries are described as testicles (*testicules*), having an ejaculatory duct; reference to his picture shows that the latter is probably what we now call the ovarian ligament, but he seems also to apply the



RUPTURE OF A RUDIMENTARY HORN OF A UTERUS BICORNIS (AT ABOUT TWO AND A HALF MONTHS).
Copied from a drawing in Mauriceau's *Les Maladies des Femmes Grosses et Accouchées*, published in Paris, 1682, p. 72, Tab. 8.

duce) that I thought it not amiss to translate it for the benefit of the Bart.'s JOURNAL, and those of its readers who might be interested in this subject. The old French is curious and in places difficult to follow, but in the main I have given it in Mauriceau's own words. It is to me somewhat astounding that so much was known, even in those days, of ectopic gestation, and indeed Mauriceau's article is classical in its description of an early rupture; further, the plate seems a faithful reproduction of what he saw, and he arrives at a correct interpretation of the clinical and pathological conditions.

The point of interest to me is that, as far back as 1669, the anatomical relationship of the round ligament to the sac was taken as the point of differentiation between

* See also *Das Nebenhorn des Doppelten Uterus*, Dr. Erwin Kehler, Heidelberg, 1900, who reproduces the same plate.

same name to the Fallopian tube (vide Fig.). The fimbriated extremities of the tubes he describes as "torn" (*déchiré*), though he does not state from what they are torn; anyhow the fimbriae, as we describe them now, were not definitely understood. Another interesting point is that the vagina is described as the "neck" of the womb, while the internal os is mentioned as being "torn and irregular as it is in all cases of women who have had many children."

Mauriceau's description is as follows:

"History of a woman in whose belly was found after her death a little fetus about two and a half months old with a large abundance of clot. This case merits a careful description since it is said that the child was developed in the ejaculatory vessel called the 'tuba uteri'; as many people already believe

"On the 6th day of January of the year 1669 I saw at the house of a Surgeon called Benoist Vassal, in the Rue de la Tannerie, Paris, a womb (such as I have figured in the accompanying drawing) which he had recently removed from the corpse of a woman thirty-three years old who had died suddenly after suffering for three days from cruel pains in the belly, frequent synopses, and violent convulsions. This woman, who was a midwife by profession, was quite well before the present illness, and had borne seven boys and three girls in different pregnancies at term.

In this last pregnancy the womb only expanded near the right cornu, this part becoming at last so thin and feeble that it could not for long contain the child, and thus it ruptured completely at two and a half months of pregnancy or thereabouts. The child escaped and was found dead among the intestines of its mother, with a great abundance of blood-clot which filled the whole of the lower part of the abdomen.

A very large number of people besides myself went to the house of this Surgeon in order to view the womb which he showed as a curiosity, persuading them, without having first carefully examined the specimen, that the child had originated in the ejaculatory vessel which Fallopius has termed the 'tuba uteri,' and that this was an example confirming many histories of a similar nature which M. Riolan reported in his book on *Anthropography*, chap. xxv, p. 2. But when I had carefully examined and considered all the parts of this womb I found that those who agreed with his view were indeed wrong, and I therefore made a drawing myself of the parts as they truly were, which drawing is a much more correct representation than that which this Surgeon made a month afterwards, since the womb had by that time been almost destroyed by the handling of more than a thousand persons who had turned and twisted and touched it in order to examine it after their own manner. In fact, I am no longer in accord with those surgeons and physicians who believe that the child originated in the tuba uteri, and further I will give my true reasons for these sentiments. These I hold from a careful examination of the drawing of this womb which I made, and I say that this child was not developed in the 'tuba' but in a part of the proper 'body' of the womb, which had become stretched out and pushed away from its cornu in a manner of a hernia, and that the child being therein contained did by its growth cause the rupture of this part.

I say I have my reasons for comparing this deformity of the womb to a hernia, and that this child had been developed in a part of the womb which had been gradually stretched, much in the same manner as the intestines in a hernia may elongate themselves and reach the scrotum.

Further, I show you that this is a portion of the womb and not the tuba uteri, for it is a recognised fact that the round ligament is attached directly to the lateral portion of the proper body of the womb called the cornu, and partaking in this position with its substance.

Lastly, it is certain that the part where the round ligament is attached to the right side of the uterus is the place where the fault in the formation of this womb occurred, and that it is indeed a portion of the womb itself. On the other side, which is healthy, the round ligament as you may see has a different disposition to the tuba.

The child has been nourished in a part of the substance of the womb which has become elongated, for if you will look at the picture which I have made, the true body of the womb is on that side much diminished, since this extension has consumed much of the substance of the womb by being so pushed out. Hence, in this last pregnancy this spot was a weaker one than all others, and indeed, the many previous pregnancies in this woman had contributed to this condition.

Peradventure, some accident in this last pregnancy had indeed prevented the true body of the womb from dilating equally in all directions, as it had done in all her other pregnancies. There are many persons who believe with regard to such cases that the testicles of women are full of little eggs, which detach themselves from the true body of the testicle at the time of coitus, and that these are conducted by the tuba into the womb, to serve in future for the production of the child. According to such persons, one of these so-called eggs may have become by chance arrested in the tuba of this woman without falling into the womb, and it did therefore cause her death.

M. Graaf with others holds this sentiment, and has made a copy of this womb on p. 260 of his book *De Mulierum organis generationi inferientibus*, but if he will take the trouble to examine the condition which I depict, and which is very faithful and correct (as are also my reasons for believing this to be a cornu and not a tuba uteri), he must give us further veritable proof before we can agree to the opinion that he therein puts forth.

"Explanation of the Figure (or drawing) in which the womb and all the other parts belonging are represented as one third* smaller than they were in reality.

- A. A. Showing the proper body of the womb, which has been completely opened to show the cavity, the thickness of its spongy substance (walls), and also many vessels of considerable size.
- B. The cavity of the womb which contained several little masses like the spongy substance of an afterbirth.
- C. The internal orifice of the womb having an irregular shape, as it ordinarily has in most women who have borne several children.
- D. The vagina or neck of the womb, opened in its entire length.
- E. E. The round ligament of the left side.
- F. The left testicle (testicule).
- G. The ejaculatory vessel (or duct) which leads from the testicle to the cornu of the womb.
- H. The left ejaculatory vessel (or duct) called by Fallopius the tuba uteri.
- I. The torn portion of the tube of the left side, which is only a production of the broad ligament, and which thus appears jagged towards the extremity of ejaculatory duct.
- L. A portion of the membranous pouch in which the child was contained before rupture occurred. It is clearly seen that this pouch is a portion of the proper substance of the womb which has been pushed out in the manner of a hernia, and which had contracted, in like manner to the womb, immediately that the child had left its cavity after rupture. Little remains in its interior but a few clots of blood and some portions of the afterbirth, which were found therein after the death of the woman.
- M. The narrowed portion of the substance of the womb between the pouch and the true substance of the womb.
- N. N. The round ligament of the womb, which is attached (on the right side) to the outer portion of the pouch (L.).
- O. The right testicle (testicule).
- P. The tuba uteri or right ejaculatory vessel (or duct).
- Q. The torn portion (of the tube) of the right side.
- R. E. The broad ligament of the right side.
- S. S. S. All these letters (on the right) show the position that the womb should have had on this side, also the situation of the round ligament and tuba uteri, in order that they should appear in proportion to those of the left side where they are shown in their natural position.
- T. The child, shown one third diminished in size in the drawing, in proportion to the womb and the other parts.
- V. The umbilical cord of the child."

West London Medico-Chirurgical Society.

AT the Inaugural Meeting for the Session, Friday, October 5th, 1906, the President, Dr. Leonard Mark, delivered an address on ART AND MEDICINE. After thanking the Society for the honour which they had conferred upon him by electing him their President, he said that Medicine had found a place in Art since the earliest dawn of civilisation, and medical details have had to be represented in painting and sculpture, just as well as details connected with other sciences, or with sport, navigation and the art of war. If one studies the old masters, one sees that in some of their work great care is taken to hide details of a morbid nature, or to touch them lightly.

Some examples of pictures from British galleries and art museums were shown by lantern slides to illustrate the subject. One of the most important was Raphael's

* The figure has been still further reduced in the present reproduction.—Ed.

famous cartoon at the South Kensington Museum, representing St. Peter curing the lame man at the gate of the Temple. Here it was shown that the artist had grouped his subject so that a shadow from a column was cast over the deformed legs of the cripple.

Some facts concerning St. Roch and St. Sebastian in connection with the plague in the middle ages, and their important place in art, were dwelt upon. Van Dyck's fine picture at Windsor Castle of St. Martin cutting off a portion of his cloak to give to a leper was described, with an account of the leper's appearance; and Hogarth's picture on the staircase of St. Bartholomew's Hospital of the Pool of Bethesda was also referred to.

The subject of history came in, and the morbid peculiarities of some of our sovereigns which have been recorded in art were dwelt upon—Edward the Confessor, who was an albino; Richard III, the hunchback; Edward VI, the boy king, who died of consumption; Mary I, whose appearance in some of her pictures is that occasionally seen in sufferers from ovarian disease.

In the part dealing with sculpture and carving, the curious ivory statuette of a dwarf with Pott's disease, to be seen at the British Museum, was mentioned. A photograph was shown on the screen of the doctor's signboard of the seventeenth century, now at the Royal College of Surgeons, with some quaint groups of carved figures representing the doctor at his daily work. The subject of death, as represented in painting, had an important place in the paper.

Reference was made to a few modern pictures, such as "The Death of Chatterton," by Henry Wallis; Millais' "Ophelia" floating in the water; and, last of all, Luke Fildes' "The Doctor." In this picture morbid details are conspicuous by their absence, and the whole interest of the picture is expressed in the distress in the face of the father, the mother's attitude of despair, and the kindly look of the doctor, which is full of concern.

Among those present from St. Bartholomew's were Sir Dyce Duckworth, Dr. Samuel West, Dr. Garrod, Mr. D'Arcy Power, and Mr. McAdam Eccles.

The Romance of the Streptococci.

(Editor's Note.—The irresponsible effusion which we print below seems intended for a burlesque on the Horace Dobell Lecture recently delivered by Dr. Andrewes at the College of Physicians on "The Evolution of the Streptococci." We hope that our pathologist will not be hurt at the publishing of this skit, which, after all, not unfairly represents the views he has publicly expressed.)

ONCE upon a time there was a primordial streptococcus—the grandfather of all the streptococci. This was a long time ago, when life first appeared upon the earth. He subsisted exclusively on mineral food, because there was no other food for him to subsist on. He belonged to the Established Church, and was very strict in

his religious observances, staining by Gram's method. His chief tenet was that you must always divide in one plane, and this was why he was called a streptococcus. There were other Dissenting cocci who were not so particular about the planes in which they divided, so that they assumed unconventional attitudes; but this was abhorrent to the streptococcus, and by strict obedience to the rubric he always grew in a chain. And herein he had his reward, for he thus became the ancestor of all the bacilli, which also belong to the Established Church, and divide in one plane only, which is dull but highly orthodox; all but a few schismatics who took to branching, and thereby became the parents of the mycelial fungi.

Now, after the lapse of long years, other forms of vegetable and animal life were evolved, and by their death and decay furnished a supply of organic matter. Hitherto the streptococcus had maintained a precarious subsistence on mineral food; it wasn't very appetising, but he was a Spartan sort of chap, and managed to get along on it, laboriously building up his own proteid from simple nitrates and ammonium salts. But one day an exceptionally intelligent streptococcus heard that you could save yourself this trouble by feeding on dead organic matter. He tried the diet and found that it agreed with him. He was warned that it would undermine his constitution and give him migraine, but he said he didn't mind about exogenous purin bodies, and he persuaded some friends to join him, and soon the new cult grew until a streptococcus which still fed on mineral food found itself behind the times. By and by the habit of mineral feeding was quite lost, so that no streptococcus could digest mineral food at all, and they were all saprophytes. But they continued to divide only in one plane.

So more years rolled by, and the higher animals and plants appeared upon the scene; but they did not compete with the streptococcus, who still filled his humble place in nature, undisturbed by the march of evolution. And again there arose one day an exceptionally intelligent streptococcus who was by chance swallowed by a warm-blooded animal. When he got inside and gazed around he soon realised that he was in the promised land. Here was food in unheard of abundance—a menu of entrancing variety—warmth and shelter such as streptococci had never known. His lucky descendants, escaping with the fæces, spread the news—those, that is, which were strong enough to survive desiccation; so this new mode of life became all the vogue, and soon the alimentary canal of animals was the chosen abiding place of all well-informed streptococci. By and by there were none to be found anywhere else, except, of course, the dried up stragglers who had been voided by their host, and had to trust to their powers of resisting desiccation till they were swallowed anew by another suitable animal. This is why most streptococci can resist drying so well.

Now, in these new conditions, the streptococci were bathed in all sorts of delicious food-stuffs. They hadn't time to eat them all; some fancied one diet and some another, and it was part of their religion that everyone should eat what he liked. They had got a chance which they had never had before, and they held a meeting and decided to become a dominant genus. Let us specialise, they said, in metabolic powers, and so grow great and multiply; and they did so, each following his natural inclinations. Of course there were some foods, such as albumoses and peptones, and the monosaccharides, which were so pleasant and easy to digest that everyone ate them; but the more complex carbohydrates, glucosides, and higher alcohols afforded a wide field for adventurous tastes. So they gratified these appetites by inventing enzymes to break up the more complex and resistant food-stuffs, and some produced one enzyme and some another, so that there arose cliques and parties amongst them. Their offspring inherited their various tastes, and gradually there arose family groups, distinguished by the special diets they selected from the abundant choice around them. They didn't quarrel about it, but lived together in peace and amity; but you couldn't well invite a friend to dinner unless he agreed with you on general principles, and so the lines of cleavage tended to grow till there were perhaps five or six such family groups. It was really only general principles which separated them; even in the same group there were little differences in the *hors d'œuvres* and savouries, though the joint and pudding were the same. Latitude was given even to individual tastes, and when a streptococcus felt unwell he was quite at liberty to stop in bed and alter his enzymes within such reasonable limits as the family rule prescribed. And so the streptococci flourished and abounded; the wish of their hearts was fulfilled and they became a dominant genus, and in all the alimentary canal, from mouth to anus, none were so blithe and fruitful as they.

There was, however, one thing which was a subject of dispute amongst them—namely, the length of their chains. Most of them argued that it was handier to grow in short chains. For daily wear, they said, it was ridiculous to go about in such long chains that you got tied up into knots or tripped over your own tail. Some went so far as to declare that it was unhygienic to sweep up tubercle bacilli with your skirts. But there were others, and these amongst the most aristocratic, who said that appearances ought to be kept up, even at some little inconvenience. What, they argued, was the use of always dividing in one plane unless you had a respectable chain to show for your trouble? So they went about in long chains, even on week days. Thus there came to be long-chained sects and short-chained sects, even within the limits of a single tribal group, while there were some which sat on the fence in chains of medium length. After all it didn't much matter, because even the strictest long-chainers could easily snap in pieces on bank holidays, or

whenever they got twisted into too tight a knot. Still, the matter was rather a point of honour in some circles, and a few streptococci carried their scruples so far that they contorted their chains into tight balls, and neglected to pay due attention to transverse division, whereby they ran a serious risk of turning into bacilli.

Now you might suppose that no streptococcus could wish for a happier life than this, and yet there were some amongst them who chafed under the restricted conditions of existence in the alimentary canal. They had been told of wondrous tissues outside—of calm limpid lymphatics and roaring scarlet blood-streams—of great serous cavities, in which whoso bathed should have his strength increased tenfold. Now and again such an ardent soul would contrive to escape through an abrasion in the mucous membrane, or to smuggle himself into a lacteal under the friendly shelter of a fat globule. None of these ever returned to tell his tale of adventure, and dark rumours were current of the dire fates that befel such wanderers. It was said that in the old times such journeys had been undertaken in safety, but that nowadays all this had changed, and that the tissues outside had armed themselves against intruding bacteria, so that it was death to trespass. There were stories of aggressive ferments which rent cocci limb from limb, and of horrid fetters, which some called amboceptors or immune bodies, which seized intruders and chained them to the ferments for their destruction. Worse still, it was said that in the jungles outside were phagocytes which swallowed cocci whole—polynuclear police which lurked in every capillary—and it was even whispered that an obscene tribe of opsonins pandered to the phagocytes and cooked their victims for them.

But in spite of these terrifying legends, there were still some discontented streptococci who longed for fresh fields to conquer; and, indeed, they had multiplied so at home that it seemed almost necessary to find some outlet for the superfluous population. So they held a meeting and ventilated theories of Imperialism. Various plans were advocated for counteracting the adverse influences which could be brought against them; but the chief hope expressed was that they might catch the enemy unawares, at a time when they were busy about something else. They swore a great oath by the chains of their forefathers to strive again and again till they succeeded. Short-chained, hardy chaps they were, ready for almost any diet, and trained to resist desiccation for months. Band after band went forth and perished, but at length success was achieved. A chance perforation of the intestine furnished the opportunity, and an exceptionally resourceful group of streptococci, plunging into the peritoneum, succeeded, thanks to the effects of shock, in carrying all before them, and had the intense satisfaction of setting up a fatal peritonitis. Another small band, soon afterwards, were equally successful, though in a different way; they caught the body in a weakened condition after a

grievous illness, and, gaining access to the blood stream, they contrived to set up a terminal septicæmia. One private explorer penetrated on another occasion to the blood stream, and had almost given up all hope of life, when he was carried by chance against a disused heart valve, to which he clung with the agony of despair. To his surprise he found the situation not so bad as he had thought; he made good his foothold, and managed to multiply a bit, and soon he found that he had set up a malignant endocarditis.

Now the news of all this, carried back to the alimentary canal, created great excitement in the streptococcal world. The long chained sorts got to hear about it, and were rather annoyed that the common short-chained ones should have got the start of them in this new school of adventure. They had a lot of quiet talk amongst themselves, and at last decided to have a symposium at the Junior Athenæum, where there was a streptococcus who was said to have some very original views. He was an active young fellow, with a moderately long chain, and he had thought very deeply on the emigration problem. The short-chained proletariat, he said, had evidently achieved a temporary success of sorts by luck rather than judgment. But if any lasting success were to be obtained they must go to work in quite a different way. It was no good trusting to luck; what they needed were weapons of active offence, and he had got a plan for brewing toxins which should so weaken the enemy that the victory of the streptococci would be assured. He said he had already made a number of experiments, though he had not as yet published anything. He had not hitherto succeeded with extra cellular toxins, but he showed them some intra-cellular ones of which he had great hopes. He spoke too of hæmolytins, pointing out how important oxygen was to the tissues of the enemy, whereas we, he justly added, in virtue of our long residence in the alimentary canal, have adapted ourselves very fairly to anaerobic conditions. The older streptococci shook their heads at this wild talk, but not a few of the younger bloods, fired by the prospects held up before them, vowed then and there to become pathogenic, and put themselves under the tutelage of the new reformer.

This was founded the Society of Pathogenic Streptococci, formed mainly from the long-chained aristocracy. They swaggered around in a militant spirit, and practised toxic and hæmolytic drill. By-and-bye an occasion arose for testing their powers. It was a casual tonsillitis set up by some noisy short-chained forms, but some members of the Pathogenic Society who were practising manœuvres in the neighbourhood seized the chance to penetrate into a lymphatic channel. It was easy going at first, and in single file they threaded the sinuous passage till it opened suddenly into a cervical gland. Here they were baffled and knew not which way to turn; as they debated what course they should next pursue, the scene changed. Foes swept in upon them on every side, the blood-vessels di-

lated, and out came fierce polynuclears attracted from afar by the chemiotactic aroma of their prey. Enmeshed by opsonins and threatened by bactericidal ferments their case was hopeless. It ended in a shocking suppuration, and every streptococcus ultimately perished. But as their staining powers disappeared in the vacuoles of the phagocytes, the stricken warriors glowed with pride at the thought that they were the pioneers of pyogenesis.

This was a historic occasion, but the example was followed. Many new devices had, however, to be learned before the streptococci came to their full pathogenic powers. Some specialised in rapid marches along the lymphatics, and became notorious in setting up erysipelas and lymphangitis. Some learned to multiply in the blood, and to spread themselves far and wide in general septiciæmias. It was a merry life, and though many a swash-buckler came to an untimely end he always felt that he had a run for his money. So fascinating was the excitement to many that they practically gave up the old humdrum life in the alimentary canal, and lived only for the delights of pathogenesis. One sort in particular, which came to be known as *Streptococcus pyogenes*, trained itself on a rigid diet, abandoned alcohol and clotting milk, and gained great fame as a warrior caste.

Some of the short-chained streptococci strove at times to emulate the exploits of these pathogenic varieties, but without the training in arms which the latter had enjoyed they never attained the same measure of success, though they often enough boasted a terminal septicæmia or a malignant endocarditis to their credit.

When I last heard it was an open question whether some of the pathogenic forms had not specialised further, as they had long intended, and established themselves as the causes of scarlet fever. This, however, is rather a rumour than a proven fact.

A Case of Congenital Elevation of the Scapula.

By R. C. ELSMLIE, M.S., F.R.C.S.

THE following case illustrates this rare deformity and seems worthy of record:

William G., a generally healthy boy and coming of a healthy family. The mother states that his birth was natural in every respect: she can give no reason whatever for the deformity of his shoulder, which was not noticed until he was a year old, and has not appreciably altered since.

The photographs show his present appearance. The right scapula is smaller than the left, the diminution in size amounting to about one inch in the vertical direction, it is also situated at a much higher level and nearer the spine. When the patient stands with the arms hanging, the inferior

angle of the right scapula is considerably nearer the spine than is the upper part of the vertebral border, so that the bone lies obliquely. When the arm is raised this inferior angle remains close to the spine, and is seen to be tethered to it by short muscular or ligamentous bands.

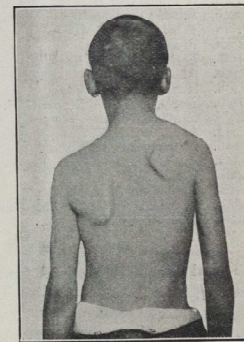
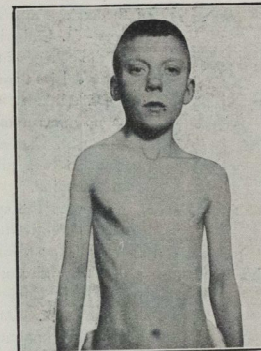
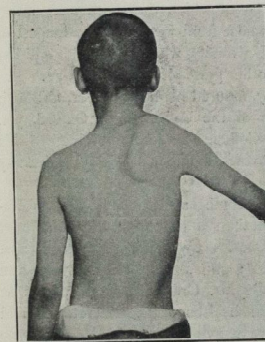
Movements of rotation of the scapula and the forward sliding movement on the chest wall are greatly restricted, so that, although the movements of the shoulder-joint are natural, elevation of the arm to more than a right angle is not possible, and adduction of the arm across the chest is restricted. All the scapular muscles are present, but the levator anguli scapulae, rhomboids, and upper part of the trapezius are shortened, this being apparently the cause of the limitation of movement; the scapula is not attached to the spine by bone at any point.

The clavicle is natural in size, but is directed more up-

ward and backward than natural, the point of the shoulder being thus nearer the middle line than on the other side.

The spine shows a slight convexity, deviation without rotation, to the right in the mid-dorsal region—on stooping this completely disappears. The thorax is flattened laterally just below the axilla. Over the pectoral muscle there are some large veins running upward to the posterior triangle, and possibly indicating that there is some pressure on the subclavian vein.

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There is no true torticollis, and no facial asymmetry. The arm is useful for all purposes not requiring elevation above the shoulder level. On explaining to the mother that section of the posterior scapular muscles might lead to some improvement in movement, but could not cure, she decided to have nothing done.

This patient is a typical example of the deformity of the shoulder originally described by Sprengel and commonly called by his name. The elevation of the scapula, tether-

ing of the vertebral border (and especially of its lower angle), to the spine, and restricted mobility are always present. There is usually also slight deviation of the spine in the dorsal region towards the affected side. In some cases there have been associated torticollis and asymmetry of the face, and in two recorded cases there was actual attachment of the scapula to the spine by bone.

The deformity is probably to be ascribed to development of the fetus *in utero* in a constrained position. In two of Sprengel's cases the arm at birth appears to have been fixed behind the child. Whitman has called attention to the fact that the upper limb is really a cervical appendage belonging to the fifth cervical to first dorsal segments, and that this deformity is thus explicable as a result of prevention of the proper descent of the limb attachment.

Beyond the possible improvement by section of the shortened muscles no active treatment has been deemed advisable; the limb is usually strong and useful for most purposes.

REFERENCES.

SPRENGEL.—*Archiv für Klinische Chirurgie*, 1891, Bd. xvii.
WHITMAN.—*Orthopaedic Surgery* (Kimpton, 1904).

The Pathological Block.

GREATER St. Bartholomew's will be glad to hear what has already rejoiced those who are still working at the Hospital, viz., the recent decision of the Governors to put in hand the new Pathological Block as soon as possible. A meeting held on November 22nd decided to adopt the following recommendation of the Building Committee:

"The acceptance of Messrs. Dove Bros.' tender at the

sum of £20,295, with an additional £264 in respect of the granite plinth which the Committee consider is desirable."

To this "must be added the cost of various special works, which it has been thought desirable should be the subject of special contracts." This will amount to about £6082, and the grand total will be little short of £30,000.

It is expected that the new quarters for the Resident Staff will be ready for habitation by the end of January next. Their old rooms will be left for the students in College, who will in turn bequeath theirs to those members of the Nursing Staff who now occupy part of the site of the proposed Pathological Block. These fittings will take time, but it is hoped that the work will really be begun early in April.

Since our reference in June last to the donations and promises of donations from various kind friends, we have heard of the following:

		£	s.	d.
June 12th.	A Friend (per A. A. Bowlby, Esq., C.M.G.)	21	0	0
" 30th.	Interest on deposit	12	7	5
July 16th.	Whale, Capt. H. L.	1	1	0
" 17th.	Pryor, M. K., Esq.	20	0	0
" 19th.	Lockwood, C. B., Esq.	3	0	0
" 30th.	Anon.	5	0	0
Sept. 6th.	Hosken, J. G. F., Esq.	5	0	0
" 10th.	Sunderland R. A. S. (per G. E. Gask, Esq.)	2	2	0
" 24th.	Candler, Esq.	5	0	0
Oct. 2nd.	Anon. (per G. E. Gask, Esq.)	1	2	6
" 2nd.	Interest on deposit	13	14	2
" 8th.	Anon. (per G. E. Gask, Esq.)	20	0	0
" 20th.	Graham, Mrs. J.	7	7	0
Nov. 1st.	Donaldson, Alex. H., Esq.	52	10	0
" 20th.	By sale of photos of "The Firstborn"	5	0	0
" 23rd.	Williams, Dr. George R.	5	5	0
		£220	4	1

The total amount subscribed towards the Fund now stands at £2841 6s. 3d.

The Cambridge Graduates' Dinner.

THE thirty-first annual dinner of the Cambridge Graduates' Club of St. Bartholomew's Hospital was held at Frascati's Restaurant, on Wednesday, November 21st. Lieut.-Col. G. S. A. Ranking, M.D. (St. Catherine's College), was in the chair, and there were present eighty-four members and guests to support him. In every way the dinner was a success; and the knowledge of this is doubtless considered by the Hon. Secretaries, Dr. Horton-Smith Hartley and Mr. Ethington Smith, to be sufficient reward for all the trouble that the work of organisation must have cost them.

After dinner, and the usual loyal toast, the Chairman proposed the health of the Club. He expressed his pleasure at presiding over this dinner, which, owing to his long absence in the East, was the first at which he had been able to be present. He spoke of the influence for good which the doctor, in virtue of his being a doctor, has

among savage races, and of the debt of gratitude which the Indian Empire owes to the medical profession. In conclusion he congratulated the Club on the distinguished university orsman whom it numbers among its members, and welcomed the latest of these, Mr. Donaldson, one of this year's doubly victorious crew.

The health of the Guests was proposed by Mr. Holmes Spicer; and Sir Lauder Brunton and Mr. Bruce Clarke replied. Sir Lauder mentioned the recent attacks upon vivisection, and, in the name of Harvey—a Cambridge graduate of St. Bartholomew's—urged his hearers to oppose any legislation which tries to divorce medicine and science.

It is hardly necessary to say that Dr. Norman Moore, in proposing the health of the chairman, was inimitable. His speech at the Cambridge dinner is always eagerly looked forward to, and he did not disappoint us on this occasion. He referred to Dr. Ranking's appointment to the Lecture ship on Persian in the University of Oxford, and then to the college at Cambridge of which they both were members. St. Catherine's, whose front was once the longest of all the colleges in the University, whose grass-plot still has fewer daisies than any other grass-plot in Cambridge.

Dr. Ranking, in reply, assured his hearers that, although he now was a member of the University of Oxford, yet, unlike St. Catherine's College, he had not changed his front, and was still a devoted member of his old university and Hospital.

Between the speeches some excellent musical performances were given by members and guests; a 'cello solo by Mr. Blake; vocal quartettes by Messrs. Burra, Evans, Gaskell, and Burroughes; and songs by Mr. Evans and Mr. T. B. Davies; while Mr. Grandage kindly acted as accompanist. After the healths of the Secretaries had been duly honoured and responded to, Auld Lang Syne was sung, and the company departed. A large number of those present then repaired to No. 98, Harley Street. There, as on many previous occasions, they were most hospitably entertained by Dr. Morley Fletcher; and there at a later hour one of the pleasantest reunions of the year was brought to a close.

Medical Consultations.

ON Thursday, November 1st, at 3.15 p.m., Dr. Norman Moore showed a boy, aged 11, from Mark Ward, suffering from pseudo-hypertrophic muscular paralysis in an advanced stage. There was no family history. The boy presented hypertrophy of the usual muscles and of the masseters, with atrophy of the lower part of the pectoralis major and of the latissimus dorsi. He was unable to walk, and had a markedly vacant expression. The treatment suggested was arsenic internally, massage, and electricity—care being taken to prevent the patient becoming bedridden.

Dr. West showed a young woman from Faith, with chronic nephritis and epileptiform attacks. He refers to this case in his article in the present number of the JOURNAL.

On November 8th. Dr. West showed a woman, aged 30, from Faith, with marked and persistent cyanosis. She had methæmoglobinæmia, without methæmoglobinuria. There were no physical signs, and there was no history of a drug-habit. In spite of the fact that she denied taking any drugs, and of her residence in a remote part of the country, far from any chemist, the general opinion was that her condition was due to poisoning by some coal-tar product.

Dr. Tooth showed a man from Rahere with œdema and loss of pulse in the left arm. He suggested acute endarteritis with thrombosis as the cause. Dr. Drysdale found physical signs at the left apex; and others of the physicians present were inclined to suspect a tumour as the cause.

Dr. Morley Fletcher showed a man, aged 40, from Matthew, with unsteadiness of gait, increased knee-jerks, and a peculiar facial expression. Dr. Ormerod suggested early G. P. I. as a cause. Dr. Tooth suspected that the condition was functional; while another theory was advanced that a functional element was imposed upon an organic basis. The patient walked better in the theatre than he had previously been observed to do.

On November 15th, Dr. Norman Moore showed a woman, aged 40, from Hope, with jaundice, absent knee-jerks, perforating ulcers on the feet, and impaired sensation on the dorsum of each foot. There was no history of alcohol, and the pupils reacted to light. She had lately had transient attacks of pain in the upper abdomen, followed by slight jaundice, pale faces, and bile in the urine. She had been in Hope 18 months ago with similar ulcers (which had healed in the same way) with general disturbance of nutrition, but without jaundice or pain. The general opinion was that she had coledithiasis, with either tabs or peripheral neuritis in addition.

Dr. Drysdale showed an elderly man, from Colston, with a slow pulse (30–40), with pains in the præcordium shooting towards the head, and with epileptiform attacks. This was not a case of heart-block, for the heart's action had been seen to be natural on the fluorescent screen. Dr. Drysdale considered it to be a case of Stokes-Adams' disease, and this opinion was for the most part concurred in, though a condition of congenital bradycardia was suggested. The inhalation of amyl nitrite was recommended by several of the physicians.

On November 22nd Dr. Tooth showed a case from Rahere, a man with a tumour in the left side of the abdomen. This was agreed to be renal, and probably a case of hydronephrosis, of uncertain origin, but possibly arising from a condition of movable kidney. An operation was recommended. Mr. D'Arcy Power has since operated on this patient, and the excised kidney has been found to consist of a mass of cysts.

Dr. Drysdale showed a baby, aged 9 months, which had been admitted into Mary, with a history of one week's progressive cough, and of an attack of rigidity of the right side on the preceding evening, followed by coarse tremors of the right arm and leg. In the ward these twitches continued, except during sleep, and there were signs of broncho-pneumonia in the right lung. A cortical hæmorrhage was suggested as the probable cause; but whooping-cough and poliomyelitis were also mentioned, and Dr. Tooth suspected a lesion of the red nucleus. The child has since improved.

Recent Books and Papers by Bartholomew's Men.

The Editor will be glad to receive reprints of any such papers for notice in 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.

Bradburne, Alison, F.R.C.S. "Ptosis: its Diagnosis and Value as a Localising Symptom," *Ophthalmology*, October, 1906.

Holst, Otto L., M.R.C.S.Eng., L.R.C.P.Lond. "Lateral Curvature of the Spine."

Holst, Otto L., M.R.C.S., L.R.C.P., B.A. "Treatment of Chronic Heart Disease by Resisted Exercises."

Jones, H. Lewis, M.D., F.R.C.P. "Cervical Ribs and their Relation to Atrophy of the Intrinsic Muscles of the Hand," *Medical Electricity and Radiology*, September, 1906.

Knobel, W. Bernard, M.D., M.R.C.S., L.R.C.P. "Ætiology of Asylum Dysentery," M.D.Cantab. Thesis. *Journal of Mental Science*, April, 1906.

Masterman, F. W. G., F.R.C.S. "The Excavation of Ancient Greece," *Biblical World*, September, 1906.

Pond, F. A., M.R.C.S., L.R.C.P. "Is Red Antimonial Rubber the Cause of Appendicitis?"

Standage, Capt. R. F., I.M.S. "On Hydatids in the Female Pelvis, with Notes of a Case of Primary Hydatid Disease of the Bladder," *Indian Medical Gazette*.

Standage, Capt. R. F., I.M.S. "Extra-uterine (Tubo-abdominal) Gestation, the Fallopian Tube showing an Accessory Ostium and a Diverticulum," *Indian Medical Gazette*.

Tunncliffe, F. W., M.D. "Concerning the Behaviour in the Body of certain Organic and Inorganic Phosphorus Compounds," *Archives Internationales de Pharmacodynamie et de Thérapie*.

Waterhouse, Rupert, M.D.Lond. "A Case of Sclerema Neonatorum," *Lancet*, November 10th, 1906.

Books added to the Library during November.

A Treatise on Surgery. (In two volumes.) By G. R. Fowler, M.D.

Auscultation and Percussion, together with the other methods of Physical Examination of the Chest. (5th edition.) By Samuel Gee, M.D.

The Diseases of Women: a Handbook for Students and Practitioners. (5th edition.) By J. Bland-Sutton, F.R.C.S., and Arthur E. Giles, M.D.

The Röntgen Rays in the Diagnosis of Diseases of the Chest. By Hugh Walsham, M.D., and G. Harrison Orton, M.D.

Medical Electricity: a Practical Handbook for Students and Practitioners. (5th edition.) By H. Lewis Jones, M.D.

Outlines of the Diseases of Women. (4th edition, revised and enlarged.) By John Phillips, M.D.

The Errors of Accommodation and Refraction of the Eye and their Treatment: a Handbook for Students. (2nd edition.) By Ernest Clarke, F.R.C.S.

The Smoking Concert.

THE Smoking Concert was held this year, as in the previous year, at the Holborn Restaurant, on Friday, November 2nd, 1906. It is hardly necessary to relate that Mr. Lockwood, our chairman of the evening, received an ovation when he arose to make his brief characteristic address. The programme contained many excellent items which ought to be specially mentioned. Dr. S. West delighted the company with his song, and the company showed its appreciation in the manner in which it has become customary to greet Dr. West. The Rev. Mr. Lewthwaite, who made his first appearance among us, received a warm welcome to his rendering of the "Toreador Song." It was a great treat to listen to Mr. T. B. Davies in his two songs, and we noticed that his voice, always fine, has become so well trained that its expression is even more telling. Mr. Charles Capper is by this time very well known at Bart's Smoking Concerts, and it gives pleasure to record that his whistling solos received the unanimous appreciation which they deserved. The other items in the programme disclosed Mr. E. R. Evans in fine voice, a topical singer in Mr. H. H. Scawin, a fine clarionette player in Mr. Oscar Street, and a comedian in Mr. C. Mackenzie (of the Cambridge Footlights). The

vitality of our orchestra was also demonstrated, and the vocal sextette was warmly received. Dr. S. West proposed a vote of thanks to the chairman, and Mr. Rawling seconded the proposal, which was received with musical honours. It is with much regret that the Secretaries have to report a large falling off in the numbers which attend the smoking concerts. What is the matter with Bart.'s men?

Bude Bubáiyát.

I.

WAKE! for Sister, standing on a Chair,
Says, "Nine o'clock: no talking over there!"
And Mr. Watkins' eagle Eye has marked
The absent Dresser dawdling in the Square.

II.

Here with a Scrap of Lint, cut two-fold thick;
A Flask of Stuff, and "One, two, three," from Dick,
Beside me, watching the Phenomena;
And lo! the Patient's under in a Tick!

III.

The Pill no Question makes of Eyes and Nose,
But Right or Left, as twists the Colon, goes:
And what's the Fizzy Drink to take next Morn?
I know it's name, *you* know—Eno's, Eno's.

IV.

And thou, delightful Draught, whose soft caress
Relieves the Old Wives' fatulent Distress:
Ah! Gent. cum Rheo, comforting and brown,
Your Peans rise to Heaven, t. d. s.!

V.

There was a Dream of Doctor's Gown some day:
There was a Hope of F.R.C.S., say;
Some little Talk at Home of Me, M.B.
There seemed—and then (with Luck) an L.S.A.

The Abernethian Society.

THE fourth ordinary meeting of the year was held on November 1st, Mr. R. V. Favell in the chair.
Mr. J. E. R. McDonagh read a paper on "Pigment."
The first part of the paper was devoted to the consideration of pigmentation in the animal kingdom, from the lower orders to the higher; the distinction between real pigment and colouration by refraction was emphasised.

Mr. McDonagh then showed that in man there were three classes of pigments, the lipochromes in serum, hemosideroses or iron-containing pigment, and the melanos or non-iron-containing pigment. Reference was made to *Leukoderma syphilitica*, melanos and the influence of light, silver pigmentation, arsenical poisoning, hair, and melanotic sarcoma. Special attention was drawn to the origin of pigment from some form of proteid metabolism.
The discussion which followed dealt mainly with clinical points in connection with pigmentation; Messrs. J. G. Gibb, Trist, Bursall, Stidston, Gauvain, and Almond spoke.
There were present thirty-seven members.

On November 8th Mr. J. G. Priestley read a paper on "Respiration." Mr. W. Girling Ball in the chair.

Mr. Priestley dealt first with the factors concerned in normal respiration, with special reference to atmospheric pressure, and to the partial pressures of oxygen and carbon dioxide.

The latter half of the paper was devoted to a consideration of the clinical administration of oxygen and its bearing on these facts. The administration of oxygen under such circumstances as balloon ascents, Cheyne-Stokes breathing, diabetic and uræmic coma, pneumonia, and in cases of cardiac failure, was considered.

Messrs. Searle, Simpson, Jamison, Horner, Hardwick-Smith, Almond, Bursall, Hele, T. Bates, Stidston, and Whitehead Reid sustained a discussion on various clinical points, and introduced the first breath of the new-born babe to the consideration of the meeting.
Mr. Horner gave notice of business he intended to bring before the Society at its next meeting.

There were present thirty-six members.

On November 15th a clinical evening on "Diseases of the Nervous System" was held, Mr. H. W. Wilson in the chair.

Dr. Howell showed four cases illustrating hand atrophies, due respectively to progressive muscular atrophy, lead poisoning, old infantile paralysis, and to the presence of a cervical rib.

Mr. Priestley showed a case of cervical tabes; Mr. Le Brocq a case of hemiplegia in an old man due to hemorrhage; Mr. Phillips a case of hemiplegia in a woman due to embolus; and Mr. Burke a case of acromegaly.

During the evening Mr. N. G. Horner proposed the following motion:—"That the Students' Union Council be approached as to the proposed accommodation for this Society in the new buildings; and that it be asked to allow the room granted for the Society's meetings to be called the Abernethian Room."

Mr. Horner spoke of the old Abernethian Room as the seat of the Society's meetings and as the home of its property. He referred to the circumstances attending the transference of some of the functions of the Society to the Students' Union; and he was of opinion that, when the accommodation for students in the new buildings was ready, the room granted to the Society for its meetings, which would contain the chair and other property of the Society, might fittingly be called the Abernethian Room.

Mr. P. Black seconded the motion, which was put to the meeting, and carried unanimously.

There were present fifty-two members.

On November 22nd Mr. B. T. Lang read a paper on "Theories of Cancer." Mr. W. Girling Ball in the chair.

Mr. Lang first dismissed the parasitic theory of the disease as untenable, for the reason that it must suppose a different parasite, not only for every form of malignant growth, but for every animal type subject to such growths. The remainder of the paper was devoted to the consideration of theories which accounted for the disease by irregular forms of mitosis. Heterotype and homotype mitosis were instanced, and the work of Bashford and Murray, and of Farmer, Moore, and Walker was considered.

In the discussion which followed Messrs. Simpson and Hele dealt with Hardy's recent work on the precipitation of proteids by certain salts, in alkaline media, and the connection of this work with the treatment of cancer by radium.

Messrs. Le Brocq and Bates upheld the parasitic theory.

There were present 41 members and 2 visitors.

The Clubs.

The Rugby XV are developing into a good side this year, and have done exceptionally well in their last two matches. Against Bedford they generally produce their best form, and the win by 3 goals to nil was a fine performance. The strong Bedford back division rarely had a chance of scoring owing to keen tackling, and our opponents have now a wholesome respect for the Hospital side.

The victory over the Old Leydians on November 24th was another fine effort, and it is hoped that the team will continue to maintain their present fine form. The forwards are playing as well as any eight that ever represented the Hospital in recent years.

P. A. With, who was seriously hurt in the Beckenham match, is much better now, and all wish him a speedy recovery.

The Association Club have won two out of three matches, and have been showing good form. May they bring the Hospital Cup back to Bart.'s this season.

The Hockey Club, who still lament the absence of a goalkeeper, are not showing consistent form. They were beaten by the Berkshire Gentlemen mainly owing to the inability of the forwards to score from good opportunities. Combination has always been a trouble to the team, and the difficulty must be overcome by Easter if they wish to reach the Final of the Cup.

RUGBY FOOTBALL CLUB.

ST. BART.'S v. BEDFORD.

This match was played at Bedford on November 17th. With the exceptions of C. R. Hoskyn and J. W. Adams we had a full side out, Oulton in the three-quarter line proving the proverbial tower of strength. A Bedford critic, whose knowledge of the game was about on a par with his English, described our team as "a hot side, not half," and such, from the local point of view, it proved to be.

We succeeded, as usual, in losing the toss, and had to play the first half against wind, sun, and the slope of the ground; in spite of these drawbacks we spent most of the time in our opponents' territory. The forwards played an excellent game of the dribble-rush-and-have-him-off-the-ball style, which proved successful in that it kept our opponents from scoring; and that was a great advantage, seeing that we had all the worst of the conditions. Our three-quarters in the first half had but few opportunities, but their tackling was very sure, and never did a Bedford man get clear away.

On change ends Bart.'s soon asserted their superiority; the forwards got the ball, and the outsiders never failed to make good headway. The halves were playing a really fine game; it was a pleasure to play in front of them. Richards, who was at half for the first time, apparently found his new position rather monotonous, so every now and then, to add a little variety to the game, he tried a desultory drop at goal, but unfortunately his shots, though near, were yet too far.

Two tries were scored by Oulton and Gibson respectively, and a third by someone else, all these being improved upon. Oulton's try was the result of some good combined play between the outsiders, and Gibson's a brilliant interception, which astonished everybody, including himself.

Every member of the team seemed to be on his game on this particular day, and the result shows that the Hospital side can play a fine game when the occasion demands.

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

This game was played under excellent conditions at Sandhurst on Wednesday, November 21st. The College team were not at their strongest, but the Hospital had the same team that played at Bedford, except that Hoskyn was forced to play substitute for Grandage, who missed his train.

The game had hardly started before the Hospital scored. This seemed to dishearten the College, the result being that the score at half-time was 21 points to nil. During this time the whole team played well, the ball being heeled out fairly well, but not clean enough. The forwards must remember that, if they are playing against good halves, the ball must come out clean and quick.

During the second half the Hospital played indifferently, and the final result was only 29 points to 8 points.

The three-quarters played very well. Oulton seems to have the knack of making the men with him play better. We wish that, like the poor, he was always with us.

The tries were scored by:—Oulton, 3; Stone, 1; Folitt, 1; Harris, 1; Von Braun, 1.

2ND XV.

The 2nd XV has thus far met with unparalleled success, not having been beaten in a single match, and most games being won by substantial margins. Great keenness and enthusiasm have been shown by all the players, and it is now quite a distinction to play regularly for our 2nd XV.

ASSOCIATION FOOTBALL CLUB.

ST. BART.'S v. R.M.A.

At Woolwich, October 24th. This match was played on a wet ground, which rendered the ball greasy and uncontrollable.

The R.M.A. during the first half had the best of the game, scoring 3 goals in quick succession, through good forward combination.

In the second half the Hospital showed much better form, and Cullen scored with a very good shot. Shortly afterwards Gordon added another, but the R.M.A. got going again, and added 2 more goals to their score.

In the last quarter of an hour the Hospital had the better of the exchanges, and the forwards rushed a third goal, the game ending in favour of the R.M.A. by 5 goals to 3.

ST. BART.'S v. EMERTIL.

At Acton, November 3rd. A very good game, resulting in a win for the Hospital by 2 goals to 1. The small size of the ground proved a serious handicap to the Hospital team, but the game was fast and interesting. The Emeriti opened the scoring by a good centre from the right wing, which was banded into the net by the centre-forward, the score at half-time being 1-0. After the interval we had the misfortune to lose Woodruff, his ankle again giving way. Woodruff now played in goal, and Way outside right. The Hospital forwards by good combination forced the ball towards our opponents' goal, and, from a good centre by Cullen, Way scored our first goal. Shortly after this Gordon ran through in good style, and gave us the lead. Time was reached, the result being as stated above. Team:

L. F. Way (goal); L. T. Burra, L. Nash-Worham (backs); C. N. Hutt, W. M. Glenister, C. R. Woodruff (halves); A. E. Cullen, F. J. Gordon, N. F. Norman, A. J. Cunningham, J. R. Dobson (forwards).

ST. BART.'S v. OLD QUERNMORIANS.

At Winchmore Hill, November 17th. Both ground and ball were very greasy, and good play was out of the question. The game opened with a smart run by the Hospital, which ended in a goal and led one to suppose that the Hospital were having a day out, but this was not so, and right up to half-time the play was very even. Just before the interval a mistake on the part of the backs let the O. Q.'s in, and we changed ends with the score one all.

The second half was marked by ragged play on both sides, but the Hospital pressed, and from a corner-kick our second goal was scored. The O. Q.'s made a determined rush, and their inside left sent in a stinging shot, which Way saved splendidly, but the visitors scored from a corner-kick. For the remainder of the game the play was chiefly confined to the visitors' end, and Gordon and Norman each scoring a goal the game ended in favour of the Hospital by 4 goals to 2. Team:

L. F. K. Way (goal); H. Rimington, F. L. Nash-Worham (backs); P. C. Cole, W. M. Glenister, R. Horton (halves); A. E. Cullen, F. J. Gordon (capt.), N. F. Norman, A. J. Cunningham, R. Riches (forwards).

HOCKEY CLUB.

ST. BART.'S v. HENDON.

This match was played away on Saturday, October 27th. We were without the services of Phillips, whose place was taken by Pretty. The play on the whole was of a brighter nature than in the preceding matches, although a ten minutes' slack seems to be indispensable at some period. Page took the duties of a flying half, which is an

improvement on the "four half" game which we started the season. The halves had a tendency to dribble too far when they got the ball, especially Turner, who frequently dribbled up into the forward line and in doing so completely upset them. Viner again defended well, and Gray put in some hard work. The wing forwards must learn to centre quicker, and our shooting needs improvement. The score was two goals to one in our favour, these being scored by Gaskell and Griffin.

ST. BART'S v. DERKSHIRE GENTLEMEN.

On Saturday, November 17th, we journeyed to Reading, only to find the ground in a very sodden condition. Furthermore we returned a beaten and disconsolate team. Our defeat was our own fault, as with the exception of Viner the whole side played disgracefully. Viner was a host in himself, and quite the best back on the field. The forwards were very poor, lacking dash and any attempt at combination. As for the halves the less said about them the better; nor did they really bad; they did not mark their men closely enough, nor did they remember to feed their own forwards; one and all trying to dribble the ball and score on their own. Certainly every now and then our forwards woke up and we had some of the game, but our opponents' goalkeeper was very sure, saving several times some hard shots. Two other points against us were, firstly, that the umpire failed to release until half-time that we were only playing two backs, and consequently men were "off side" more easily; and secondly, that we were without Page, who makes a very great difference to the side. But nevertheless we were a bad side, and deserved to be beaten on the day's play. We retired from a scrambling game beaten by 7 goals to 2 (scored by Gaskell and Robinson).

ST. BART'S v. R.M.A.

Played at Woolwich on Wednesday, November 21st. The ground was in very bad condition owing to the amount of rain. We were without Griffin and Lewis, which rather upset the forward line. We did better than was expected, winning easily by 8 goals to 2. Page, Gaskell, and Turner played well. The team are showing more attacking qualities with a little more dash than before. The back division were not much taxed, but when required came well up to the mark. The goals were scored by Gaskell (4), Robinson (2), Turner, and H. Gray.

ST. BART'S v. OLD AUGUSTINIANS.

Played at Malden on Saturday, November 24th, and although not at full strength we won easily by 6 goals to 2. The game was very fast at times, and good form was shown by Viner and Page. The forward line was disarranged, with the result that combination was lacking; otherwise the score might have been larger. The tendency to dribble is still a marked feature of the half-back line. We have seldom had a full team this year, and it is to be hoped that members will turn out as regularly as possible in future, with a view to the Cup ties. The goals were scored by Robinson (2), Sylvester (2), Griffin and Lander.

Correspondence.

To the Editor of the St. Bartholomew's Hospital Journal.
"A CASE OF HEMIPLEGIA WITH RAPID RECOVERY."

SIR,—May I venture an alternative diagnosis in this case, which Dr. Burstal reports in the current number of the JOURNAL? With the details given by Dr. Burstal as data, I think the hemiplegia was post-epileptic in nature. "Cortical hemorrhage," the diagnosis suggested by Dr. Burstal, is an uncommon event at any time, and in a young woman of 19, with no evidence of organic disease, must be quite rare; post-epileptic hemiplegia is not at all uncommon. All the features of the case are explained by this latter hypothesis—including the presence of Babinski's sign on the hemiplegic side—so this is found not infrequently as a post-epileptic phenomenon of temporary duration. Moreover, the following points are much in favour of the diagnosis here suggested:—(1) The age of the patient; (2) the headache when waking on the morning of the convulsion (suggesting a previous convulsion during sleep); (3) the absence of signs of cardiac and renal disease; and, most of all, (4) the rapid recovery from the hemiplegia.

I AM, YOURS, ETC.,
THOMAS J. HORDER.

Reviews.

THE DIAGNOSIS OF NERVOUS DISEASES. By PURVES STEWART, M.A., M.D., F.R.C.P. Illustrated. (London: Edward Arnold.) Price 15s. net.

There could be but few medical men or advanced students who would not derive both benefit and pleasure from reading this series of lectures. The first two lectures on the anatomy and physiology of the nervous system serve to recall to memory many facts which may have become hazy and dim.

The main symptoms and signs, such as the reflexes, trophoneuroses, palsies, etc., of nervous diseases are treated in separate lectures, the diseases in which they occur being differentiated. There is a certain amount of repetition, but this is unavoidable in such a book. The author is to be congratulated on the excellence of the illustrations and diagrams which help to make the book so interesting. In the description of Fig. 74 surely hemiplegia of "right" not "left face arm, and leg" is intended.

MEDICAL ELECTRICITY. By H. LEWIS JONES, M.A., M.D., F.R.C.P. Fifth Edition. Illustrated. (London: H. K. Lewis.) 12s. 6d. net.

Dr. Lewis Jones' book is so well known as one of the standard text-books that few words will be required to introduce this fifth edition. The chapters have been re-arranged to make it more convenient and useful for students. Although new paragraphs have been added to bring the book up to date, we are glad to note there is no increase in the number of pages.

The increasing use of electricity in various forms in the treatment and diagnosis of disease makes it most necessary for practitioners to have some knowledge of this subject. Whether this edition is regarded as a text book or work of reference it will be found equally useful.

THE RÖNTGEN RAYS IN THE DIAGNOSIS OF DISEASES OF THE CHEST. By HUGH WALSHAM, M.A., M.D., Cantab., F.R.C.P., and G. HARRISON ORTON, M.A., M.D., Cantab. Illustrated. (London: H. K. Lewis.) Price 6s. net.

In a small space the authors have described practically all that is worth knowing in every-day practice concerning the use of the Röntgen rays in the diagnosis of diseases of the chest. One of the features of the book is the excellent reproductions of the skiagrams which illustrate the text most clearly.

To those unacquainted with the instruments described and figured it would, perhaps, have been more instructive to have had diagrams illustrative of the working in addition to pictures of the complete instrument.

For those desiring more information on this interesting, and at present rather neglected, subject a bibliography is added.

MINOR MALADIES AND THEIR TREATMENT. By LEONARD WILLIAMS, M.D., M.R.C.P. (London: Baillière, Tindall and Cox.) Pp. 383. Price 5s. net.

The newly-qualified practitioner will find five shillings well spent on this volume. Dr. Williams writes in a pleasant and easy manner upon those ailments which form the bulk of the work of general practice, and which are nevertheless but briefly considered in the text-books. The so-called minor maladies mean much to those whom they afflict, and even more to the reputation of those who are called upon to treat them. The first chapter is on coughs, colds, and sore throats; it is full of useful hints. The next is on indigestion, which the author divides into ethnic and achilic—a simple and practical classification. The chapter on goutiness is especially suggestive; it is long, but every page is worth reading. Here will be found an account of Huehard's method of gauging increased pulse tension, much used in France, but neglected in this country. The chapter on change of air gives just what the practitioner wants to know about climatology and the respective merits of health resorts. The author's style is lucid and direct, and if occasionally colloquial—he speaks of a "singleton" boil—and occasionally dogmatic upon controversial points, it is none the less readable on those accounts.

CANCER OF THE BREAST, AND ITS OPERATIVE TREATMENT. By W. SAMPSON HANDLEY, M.D., M.S. Lond., F.R.C.S. (London: John Murray.) Pp. 225. Illustrated. Price 12s. 6d. net.

Mr. Handley's book is one of great interest both to pathologist and surgeon. It is well written, and proceeds logically from pathological investigations to their practical application. The work commences with an account of the method of spread of cancer of the breast, first in the parietes, and then in the viscera. The author gives cogent reasons for regarding the lymphatics of the deep fascia, and not the blood-vessels, as the route by which the carcinoma cells permeate the body. He shows that secondary deposits occur in the bones only within the limits of the parietal invasion, and occur first where the fasciæ are in closest connection with the bones, that is, in the case of the femur, immediately below the great trochanter and in the humerus at the deltoid insertion. The invasion of the peritoneal cavity is due to carcinoma cells permeating the anastomosis between the lymphatics of the fasciæ of the parietes and those of the peritoneum.

Arguing from these facts, the author advises a wider removal of fasciæ than is at present usually adopted, especially downwards over the upper part of the anterior abdominal wall.

If fewer recurrences are observed after using Mr. Handley's method of operating, he will be well repaid for the labour entailed by the extensive investigations he has made.

THE STUDENT'S HANDBOOK OF OPERATIVE SURGERY. By W. L. DE C. WHEELER, B.A., M.D., F.R.C.S. (London: Baillière, Tindall, and Cox.) Price 7s. net.

Mr. Wheeler appears to have put the essentials of operative surgery into the least possible space. Of each operation one method only is described; this method is, as a rule, the best, and is always shortly, clearly, and lucidly given. The illustrations are throughout good, and in many instances are new and specially prepared.

The operations themselves alone are described, no indications being given, very little after-treatment, and no description of such things as the collateral circulation after ligation of a vessel. For this reason the book must be looked upon chiefly as an epitome, to be used in conjunction with a larger manual, and should be specially useful for the student doing his first course of operative surgery and for purposes of revision.

SURGERY, ITS THEORY AND PRACTICE. By the late W. J. WALSHAM, F.R.C.S. Ninth Edition by W. G. SPENCER, M.S., M.B., F.R.C.S. (London: J. and A. Churchill.) Price 18s. net.

In every successive edition this work improves, and becomes even more worthy of the popularity which it possesses. Although within the last three or four editions its size has increased very greatly, it yet remains of reasonable dimensions, and at the same time serves as a very complete compendium of general surgery. It is in no sense merely an epitome; we need not read far to find sections treated in a really original and instructive manner. For example, the preliminary section on the general pathology of the diseases of the osseous system, at the commencement of the chapter on diseases of the bones and joints, is most instructive; and the description and figures of the methods of incision and suture is one of the most complete that we remember to have seen.

Large sections of the work have been completely rewritten, and the reading matter has been brought well up to date; but it is in the illustrations that this edition has advanced most, and the large number of plates and of smaller figures form a most admirable collection. In particular, there are now a number of excellent reproductions of skiagrams, mostly the work of Dr. Hugh Walsham and of Dr. David Morgan, and in this respect the work is one of the most completely illustrated of any general text-book of surgery. It is unfortunate that a skiagram has been included under congenital dislocation of the legs, which is by no means typical of this condition, and is probably from a case of coxa vara.

The work is strongly to be recommended to the student who desires a text-book of reasonable size, in place of those works which give a possibly more concise, but certainly less original, and less interesting and readable version of surgery.

APPLIED BACTERIOLOGY: AN ELEMENTARY HANDBOOK FOR THE USE OF STUDENTS OF HYGIENE, MEDICAL OFFICERS OF HEALTH, AND ANALYSIS. By C. G. MOOR, M.A., F.I.C., and R. T. HEWLETT, M.D., F.R.C.P., D.P.H. (London: Baillière, Tindall, and Cox.) Price 12s. 6d. net.

A very laudable endeavour has been made by the authors of this work to produce a handbook of bacteriology which shall be of use to

various classes of students. The work apparently aims at instructing alike medical students and chemists and sanitary inspectors, and also attempts to include some account of a very large variety of organisms as it were intended for reference. It seems, however, as if the authors had fallen between two stools; it is very much to be doubted whether their descriptions are throughout sufficiently simple to be understood by those who have not a considerable knowledge of biology and of medical sciences in general. And their accounts of individual organisms are not by any means sufficiently complete for reference. Moreover, recent advances in bacteriology are very imperfectly referred to; for example, there is a brief reference to the *Spirochæta pallida*, with no allusion to the methods of looking for this organism, opsonins are but briefly mentioned, and under diphtheria the opinion of Dr. Shirley Murphy that elementary schools play but a small part in the dissemination of this disease is given, but no allusion is made to Dr. Thomas's more recent investigations which prove the exact opposite. For these reasons the work, though it is well and clearly expressed throughout, is hardly one we can recommend to the medical student in general.

ENLARGEMENT OF THE PROSTATE. By P. J. FREYER, M.D., M.Ch. 3rd Edition. Demy 8vo. 154 pp. and 54 illustrations. (London: Baillière, Tindall, and Cox.) Price 6s. net.

Dr. Freyer has entirely re-written and amplified the original lectures consequent on the introduction of his operation of total enucleation of the prostate. He deals thoroughly with the subject, and without unnecessary detail.

The most useful chapters are those on the diagnosis of cases suitable for supra-pubic enucleation and on the after-treatment, two points usually neglected in small works in order to make room for abstract theory and doubtful pathology.

The author's operation is strongly supported by a series of cases at the end of the book which leave no doubt as to the success of the operation, provided the cases be chosen intelligently, and with due regard to the instructions given.

This monograph will be found useful to those who wish for a clinical guide to the symptoms and treatment of prostatic enlargement.

A GUIDE TO DISEASES OF THE NOSE AND THROAT AND THEIR TREATMENT. By CHAS. A. PARKER, F.R.C.S. Edin. (London: Edward Arnold.) Price 18s. net.

This is a volume of some 600 pages, in which Mr. Parker describes the diseases of the nose and throat, giving particular attention to those which come under the care of this specialist. The account given of the pathology and symptoms is obviously based on a large experience; it is lucid and quite up to date. One of the most attractive features of the book is the large amount of space devoted to treatment. All the operative procedures are described in detail. If there is a choice of operations an account of each method is given, and the advantages and disadvantages of each are discussed. In addition there is an abundance of formulae of preparations for local application as well as for internal administration. There can be no question that this renders the book extremely useful to those in general practice who are accustomed to treat their own nose and throat cases. We therefore warmly commend it to all such. It is also a suitable text-book for the advanced student. The printing and paper are good, whilst there are many excellent illustrations.

A MANUAL OF MIDWIFERY. By THOMAS WATTS FRENCH, M.D., C.M. Edin., F.R.C.P. Lond. Pp. 518, with 26 plates and 233 illustrations in the text. (London: J. & A. Churchill.) Price 10s. 6d. net.

This is an excellent manual, which fills a place long vacant in the student's library. It presents in small compass, but without undue brevity, the essentials of the practice of midwifery. It does not enter into competition with the large and comprehensive treatises, but sets forth, in readable form, those things which the student and the junior practitioner should know. The book, which is of convenient shape and admirably printed and illustrated, is divided into seven parts. These are entitled Normal Pregnancy, Abnormal Pregnancy, Normal Labour, Abnormal Labour, The Puerperium, The New-born Child, and Obstetric Operations. We congratulate the author on the clear and interesting manner in which he has approached these subjects, and we prophesy for his book a large measure of success.

Royal Army Medical Corps.

An examination of candidates for not less than thirty commissions in the Royal Army Medical Corps will be held on January 24th next and following days. Applications to compete should be made to the Secretary, War Office, London, S.W., not later than January 14th, 1907, on which date the list will be closed. Candidates who are over the regulated limit of age at the date of the examination will be permitted to deduct from their actual age any period of service in the field after October 1st, 1899, that they could reckon towards retired pay and gratuity if such deduction will bring them within the age limit. The presence of candidates will be required in London from January 22nd, 1907.

Gazette notification:

Major H. W. Austin (Quetta) to be Lieut.-Col.
 Major F. W. Begbie, late Registrar at Millbank, has embarked for India (Western command).
 Lieut. A. S. Williams is posted to Eastern command.
 Capt. M. Swabey has arrived home (tour expired) from West Africa.

Examinations.

CONJOINT BOARD.

Chemistry and Physics.—R. K. MacGregor, A. C. L. D. Bilderbeck.
Final Examination.—Diplomas awarded to E. M. Woodman, E. S. Marshall, L. D. Neave, D. M. Masina, P. Black, D. W. Hume, M. W. B. Oliver, S. W. Milner, F. C. Irapnell, G. H. Dive, H. W. Ogle-Skan, D. M. Keith, C. T. Tylor, O. Teichmann, T. S. Hele, W. R. Kilgour, H. N. Wight, C. H. Fernie, H. D. H. Willis-Bund.

ROYAL COLLEGE OF SURGEONS.

Primary Examination for the Fellowship.—A. E. Carver, W. L. Cripps, W. I. Cumberidge, F. A. Roper, E. W. Smerdon, A. E. Stansfield, A. C. Sturdy, P. J. Verrall, K. M. Walker.

UNIVERSITY OF OXFORD.

A. H. Hogarth has passed the examination for the Diploma of Public Health.

Appointments.

DOUGLAS, R. I., M.B., B.S. Durham, appointed Surgeon to the ss. "Avoca."
 JUKES, A. M., M.B., B.S. Lond., appointed Casualty House Surgeon to the Royal Infirmary, Hull.
 ALMOND, C. H.-H., B.A. Oxon., M.R.C.S., L.R.C.P., appointed House Surgeon to the West London Hospital.

New Addresses.

BAINBRIDGE, F. A., Thringarth, Egmont Road, Sutton.
 BOYTON, E. T. A., 39, Woodgrange Road, Forest Gate, E.
 BRIGSTOCKE, P. W., A.M.S. Hospital, Old Cairo, Egypt.
 CHALLAN, G. E. J., The Myrtles, Hawkwood Road, Boscombe, Hants.
 ELSLIE, R. C., Telephone No. 4944 Paddington.
 JONES, E. SHIRLEY, 12, Beresford Road, Oxton, Birkenhead.
 JUKES, A. M., Royal Infirmary, Hull.
 NALL, JOHN F., "Rahere," Clayfield, Brisbane, Queensland.
 NOON, L., Rue Dutot 20, Paris.
 NUTTALL, W. W., Brookfield, Shorncliffe Road, Folkestone.
 SMITH, E. BERTRAM, Green Bank, Helsby, Cheshire.
 TURNER, Lt. C. H., R.A.M.C., Rawal Pindi, Punjab, India.
 WILLIAMSON, W. T., The Green, Godstone, Surrey.

Births.

CRAWFORD.—On the 20th November, at The Spring, Pembury, Kent, the wife of Cyril Crawford, M.R.C.S., L.R.C.P., of a son.
 COLBY.—On the 9th November, 1906, at Hill View, Woking, the wife of Francis E. A. Colby, M.B. Camb., F.R.C.S. Eng., of a son.
 EVERINGTON.—On the 11th October, at Cumnor, Sandherstead, Surrey, the wife of Herbert Devas Everington, M.B., of a daughter.
 MANSELL.—On the 12th November, at 278, Portland Road, Woodside, South Nurwood, the wife of A. R. Mansell, L.R.C.P., etc., of a daughter.
 PRATT.—On the 7th November, at Henfield, Sussex, the wife of Eldon Pratt, M.D., of a daughter.
 ROBINSON.—On the 30th October, at the Grange, Bletchingley, Surrey, the wife of C. A. Robinson, B.A., M.B., B.C. Cantab., of a son.
 TAYLOR.—On the 17th November, at Yew House, Beamshott, Liphook, the wife of S. S. Taylor, M.A., M.D. Cantab., of a son.

Marriages.

RICHMOND—ARCHIBALD.—On the 7th November, at Brompton Parish Church, S.W., by the Rev. A. W. Gough, M.A., Vicar, assisted by the Rev. B. M. Brown, M.A., William Stephenson Richmond, M.R.C.S. Eng., son of the late L. Richmond, Esq., J.P., to Barbara Hamilton, daughter of George Archibald, Esq., Inverness, N.B.
 WORTH—RITCHIE.—On the 22nd November, at Sutton Bridge, by the Rev. W. H. Whiting, Claud Worth, F.R.C.S., of Harley St., W., eldest son of Thomas Mordaunt Worth, of Sutton Bridge, Lincs., to Janet, eldest daughter of James Ritchie, of Calcutta.

Deaths.

ELLIS.—On the 3rd November, at Balmoral, Bournemouth, Heber Dowling Ellis, M.D., in the 67th year of his age.

Acknowledgments.

British Journal of Nursing, Practitioner, Guy's Hospital Gazette (2), London Hospital Gazette, Giornale della Reale Societa Italiana di Igiene, Journal of Laryngology, The Student (also special number), The Stethoscope, Nursing Times, L'Echo Medical du Nord, The Hospital, Magazine of the Royal Free Hospital, The Broad Way, International Journal of Surgery, Durham College of Medicine Gazette, St. Mary's Hospital Gazette, St. George's Hospital Gazette, The Medical Review, The Health Resort, Le Mois Medical, Chirurgica.

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



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St. Bartholomew's Hospital Journal,

JANUARY 1st, 1907.

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

Calendar.

Tues., Jan. 1.	Christmas Entertainment in the Great Hall. "His Excellency the Governor," by Members of St. B. H. A. D. C.
Fri., " 4.	—Dr. Herringham and Mr. Lockwood on duty.
Mon., " 7.	—Winter Session resumes.
Tues., " 8.	—Dr. Tooth and Mr. D'Arcy Power on duty.
Thur., " 10.	—Abernethian Society. Mid-Sessional Address, 8.30 p.m., by Dr. H. H. Tooth, C.M.G. "Inoculation against Enteric Fever."
Fri., " 11.	—Clinical Lecture, 1 p.m. Dr. Norman Moore. Dr. Norman Moore and Mr. Cripps on duty.
Mon., " 14.	—Special Lecture, 1 p.m. Mr. Cumberbatch.
Tues., " 15.	—Dr. West and Mr. Bruce Clarke on duty.
Wed., " 16.	—Clinical Lecture, 2.45 p.m. Mr. Harrison Cripps.
Thur., " 17.	—Abernethian Society, 8.30 p.m. Mr. C. Gordon Watson, F.R.C.S. "The Treatment of Tuberculous Disease of the Knee."
Fri., " 18.	—Clinical Lecture, 1 p.m. Dr. West. Dr. Ormerod and Mr. Bowby on duty.
Mon., " 21.	—Special Lecture, 1 p.m. Dr. Ormerod.
Tues., " 22.	—Dr. Herringham and Mr. Lockwood on duty.
Wed., " 23.	—Clinical Lecture, 2.45 p.m. Mr. Harrison Cripps.
Thur., " 24.	—Abernethian Society, 8.30 p.m. Mr. A. H. Hogarth, M.B. "The Medical Inspection of Schools."
Fri., " 25.	—Clinical Lecture, 1 p.m. Dr. Ormerod. Dr. Tooth and Mr. D'Arcy Power on duty.
Mon., " 28.	—Special Lecture, 1 p.m. Dr. Lewis Jones.
Tues., " 29.	—Dr. Norman Moore and Mr. Cripps on duty.
Wed., " 30.	—Clinical Lecture, 2.45 p.m. Mr. Bruce Clarke.
Thur., " 31.	—Abernethian Society, 8.30 p.m. Clinical Evening on "Surgical Joints." Introduced by Mr. G. E. Gask, F.R.C.S.

Editorial Notes.

It would hardly be respectable if we did not offer some seasonable greeting to our readers at the beginning of a number dated January 1st. We accordingly wish them all a Happy New Year. May the year 1907 show a smaller proportion of broken resolutions, bad debts, and lost patients than any of its predecessors. To those old St. Bartholomew's men who, not being subscribers to the JOURNAL, yet read these lines in an armchair of the reading room of, say, the College of Physicians, we offer our sympathy—not on the quality of the cushions, but on their ignorance of the fact that the JOURNAL is infinitely more entertaining when read at home. Extensive research has proved that our columns are only properly appreciated when the reader has his slippers on.

GOOD resolutions are allowable at this time of year, even to editors, who are, as a class, notoriously lacking in the finer emotions. As we write these Notes, at the close of December, it is our intention so to conduct the JOURNAL during the coming year, that the majority of our readers shall be satisfied, and that the standard which previous editors have set us shall not be lowered. And if we are fortunate enough to attain any nearer towards the realisation of the ideals which were held by those who have gone before us, it will be because we now possess advantages which they unselfishly worked for, but did not themselves stay to enjoy. To one editor in particular we and those who follow us will always be deeply indebted.

THE first day of a new year is not unfitted for a word of thanks to one who, while he held office here, never looked for thanks, but only thought of the good of the JOURNAL. This paper owes more to Dr. A. H. Hogarth than can easily be said, and far more than he will ever admit. To work under him was a liberal education, to help him a pleasure. While he set an example of enterprise and devotion which is not easy to follow, he so organised the various departments of the JOURNAL that the task of his successors

is lightened, and wheels run smoothly which, but for him, might never have run at all.

THE intention which we recently expressed in these columns of publishing a series of articles upon the recreations of medical men has already met with the approval of a number of our readers. Those whom we have spoken to upon the subject have given us much encouragement—far more than we expected. We begin the year with an essay on "Walking" from the pen of a valued contributor. It would ill become us to praise our own wares, or even to refer to them in any detail. We merely submit the first of our series to the readers of the JOURNAL in the hope that what has pleased us will please them too.

MEANWHILE we have laid our plans for several months to come. We already have promises of articles dealing with fishing, natural history, rough shooting, and mountaineering. As for the indoor hobbies of medical men, we may here remark that we intend to deal only with the commoner and more popular pursuits. Our readers may trust us to postpone *sine die* the consideration of table-turning and the musical glasses. On the other hand, there are difficulties in the way of maintaining a "bridge" column in these pages, and, since no other method of treating that fascinating game is open to us, we must, unwillingly, perhaps, reject it from our series.

WHILE we propose to include only the conventional recreations, and such as are within the reach of the majority of medical men, we reserve to each contributor the fullest latitude in the treatment of his subject. All we ask of him is to cut it short and to serve it up fresh. A new way of looking at an old friend is as pleasant as it is instructive. We have, as yet, no article on gardening. "God Almighty first planted a garden; and, indeed, it is the purest of human pleasures." So wrote Lord Bacon. Will one of our country readers step into the breach?

WE have pleasure in recording that Dr. P. Horton-Smith Hartley, M.V.O., has been appointed Physician to the Brompton Hospital for Diseases of the Chest, and that Mr. C. Gordon Watson has been appointed Surgeon to the Metropolitan Hospital.

WE offer our congratulations to Mr. E. V. Oulton on being selected as reserve for the England Rugby Football XV, in the international match against the South Africans on December 8th, at the Crystal Palace, which ended in an exciting drawn game. His recent achievements fully deserved this honour, and we can only regret that he was not actually called upon to take part in the match, and, perhaps, to turn the result into a victory for England.

WE are requested to announce that by an unfortunate error the obituary of old St. Bartholomew's men, which was published in the last edition of the *Year Book*, contained the name of Dr. E. D. FitzGerald, of Castle Hill Avenue, Folkestone. We are happy to say that there was no foundation for this statement, and we are desired by the Editor of the *Year Book* to convey his regrets to Dr. FitzGerald for the mistake.

As will be gathered from the somewhat frivolous article which we print elsewhere, the Hospital Dance on December 7th was a great success. The Hon. Secretaries and the other members of the Committee of Management received the most encouraging support this year. Many of the Senior Staff brought parties, and the Resident Staff was well represented, while more students were present than at the previous Students' Union Dance.

THE ordinary meetings of the Abernethian Society have been well supported this year. Excellent papers have been read, and two instructive clinical evenings have been held. The attendances on Thursday evenings have been larger than for some time past. The Library, in which the ordinary meetings are temporarily held, is an improvement on the old Abernethian Room, which in past years was often unpleasantly crowded.

THE Society's programme for the second half of the Winter Session promises to be equally interesting. The Mid-Sessional Address on January 10th by Dr. Howard Tooth, C.M.G., on "Inoculation against Enteric Fever," will no doubt attract a large audience. Dr. Tooth's wide experience, at home and in South Africa during the late war, together with the importance of the subject he has chosen, leads us to anticipate a lecture of the greatest interest.

At the Final Examination for the Fellowship of the Royal College of Surgeons the following St. Bartholomew's men were successful:—Messrs. E. H. Douty, H. P. Gibb, R. Foster Moore, W. J. Richards, B. B. Riviere, and A. de Silva. To these gentlemen we offer congratulations. Forty-nine candidates from all schools presented themselves, of whom nineteen passed; from St. Bartholomew's six out of twelve candidates were successful.

WHILE referring to the success of our Medical School at the Royal College of Surgeons we wish to apologise to Mr. A. E. Stansfeld for the accidental omission of his name from the list of those who recently passed the Primary Fellowship Examination, which we published in our Notes for last month.

Clinical Odds and Ends.

No. VIII.

By Dr. SAMUEL WEST.

A CASE OF ACUTE GASTRIC DILATATION NEARLY FATAL.

ACUTE gastric dilatation does not often place life in jeopardy, but it does sometimes especially in children. The following case occurred in an adult:

The patient was a man 35 years of age, whom I was called to see because of violent vomiting.

I learnt that he had been suffering for some weeks with a fever of indefinite nature, for which various causes had been suggested. From the account given it seemed to have been of a septic character. The fever had fallen a few days before my visit, and it was hoped convalescence was commencing when violent vomiting set in, by which all food was rejected, and alarming prostration produced.

At the time of my visit the man looked desperately ill, and had the aspect of a patient dying from collapse in peritonitis. The temperature was subnormal, and the pulse very feeble, irregular, and often intermittent.

The only physical signs discovered were abdominal. The abdomen, at first sight, presented a very peculiar appearance, for it seemed as if there was a depression in the right hypochondrium, the rest being moderately distended. Examination showed that this appearance was due to enormous distension of the stomach, which occupied the greater part of the abdomen, and reached three inches below the umbilicus. Its limits were easily defined by palpation and the bell sound, and succussion was well marked. On the left side dullness reached the mid-axillary line, the upper limit of the stomach in the thorax was defined, as the patient lay on the back, by dullness behind this line and in front of it by tympanitic resonance, and the bell sound.

The vomiting had ceased for some hours, chiefly because no food had been taken.

The diagnosis was clear, *viz.* extreme dilatation of the stomach, with probably complete paralysis of its walls from over-distension.

The condition of the patient was critical in the extreme, and it was obvious that unless relief was speedily obtained the man would die.

There was no skilled nursing available, so that it was evident he must be sent to the Hospital at once, if he could be got there safely. He was taken in an ambulance, and arrived at the Hospital alive, but greatly exhausted. The stomach was immediately emptied by means of a syphon, and five pints of fluid and much gas removed; a little whey and essence was introduced, and some strychnia and ether injected *sub-cutem*. This was followed by great relief, and the next day the patient, though very weak, was much better.

The stomach was again emptied, and one and a half pints of fluid removed, being about one pint more than the amount of food taken by the mouth. About the same amount was obtained the day following. It being clear that the stomach was not doing its work the administration of food by the mouth was stopped entirely except for a few teaspoonfuls of water and meat essence, and nutrient enemata employed instead till after a few days normal feeding was gradually resumed.

The debility that was now present was largely the result of his long illness. The stomach remained very weak for some time, and was easily distended by either food or wind. To assist in restoring muscular tone firm pressure by an abdominal bandage was found very useful.

No description can give an adequate picture of the urgency of the symptoms when first seen. Life was in the greatest jeopardy, and it seemed doubtful whether the patient's strength was sufficient to bear transport to the Hospital. Acute over-distension with paralysis of the stomach being diagnosed, the line of treatment was obvious, and the result successful.

The original cause of the distension may have been partly mechanical, and consequent on the long continued feeding with fluid food, but the sudden onset was probably neuro-paralytic in nature, and akin to the acute tympanitis of the bowels, which is occasionally met with in the course of severe fevers, such as pneumonia or typhoid.

The prognosis of acute gastric dilatation is, however, much better than that of tympanitis, for while it is easy to evacuate a distended stomach by the tube it is very difficult to deal mechanically with distension of the intestines. The distended coils of intestine may, it is true, be punctured with impunity by a trocar and cannula, but the escape of gas by the cannula is barely sufficient to give permanent relief.

EXPECTORATION IN LITTLE CHILDREN.

A child, 3 years old, was admitted with bronchitis and broncho-pneumonia. In the clerk's note it was stated that the child expectorated. Expectoration is rare in children, but if a child do cough till it expectorates or vomits the chances are that it has whooping-cough. At the same time if a child with whooping-cough gets broncho-pneumonia the whoop will disappear for the time to return during convalescence. The expectoration, therefore, in this case, was of great clinical importance.

The suspicion which the clerk's note raised was justified two or three days later when the fever had fallen, for the child then began to whoop in a characteristic way.

On Walking.

Being the first of a series of articles on the Recreations of Medical Men.

ANY essays have been written in praise of Walking, including dissertations upon walking as a fine art. I find it difficult myself to stimulate my enthusiasm for the pursuit so far as to exalt it above the other open-air pleasures to which the British man is addicted, but I recognise that as regards the Art of Walking I am a mere amateur and *dilettante*. Some there are, to imitate the ode of Horace, whom it delights to have collected the dust of the Brighton Road in keen strife to lower the record of hours consumed upon the journey; others who walk solely for the sake of their waist-measurements; others, again, who walk in the pursuit of duty. With none of these have I now any concern; I am regarding the man who with the choice of other pleasures before him deliberately selects to Walk. Of course to many minds such a choice is incomprehensible; and naturally. Their only experience of walking has been gained under compulsion of time, or tide, or even of so lowly a dictate as that of digestion. They, one may say with truth, have never really Walked.

What then are the reasons which impel some of us to a deliberate choice of that which appears to others so stupid and monotonous? Well it is always difficult to distinguish precisely the motives of one's choice, but I believe that if one dives into the tangled mass of pleasurable sensations at the bottom one can distinguish clearly that it is a purely physical pleasure. Stevenson in one of his delightful essays insists that an occasional return to the lowest expression of animal life, locomotion without conception of whence or whether, and with a purely mechanical unidea'd effort, forms one of the greatest pleasures which man can experience. And it is this, I believe at bottom, which the Walker feels. But there is of course much more than this; there is time and season, climate and weather, solitariness or company, and many other conditions some of which we can command at will, others which will exalt or depress us despite our will. To descend to details; to Walk well demands an entire freedom from such trivial concerns as trains, and to a less extent of roads. When I say roads of course I mean the broad main roads on which one has always much company; the winding lanes and bridle-paths of this country are in a different category. Such freedom presupposes an unrestricted vacation, however short, from the serious business of life, and that is granted seldom. But when it lies in the Walker's power let him leave his own country, and seek his pleasure abroad, if only for a week. I have tried both in this

country and in France, and have no doubt of my own inclination. Some of the other conditions I have already spoken of weight the balance, and these I will set down. First, at the season when it is convenient for me to walk there is a better chance of sunshine abroad than at home, and though I hasten to add that Walking is pleasant even in bad weather, yet there is no denying that light and warmth are great additions to the pleasure. Then one has the enjoyment of a life which is organised entirely on lines distinct from the life in England or Scotland, and of intercourse with people whose outlook is widely different. Lastly, and not least important, in France at least one lives well and cheaply, which can only be managed with the greatest knowledge and experience at home.

But wherever one goes after the first two days' Walking, when the body has regained its elasticity and strength, and can carry its load lightly, the physical pleasure again becomes dominant; the sense of moving freely and without undue effort to new places and new people, the kindly sense of fatigue which reminds one of dinner and a bed, the repetition of the same life with new incidents, and in new scenery from day to day; these are the sensations which make the Walker content with his choice. Sometimes it may happen that with some especial aim the road must be devoured at a fixed pace, and in a given time; more often the Walker will so arrange that he will be able to pass along at his inclination, loitering when there is some attraction to delay him, making speed at other portions of his march, and often turning aside to bye-paths or heights, which may offer him some fresh prospect. Even when speed becomes necessary there is a compensation in the accomplishment of a task which you have set yourself.

The whole secret of the successful practice of the art of Walking is Boots. If the feet of the Walker are sound at the end of the first day he will know that whether he has wet or fine weather, if he lose his way, and if unkind fate sends him to eat of inferior food and drink execrable liquids, whether he has a companion or is solitary, he will be certain, I say, that he is going to taste in the ensuing days of the best pleasures of the Walker.

H. T.

Abstract of a Lecture on Broncho-Pneumonia in Children.

By Dr. A. E. GARRÖD.

BRONCHO-PNEUMONIA is a very common malady in children under two years of age, and one of the gravest from which they can suffer. It is not a definite morbid entity; for a variety of micro-

organisms may give rise to it. Of these the pneumococcus is probably the commonest, at least in primary cases; but streptococci, the Klebs-Löffler bacillus, the tubercle bacillus, and also the influenza bacillus, all contribute their quatum. In one baby of a few months old, who unlike most babies expectorated freely, the sputum swarmed with influenza bacilli. Broncho-pneumonia also occurs as a complication of the exanthemata, and above all of measles, of which disease it constitutes the chief danger.

The diagnosis of broncho-pneumonia rests upon the general signs and upon the physical signs present in the chest. In many cases the former offer a safer guide than the latter. We may often feel certain that a child has broncho-pneumonia, when examination of the chest reveals nothing but slight bronchitis.

The general signs are fever, rapid respiration, and a general appearance of illness in the child. The rapid breathing is perhaps the most important of all; forty, fifty, and sixty respirations per minute are common rates, and even higher figures are not infrequently reached. The pulse, though initially rapid in children, and accelerated by the fever, is not increased in proportion. Even the rapid respiration may, however, be deceptive, as in a case in which the symptoms, with fever, suggested broncho-pneumonia, although nothing could be found in the chest, and next morning the child was quite well again. A peculiar grunting cough, when present, is very characteristic of this disease.

The fever is higher than in simple bronchitis. It lasts three or four days, and falls either by crisis, or more often by pseudo crisis, with a subsequent rise. This latter constitutes what may be regarded as the typical chart. Larger febrile periods are generally due to relapses, revealed by the development of fresh mischief in the lungs.

The physical signs vary greatly in definiteness. *Post-mortem* experience teaches that perhaps the most deadly form of broncho-pneumonia is one in which there are during life only bronchitic signs, and in which after death are found punctate consolidations like ill-defined tubercles, but no such areas as could have given rise to definite signs of consolidation.

In the early stage patches of sharp crepitations, well circumscribed, usually indicate the area of incipient consolidation; later there may be larger or smaller areas of dulness and bronchial breathing, or a whole lobe may become solid as in lobar pneumonia. Sometimes the patch or patches require careful search; they may be high up in the axilla. The middle lobe of the right lung is often attacked.

Remember well that these children are often extremely ill, and that far more harm than good may result from a too-diligent mapping out of the mischief in the chest. The diagnosis once made, the general condition affords a much surer guide than the study of the physical signs. The

prognosis, too, rests much more on the general state of the child than on the extent and definition of the signs.

Cyanosis is a grave and important symptom. When conspicuous it is usually accompanied by dilatation of the right heart, which can easily be made out by percussion. Nervous symptoms are not uncommon; there may be head retraction, and a condition closely simulating tubercular meningitis may develop. Drowsiness and torpor when present are often associated with acetonuria and the presence of the iron-reaction (of aceto-acetic acid) in the urine. Vomiting, too, is not uncommon in association with acetonuria.

In the prognosis of broncho-pneumonia it must be remembered that most children with this disease recover; they should never be despaired of unless actually dying; recovery occurs even in most unlikely cases. Cyanosis and dilated heart are signs which call for prompt measures.

In prolonged cases with frequent relapses there is difficulty in being sure whether one has to deal with tubercular broncho-pneumonia, of which the physical signs are the same. One should never be in a hurry to diagnose tubercle. In two cases during the last year the disease persisted with frequent relapses for thirteen weeks, but the children ultimately made a complete recovery. On the other hand, it occasionally happens that a case turns out to be tubercular when this has not been suspected at the beginning.

Of sequelae and complications empyema is important to remember. Purulent pericarditis is difficult, almost impossible, of diagnosis; there are no obvious physical signs, and the diagnosis of its presence is usually incorrect, while in those cases where it is discovered *post mortem* it was usually not suspected during life.

In treatment the principal point is to feed the child; and milk is the chief item. Brandy is often of great value in this disease; other medicines are of secondary importance; on no account should the child be made sick with drugs. Fresh air is valuable, and an adequate supply should be ensured, provided that the child be protected from cold and draught—children do no better when they are shut in. When the right heart dilates and cyanosis develops leeches are often of the utmost service; the appreciation of this is one of the most important points in connection with the treatment of broncho-pneumonia. A dilated heart may rise so high up in the chest as to suggest the presence of a pericardial effusion.

Empyema should be watched for, and if suspected the chest should be explored. If found it should be treated at once. Pyopericardium, could it be diagnosed with certainty, should be opened; but in those cases in which the idea of doing this has been entertained on the evidence of physical signs, one is afterwards glad that it has not been done.

The Clinical Research Department.

WITH the current number of the JOURNAL is issued a small fly-leaf calling the attention of old St. Bartholomew's men to the Clinical Research Department. Re-organised on new lines at the beginning of last year it is believed that the advantages which it offers will be greatly appreciated if they are more widely known.

The chief need of the practitioner in regard to laboratory examinations is the guarantee that such examinations are conducted by workers, who are conversant with the most recent methods of research, and are qualified by their position and experience to give to the work minute and well-trained care, and to their reports a real authority. This condition is fulfilled in the Clinical Research Department more than is usually the case, for the Department has enlisted the services of all the teachers in the various branches of pathological research in the Medical School. Hence a report issued from the Department bears in itself the guarantee of the employment of the most recent methods, and of a daily experience in the interpretation of the results of the examination.

A further advantage is that the practitioner is enabled to enter into direct relations with the actual worker, who is often able, from his experience, to suggest some additional aid to the diagnosis of a difficult case.

The outfit for the collection and forwarding of pathological material includes the usual swabs, pipettes, sterilised bottles, etc., and contains, in addition, printed directions for the collection of the material, printed labels for immediate use, and a scale of the fees charged for the more ordinary examinations.

A word of explanation is necessary with regard to the fees. No effort has been made to enter into competition with other institutions; the fees have been fixed at the sum, which is commensurate with the fulness and the authority of the report.

Promptness of report, consistent with accuracy, is a feature of the Department. Recently, for example, a positive diagnosis of diphtheria was made, and a telegram despatched, within half an hour of the receipt of the swab, followed by a report by letter the next day confirming the telegram by the results of cultivation. Again, in the examination of tumours or other tissues wherever rapidity of report is desired frozen sections are made of the fresh material, confirmed, of course, by careful examination by the longer methods.

In cases in which it is desired the Department will also undertake the provision, where possible, of vaccines for injection according to Sir A. E. Wright's method.

Chemical analyses of all fluids, not only pathological, but such as water and milk, are undertaken at fees which will be arranged.

It will be seen that the Department is able, as it claims in the fly-leaf and in its advertisement, to offer advantages which old St. Bartholomew's men will be able to appreciate.

Obituaries.

JOHN ACKERY, M.R.C.S.Eng., L.D.S.

IT is with much regret that we record the death of Mr. John Ackery, one of the Dental Surgeons to the Hospital.

Mr. Ackery, at the commencement of his professional career, entered as a student at the Middlesex Hospital, and the Royal Dental Hospital of London, and following the usual courses of study, qualified firstly as a Dental Surgeon and afterwards as a Surgeon. Almost immediately he was elected to a new post at the Dental Hospital as Demonstrator of Gold Filling, which he held with great credit to himself and usefulness to the School. Entering the practice of the late Mr. Alfred Coleman, a former Dental Surgeon to St. Bartholomew's, he became more interested in the dental work of our Hospital, and upon a vacancy occurring on the Staff, he applied for and was elected to the post of Assistant Dental Surgeon. Some years afterwards, on the retirement of Mr. Ewbank, he was elected Dental Surgeon to the Hospital, a position he filled until the last with the greatest efficiency.

In the dental world Mr. Ackery will be gratefully remembered for his untiring services and great zeal in the cause of charity in connection with the Benevolent Fund of the British Dental Association. He was for many years a most energetic Honorary Secretary to that Fund, and latterly acted as its Chairman. In paths scientific he will be remembered as a former President of the Odontological Society of Great Britain.

His funeral took place at Nunhead Cemetery on December 14th, and was attended by many who knew and respected him, as well as representatives from the leading dental societies and associations.

A memorial service was held in the church of St. Bartholomew-the-Less, on the same day, and was attended by many of his hospital colleagues and friends.

GEORGE BAGOT FERGUSON, M.D., M.Ch.Oxon.,
F.R.C.S.Eng.

THE sudden death of Dr. Ferguson at Cheltenham Hospital, while performing an operation on Nov. 27th, removes a distinguished provincial surgeon from the ranks of the profession. Dr. Ferguson was educated at Cheltenham College, Oxford University, and St. Bartholomew's, where he held the post of house surgeon. At the time of his death, at the age of 63, he was Senior

Surgeon to the Cheltenham Hospital, and Surgeon to Cheltenham College and the Female Training College. In 1901 he was President of the British Medical Association, and for many years he was a popular and successful consulting surgeon in Cheltenham. Dr. Ferguson's skill as an operator was well known in the West of England, and he was a frequent contributor to medical papers. In addition to his professional abilities, he was an accomplished French scholar.

FREDERIC CHARLES GRIFFITH GRIFFIN,
M.A., M.B.Oxon., M.R.C.S.Eng.

IT is regret to announce the death, on December 1st, of Dr. F. C. G. Griffin, at the age of sixty-eight, from broncho-pneumonia. Dr. Griffin was educated at King's College School, Oxford, St. Bartholomew's, and Paris. From 1856 to 1860 he was a scholar of Lincoln College, Oxford, obtaining first-class honours in Natural Science in 1860. From 1863 to 1866 he held the Radcliffe Travelling Fellowship. He was next appointed District Medical Officer for Cholera at Southampton, and in 1871 he acted as special vaccinator to the Channel Squadron. For eighteen years he held the post of surgeon to the Weymouth Royal Hospital, afterwards being made consulting surgeon.

Medical Consultations.

On Thursday, November 29th, at 3.15 p.m., in the old theatre, Dr. Ormerod showed a man, aged 25, from Matthew Ward, who had previously had hæmoptysis, and was then bringing up foul sputum. This was generally thought to be a case of bronchiectasis, and creosote was recommended, but Dr. West was more inclined to regard it as one of fatid empyema, and suggested exploring with a needle.

Dr. West showed a case from Luke of double third nerve paralysis in a male previously shown at consultation, and now much improved. There was a history of syphilis. Dr. Ormerod quoted a case which had been under his care of similar paralysis of the third nerve, in which improvement only occurred after many months of treatment with potassium iodide.

Dr. Drysdale next showed a woman from Mary with a swelling in the epigastrium. For ten years she suffered from anæmia, and for three years from gastric symptoms. Her red blood-corpuses were diminishing, while the leucocytes had increased in number. He suggested the presence of a pancreatic or pseudo-pancreatic cyst, or possibly a new growth. Dr. Horton-Smith Hartley considered the possibility of a renal or gastric tumour, and recommended an exploratory laparotomy. Dr. Morley Fletcher recommended the same course, and was inclined towards the diagnosis of a new growth of the stomach. Dr. Tooth did not think it was possible to be definite, but held that the symptoms did not necessarily involve a diagnosis of malignant disease, and might be caused by the inflammatory mass left behind by an ulcer—he, too, was in favour of an exploratory operation. Dr. Ormerod considered that the swelling might be renal in origin, and, perhaps, a floating kidney.

On December 6th Dr. Norman Moore showed the case of a woman, aged 40, from Hope, with paralysis of the lower limbs, toe-drop, and absent knee-jerks. The reaction of degeneration was present in the muscles of the legs. All agreed that it was a case of peripheral neuritis, probably alcoholic.

Dr. Ormerod showed a boy, from Matthew, with enlarged glands in the neck, a large abdominal tumour, fever, and a puriform effusion of the right pleura. The tumour was generally agreed to be splenic. Dr. Hartley thought it was tuberculous. Dr. Drysdale and Dr. Fletcher suggested lymphadenoma, and this supposition was agreed in by Dr. Tooth, who proposed that the pus be evacuated. Dr. Moore believed that it was not an infarcted spleen, but probably tuberculous in origin, or due to Hodgkin's disease. He suggested the possibility of amyloid degeneration, and recommended an operation on the pleural effusion. In common with Dr. Drysdale he considered that the patient's opsonic index should be estimated.

On December 13th, at the last medical consultation before the Christmas vacation, Dr. Norman Moore showed a woman, aged 37, from Hope, with epigastric pain after food and hæmatemesis. There was a history of treatment at the Brompton Hospital for hæmoptysis, and also of gastric ulcer in the past. The blood now brought up was never profuse in quantity, was bright in colour, and never mixed with air. Dr. Moore was inclined to attribute it rather to hæmoptysis from a lung lesion than to gastric ulcer, but he wished for the opinion of his colleagues on this point, and also on the propriety of a surgical operation. Dr. Morley Fletcher agreed in the opinion that the blood came from the lungs, and explained the presence of pain by the chronic gastritis of tubercle. He therefore advised no gastro-enterostomy. He drew attention to the marked pigmentation present on the patient's body, and suggested the possible presence of Kecklinghausen's disease or Addison's disease. Dr. Ormerod preferred the hausen's disease or Addison's disease. The general opinion was against operation.

Dr. Morley Fletcher showed a woman, aged 30, from John, an artificial flower-maker by trade, who presented marked difficulty in walking and toe-drop, with nystagmus and absent knee-jerks, but without any lesion of cranial nerves. She had been in the Hospital thrice before, with similar attacks, and on each occasion a provisional diagnosis of arsenical neuritis had been made. She now had no pigmentation. Dr. Fletcher was uncertain as to whether it was a case of peripheral neuritis, functional paraplegia, disseminated sclerosis or possibly a combination of two of those conditions. Dr. Calvert thought her gait, which was most peculiar, was neurotic; Dr. Ormerod held that it was a case of peripheral neuritis plus hysteria; and Dr. Moore suggested the possibility of alcoholic neuritis.

Dr. Calvert finally showed an out-patient, a young man with persistently swelled hands, which pitted on pressure, and were very cold. They were red but not painful. He had had chilblains on his feet. Dr. Fletcher considered that they were due to vaso-motor disturbance (possibly Raynaud's disease or erythromelalgia), but not to angio-neurotic oedema. Dr. Ormerod likened them to gigantic chilblains, while Dr. Moore thought they were due to one of the many forms of Raynaud's disease. Dr. Calvert drew attention to the close affinity which exists between all the conditions which had been mentioned.

Hobbiosis Hominum.

IN the November number the Editor announced his intention of publishing a series of articles on the Hobbies of medical men. Presumably he wishes to throw light on this condition by collecting a number of cases. The scanty facts which follow comprise all that is at present known of this fascinating subject.

Ætiology.—Since von Würst published the discovery, in his laboratory at Oberammergau, on May 1st, 1896, of the *Equinococcus hobbiosis*, no one has confirmed his observation. It is very probable that we have to look elsewhere for the causative agent of *Hobbiosis hominum*. The disease is highly contagious. Males are somewhat more often attacked than females. The incidence is greatest in childhood, but the acute form is then the rule. Very young

infants show a remarkable immunity. In schools the disorder appears in epidemics, with a percentage of 99.9 of those exposed. After puberty it often becomes chronic, and the chance of this termination increases as age advances.

The incubation period varies from a few hours to as many weeks. It is shorter in young persons.

Morbid anatomy. As the disease is only indirectly fatal, as when, for example, a quarrel arising over a rare postage stamp leads to murder, or excessive devotion to the cornet causes rupture of the thoracic wall, opportunities for studying the morbid anatomy are not frequent. No distinctive lesions were found in the few post-mortems that have been recorded.

The symptoms are remarkably protean in details, but certain broad rules apply to nearly all types. The onset is marked by excitement, only rarely accompanied by rise of temperature. This is followed by an interference with the ordinary functions, leading, in severe cases, to a disinclination for work, and to the exhibition of various eccentricities. The hæmorrhagic type may simulate acute mania. Even here there may be no physical signs, except in cases which collect 'bus tickets. Milder cases do their work with little inconvenience, and some authors even hold that the daily routine is better carried out by such subjects. Defervescence is shown by a lessening interest in objects which in the earlier stages would have induced a paroxysm.

Complications.—The heart may hypertrophy in the athletic type. Fractures of the long bones are not unknown in explorers and birds'-nesters. Zoophilists have fallen victims to their own pets (*e.g.* Acteon and Cleopatra), while more modern "Zoophilists" suffer from a form of pseudomania which may end in delusional insanity of the Browne Dogg variety. It is stated, on insufficient authority, that pseudomania also accompanies the fishing, while coprolalia undoubtedly complicates the golfing type of hobbiosis.

The diagnosis is usually obvious.

Prognosis.—In young subjects the attack may clear up in 48 hours. The more severe the initial symptoms the greater the chance of complete recovery. With increasing age the prognosis is correspondingly grave. As an American authority* says of lying, "Once the disease gets familiar with a man, nothing but death can put an end to his sufferings." One form of the disorder exercises a restricting influence on another. Death usually occurs from some intercurrent condition, and the end may be indefinitely delayed.

Treatment is chiefly directed to maintaining the general health, and preventing an undue strain being thrown on the patient's resources. Many cases do not suffer enough to make interference justifiable, but their friends do. Careful

* Josh Billings.

nursing in the acute stage may save the patient. In chronic cases inoculation with a less virulent strain may turn the disease into a less distressing channel.

J. E. H.

St. Bartholomew's Trained Nurses' Institution.

THE private nursing staff in connection with the Hospital has its headquarters at No. 13, West Smithfield, and numbers about fifty nurses, all of whom have had three years' training in the wards, and hold the Hospital certificate for efficiency. From time to time they may return to the service of the Hospital for a few months work in any special branch of nursing which they may need; and between their cases they may attend the various lectures to nurses which are delivered in the Hospital.

The success of the institute lies very largely in the hands of St. Bartholomew's men. We understand that in the past it has not been so well supported as it should have been. This may be due to the fact that many old students enter into private practice in ignorance of the existence of a private nursing staff in connection with their own Hospital. But, whatever the cause, we have little doubt that a wider recognition of the merits of this institution will be of benefit to the institution itself, and to the medical profession and the public as well.

Under the present progressive policy various innovations and improvements are being made. For example, the co-operative system, which is considered by some to be the most satisfactory arrangement between nurse and institution, is to come into force for those nurses who prefer it on January 1st, 1907. The institute will thus be conducted in the future on an optional co-operative system, whereby it is hoped that the number of nurses on the staff will be largely increased.

For some time past special boxes have been in preparation for the nurses to take out to operation cases, when required by the surgeons. These boxes mark a distinct advance in the equipment of nurses for surgical cases, and merit the attention of our readers. Several are already in use.

The nurse will take two boxes to the patient's house; a smaller one containing a sterilizer and lamp, and all the necessaries for the preparatory dressing; and a larger one, the contents of which will be sterilized beforehand by the Hospital. The larger box need not therefore be opened until the actual time of the operation, a sufficiently obvious advantage. This box contains, among other things, gowns for surgeons and nurses, towels, macintoshes, dressings, bandages, resection tray, basins, saline infusion apparatus,

catheters, Higginson's syringe, carbolic vaseline, apparatus for hypodermic injection, and concentrated antiseptics for preparing lotions.

We have lately inspected these boxes, and we were much impressed by their compactness and portability, and by the care and ingenuity which must have been spent in designing and preparing them. We understand that the fee charged for the use of the boxes at an operation is one guinea, which seems under the circumstances most reasonable. The services of a nurse, trained at St. Bartholomew's, and equipped with dressings and other requisites sterilized by the Hospital, should prove of great value to many surgeons. We commend the enterprise of the Superintendent and the Hospital authorities in this matter, and hope that our readers will not only regard it as a further proof of the vitality of St. Bartholomew's, but also accord it the support which it deserves.

The Anti-Divisionist.

"THE proper study of mankind is man"—
Ah me, how narrow!
How much more worthy 'twere to note the span
Of, say, a sparrow!
Self-centred we! all life is rare as ours
And not less holy:
(A little turbot please)—our boasted pow'rs
O'er creatures lowly
But argue base inhuman hearts, no less.
You know "the beetle
In corp'ral suffrance,"—(Ah, shrimp sauce, why yes,
A very leetle).
What did I say? There's vivisection now,
Oh monstrous horror!
Why, since a thousand times less deep I trow
Destroyed Gomorrah.
How dare we lay the dust upon our path
With blood of rabbits,
As do these butchers? Pray forgive my wrath,
Such brutal habits
Disturb me sadly. (If you please, some lamb!)
No plague so frightful
But matched with this,—Ah, thanks, a telegram!—
Would seem delightful.
May I? . . . Dear, dear! Good gracious me! Poor Joe
My collie 's dying!
Rabies! He scratched my hand a week ago!
I must be flying.
Oh! Hydrophob—, Please touch the bell. Ah me!
I'm ailing. Harris.
Pack up my things. I'm off at once to see
Pasteur in Paris.

W. P. B.

The Students' Union Dance.

AN eminent authority, writing in a now obsolete encyclopædia, begins his learned dissertation on dancing in these words:—"The disposition to rhythm and measured motion is deeply implanted in human nature. As soon as man in a rude state wishes to express elevated feelings, whatever be their cause, he makes use of rhythm, of measured language; and the dance, or measured movements."

We quote this beautiful passage, not intending any reflection upon the distinguished company which was present at the Wharnciffe Rooms on December 7th, but merely by way of filling some of the cubic space which the Editor has placed at our disposal. Even the stewards in their gorgeous insignia of office could hardly be described as men in a rude state, while the feelings which they expressed in animated two-step and vivacious waltz were never elevated, in the modern and vulgar meaning of the term. As for measured language, worthy of our theme and appropriate to the memories of a delightful evening, we have consulted the *Rhyming Dictionary* and the back numbers of the JOURNAL in vain for inspiration, and must perforce content ourselves with the crudities of prose.

In response to the Editorial appeal, pompous, perhaps, but well meaning, and to the seductive charms of the ticket sellers, there was a far larger company at the Dance this year than ever before. Moreover, the band, the floor, the supper, and the other arrangements, rivalled even the excellence of the 1905 Ball. To Messrs. Miles and Trevor Davies, therefore, all praise.

The conductor of the band, genial but dignified, was once again the central figure of the evening, and dancing was continued under his accomplished baton with the greatest spirit and the keenest appreciation until an hour or more after the appointed time.

The supper was so arranged that all sat down to it in comfort, without that unseemly scramble for places which sometimes mars the pleasure of an otherwise admirable dance; and the band had not finished the supper extras before the last couples had returned to the ball-room.

The fog, which was gathering outside at the beginning of the evening, at first threatened to envelop even the dancers in its foul embrace, but, with unwonted courtesy, as night wore on, it reconsidered its decision, and allowed us not only to see our partners, but also to find our way home in the chilly hours of morning.

We have fulfilled our contract, and exhausted our stock of superlatives; yet we feel that we have scarcely done justice to the Dance of 1906.

PANISCI.

Christmas in the Wards.

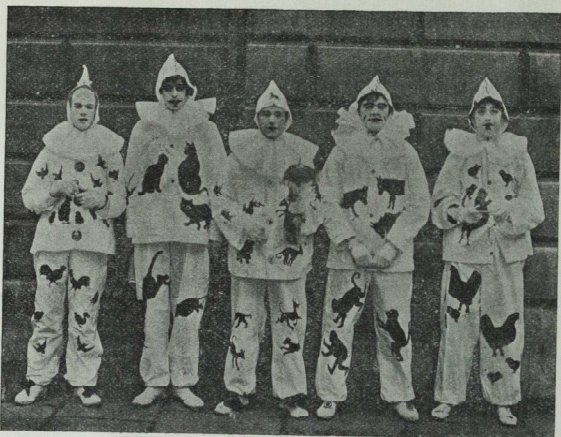
THE Christmas entertainments in the wards this year were as successful as ever. For some time past preparations had been made. These were partially evidenced by the arrival of holly, ivy, and mistletoe towards the end of last week.

Early visits were made on Monday morning to Covent Garden to fetch flowers, and decorating started in the afternoon, and was completed by nightfall.

On the afternoon of Christmas day the wards were

caused much amusement by their original white costumes decorated with black animals, and their admirable songs. Two of these were topical, and were much in demand. Their excellent piano was very kindly lent and delivered free by Messrs. Boyd, of Holborn. Their hand painted programmes were the work of Miss Lowndes Yates. Messrs. Butcher, Ball, Smallhorn, Downer, and Holthusen as Niggers were much appreciated. Messrs. Burroughs, Grandage, Burra, and Evans sang glees and part songs in their usual excellent style.

Father Christmas (Mr. Laidlaw) visited various wards, and his presence invariably received the marked approval



"THE SNOWFLAKES"—CHRISTMAS DAY, 1906. From a photograph by Mr. H. V. Capon.

thronged with visitors, and all were evidently much impressed by the artistic results.

In at least ten of the wards there were Christmas trees. The one in Elizabeth was lit by electricity. In Martha one was provided for its three infants, whose age averaged twelve days. These infants, by-the-by, received thirteen presents each. In Harley and Charity there were enormous crackers bursting with presents. In Kenton there was a tempting fruit stall, while Pitcairn, Mark, Charity, and John had bran pies. Hope, in accordance with precedent, was adorned with a screen covered with dolls and toys. Matthew was the proud possessor of a motor car, the product of Mr. Stidston's ingenuity and a ward dressing-waggon.

In the wards the performers were many and their performances excellent. Three troupes of students, past and present, were in evidence. "The Snowflakes," who were Messrs. Yates, Trevor Davis, Kemp, Scawen, and Candler,

of the children. The Rev. Mr. Lewthwaite and family sang, which proved to be the most artistic item of the day. Mr. Waters kindly gave us many excellent Irish ditties. Besides these Mr. Richards conjured, and Mr. Berryman was very amusing as a ventriloquist.

Five professionals had been engaged, and the performances of the conjurer, clowns, and Punch and Judy were obviously enjoyed by the patients.

In Luke an old House Physician, his brother, and some friends gave an excellent performance. To Martha and Elizabeth a London clergyman brought his choir who sang carols, while Mary and Coborn also had special entertainments.

The decorations were everywhere in evidence, while the fairy lamps, kindly lent by Messrs. Clarke (Clarke's Pyramid Fairy Lamps) on this as on previous occasions, greatly added to the bright appearance of the wards.

On Boxing Day other performances were given. In Faith, owing to the kindness of some friends, there was an entertainment consisting of songs and performances by a first class ventriloquist and conjurer. At the same time both in Pitcairn, Charity, and other wards advantage was taken of the presence of pianos, and impromptu concerts were given by students, sisters, and nurses.

Among the many kind friends of the Hospital who visited the wards and brought gifts to the patients, must be mentioned the Santa Claus Society, who have distributed presents here regularly for the past twenty years. Beautiful dolls from the *Truth Doll Show* were also again in evidence. If we have failed to mention any others who contributed to the happiness of the patients at this season we ask to be excused.

The Abernethian Society.

THE eighth ordinary meeting of the year was held on November 29th, Mr. R. V. Favell in the chair. Mr. G. C. E. Simpson read a paper on "Some Complications of Graves' Disease."

Mr. Simpson dealt first with a case complicated by glycosuria, and pointed out the rarity of glycosuria in our own Hospital cases, and then considered a case showing marked edema and dyspnea. The following complications were then mentioned—mental, as shown by restlessness, insomnia, hysteria, and mania; the falling out of hair; diarrhoea, often extremely intractable; albuminuria; edema, both cardiac and brawny; and myxœdema. This led to the discussion of the connection between Graves' disease and myxœdema. The nervous theory of Graves' disease was then discussed, and finally the presence in the body of thyroïdin and parathyroïdin as two independent entities was put forward.

In the discussion which followed the theoretic aspect was mainly considered; Messrs. Favell, Hele, Hill, Parkinson, Stansfeld, Turton and Jamison spoke.

Science and Religion.

An Abstract of the Lectures recently delivered in the Library of St. Bartholomew's Hospital by the

Rev. P. N. WAGGETT, M.A.

TO gain a clear conception of the relative positions of science and religion certain inaccurate ideas must be excluded. It is not true that, while science lies in the province of the mind, religion is an entirely different kind of thing, with which the mind has nothing to do. Neither is it an essential difference that they deal with different material. Although religion takes account of phenomena at present beyond the scope of physical science, there is nothing to prevent science from applying herself to them in the future; in fact, William James has already begun to apply scientific methods to religious phenomena.

The divergence between religion and science does not lie in method. Speculation that leads to experimental verification or disproof, and the authority of knowledge already gained that directs the individual towards seeing the proof for himself, are the methods common to both. It is neither absurd nor immoral that the beginner with the microscope or ophthalmoscope should assume the existence

of an object at the call of authority, and so learn to prove its existence for himself. This is religion's method too, and it is a reasonable method.

Religion and Science then apply the same methods to the same facts. The divergence between them lies in categories. Science deals with the category of being, it asks, is a thing, or is it not; morality with the quality of goodness, it asks of a thing is it good or bad; religion deals with the category of holiness.

The Christian view is of a God outside, in a sense, the world He has made: superior to it, directing and ruling it to its inmost details. The teaching of "a special creation," that contradicts the scientific theory of evolution, originated amongst biologists of the eighteenth century and was adopted into the theology of a section of Christians. The Bible, the Fathers, the Church as a whole, teach nothing involving the denial of the scientific theory.

The literalistic conception of the Bible is not the original nor the true one. There is but a recovery of an old position in the modern freer view of the Bible as a collection of crystallised thoughts about God. The New Testament expresses the belief of Christians about Christ and the Old Testament records experiences of which Christianity is the natural outcome.

The Bible was not written to or for those who refuse all leading by authority, and cannot, therefore, be taken fact by fact and so mastered until the whole is accepted. But when taken generally on authority and then personally tested, its value in opening the Christian life is realised, its general truth is determined, and details become a detail. True authority excites to personal investigation; that which asserts itself to be a substitute for verification is no authority.

The Hospital Medical Gymnasium.

MEDICINE is becoming so full of special departments that the average student does not welcome the idea of adding one more to his labours. But when he gets into practice, and is confronted with the "special" difficulty, he wishes he had studied the question, like Dr. Smith-Brown opposite, to whom his patient eventually turns for treatment.

Few people at present seem to find their way to the gymnasium—off the temporary out-patient room—during orthopædic working hours; though it must be familiar to most senior students when used for other purposes.

There is much to be learned of massage and physical exercises even from a short visit, and no one who pays one on a week-day afternoon will come away without having added to his experience.

Mr. Tham, the masseur and medical gymnast, is delighted to show the cases and explain the work to student visitors, and is more-over anxious to obtain the help of senior men in this department.

Books added to the Library during December.

A System of Medicine. Vol. I and Vol. II (Part I). Edited by Thomas Clifford Allbutt, M.D., and Humphry Davy Rolleston, M.D.

A Manual of Midwifery. By Thomas Watts Eden, M.D. (Additional copy.)

Lectures on Diseases of Children. By Robert Hutchison, M.D. The Principles and Practice of Medicine. (Sixth edition.) By William Osler, M.D. (Additional copy.)

An Introduction to Dermatology. (Third edition, revised and enlarged. Reprinted with some improved plates.) By Norman Walker, M.D.

A Manual of Bacteriology. (Third edition.) By Robert Muir, M.D., and James Ritchie, M.D.

Forensic Medicine and Toxicology. (Third edition, revised and enlarged.) By J. Dixon Mann, M.D.

Tropical Diseases. A Manual of the Diseases of Warm Climates. (Revised edition.) By Sir Patrick Manson, K.C.M.G., M.D.

The Clubs.

The Rugby Club scored a great victory over Rosslyn Park by 11 points to nil, the result coming as a surprise to our opponents. It was not an ideal day for an exhibition of football owing to the frost, but the game was a good one, the three-quarters playing particularly well.

Seven of the Hospital team were selected to play in Paris for the United Hospitals v. Stade Français Club, their names being Grandage, Oulton, Gibson, Stone, Butt, Richards, and Follitt. The United Hospitals won by 14 points to nil, and E. V. Oulton scored a try which left an impression on several of the Frenchmen.

E. V. Oulton had the honour of being selected as reserve for the English XV against the South Africans XV in the match at the Crystal Palace on December 8th.

The Hockey Club have not lost a match this month, and should develop into a useful side if their forwards could only shoot. They have been unfortunate in not having a full side out either owing to illness or reasons which are not quite so clear.

F. J. Gordon was selected to play for the United Hospitals v. Dublin University A.F.C., and did well in the forward line.

RUGBY FOOTBALL CLUB.

ST. BART'S v. CIVIL SERVICE.

On December 1st a most uninteresting game against an indifferent side. At half-time the Hospital were 3 points behind, but in the end won by 9 points to 0 points.

ST. BART'S v. ROSSLYN PARK.

This game was played on Saturday, December 15th, at Winchmore Hill, under most peculiar circumstances, there being about two inches of ice on the surface, which was hard for the shins; but the ground itself was in excellent condition, when we got to it. The game ended in a most meritorious win for us by 11 points to nil, this, we believe, being the first time the Hospital have won since the fixture was started.

During the first half nothing of any note took place, except two good runs on the left wing, of which one ended in a score, and the other in the corner flag being inoched down. During this half the forwards were playing indifferently, but the outsidewell. Bilderbeck scored the try, and throughout played an excellent game.

During the second half the forwards got together, and during the last quarter of an hour were playing very well indeed, two more scores resulting, one by Trewby, and another after an excellent bout of passing. After this, for a short time, the Park were very dangerous; but Bremen, who made an excellent substitute at back, was equal to the occasion.

Individually, all played well, and during the last twenty minutes the team, as a team, played excellently. We were not quite at full strength as Follitt and Pearson were away.

Last refereed, and was quite one of the best referees we have had this season. Team:

K Bremen (back); D M Stone, T. S. Gibson, A. Reoon, C. I. Bilderbeck (three-quarters); H. M. Coombs, F. D. Richards (half-backs); C. R. Hoskyn, W. B. Grandage, H. A. Harris, F. Trewby, S. Trevor-Davies, R. Von Braun, J. W. Adams, H. Butt.

ASSOCIATION FOOTBALL CLUB.

ST. BART'S v. CENTRAL TECHNICAL COLLEGE.

Played at Winchmore Hill on December 1st. A close and exciting match. For the first ten minutes our opponents pressed and Way was called upon to save early in the game. The Hospital now settled down, and the ball, by good forward combination, was carried into the visitors' half. Gordon put in a long shot which beat the goal-keeper, a second goal came from a good shot by Norman.

The visitors again pressed and their outside left finished up a fine run by scoring a good goal, which gave Way no chance. Half-time score 2—1.

After the interval the visitors showed some excellent combination and by adding two goals quickly took the lead. A fast game now ensued, and Dale got away on the wing, and at the right moment centred to Gordon, who made the score level with a very good shot. The Hospital again pressed and Norman beat the visitors' goal-keeper, after a splendid individual effort. Nothing further was scored and the match ended in our favour by 4—3. Mr. Gordon-Watson very kindly officiated as referee. Team:

L. F. K. Way (goal); A. J. W. Forrester, F. L. Nash-Wortham (backs); C. B. Hutt, W. M. Glenister, C. R. Woodruff (halves); W. C. Dale, F. J. Gordon, N. F. Norman, A. E. Cullen, E. R. Evans (forwards).

ST. BART'S v. WELLINGBOROUGH MASTERS.

Played at Winchmore Hill on Wednesday, December 5th, 1906. A very pleasant game, in which we suffered defeat by 3 goals to 2. We were severely handicapped owing to the absence of Rimington, Woodruff and Hutt. However, the sides were fairly evenly matched, and it was only in the last ten minutes that the Masters obtained the winning goal. The play was very keen; but a strong wind blowing across the ground, and the turf being very greasy, rather militated against accurate play. The opening exchanges were in favour of the Masters, their forwards going off with a rare burst, and Way was early called upon to save shots from Fryer and Bird, which he did in clever style. Williams, however, beat him all the way with a fine shot, and Fryer shortly afterwards added another goal. Then our forwards got going, and prior to the interval Gordon succeeded in scoring, and at half-time the Masters led by 2 goals to 1.

Crossing over we tried hard to equalise, but the defence of the Masters was very sound, Tovey and Knight staving off many dangerous attacks; and twenty-five minutes had elapsed before Gordon broke through and scored with a long shot. A hard struggle then ensued for the winning goal, and both goal keepers were kept busy in protecting their charges, but the superior combination of the visitors' forwards eventually told its tale, and ten minutes from the close Fryer finished a clever movement by shooting the ball past Way, and the game ended in favour of the Masters by 3 goals to 2. Teams:

St. Bart's.—L. F. K. Way (goal); G. A. Hooton, F. L. Nash-Wortham (backs); P. C. Cole, W. M. Glenister, W. H. S. Hodge (half-backs); W. C. Dale, F. J. Gordon, N. F. Norman, A. E. Cullen, E. R. Evans (forwards).

Wellingborough Masters.—H. M. G. Wolstencroft (goal); R. F. Knight, C. H. Tovey (backs); E. C. Russell, T. F. Moring, G. Denton (half-backs); J. W. Dyson, R. E. Williams, P. A. Fryer, F. M. Bird, H. J. Simons (forwards). Referee.—Mr. A. Mills.

HOCKEY CLUB.

ST. BART'S v. HITCHIN.

We played this match at Hitchin on December 1st, and won very easily by 7 goals to 2. The shooting of our forwards was very bad, and we ought to have scored many more goals. Their goals were both scored by mistakes in our back division who were only troubled occasionally. Gaskell, Lewis, and G. Gray were away. There was a good deal of loose play and hard hitting up and down the field. Lander played well, and the right wing got together. Goals were scored by Robinson (2), Lander (2), Griffin, H. Gray, and Sylvester.

ST. BART'S v. WEDNESDAY OCCASIONALS' HOCKEY CLUB.

This match was played at Hampton Wick on Wednesday, December 5th. We had great difficulty in raising a team, and were very lucky to come away unbeaten. We started off with a great deal of loose hitting in midfield. Our first goal was scored by Fergusson with a splendid shot which gave the goal-keeper no chance whatever. At half-time we led by 3 goals to 1. Then we had our rest, and with one of our backs partially disabled the opposing forwards started to notch points one by one until the score stood at 5—3 in their favour. We then seemed to realise our position and began to press, forcing a corner, from which Sylvester scored a goal. A few minutes later Fergusson got the ball, and after an exciting race with sundry members of the opposing team from nearly half-way he scored the equalising goal of the match, which thus ended in a lucky draw for us. The goals were scored by Fergusson (2), Sylvester (2), and Vivian.

ST. BART'S v. CROYDON.

Reviews.

LUNGS. By JAMES A. Second Edition, (re, Tindall and Cox.)

pulmonary diseases, of the first edition, for these the subject now been omitted, specially considered in s in these directions

language. He keeps in view, and leaves such interest and with

sives, of course, come twenty four being another is devoted on the early diagnosis nulate it are, we can

bears the stamp of diseases of which it each chapter, which is a present edition.

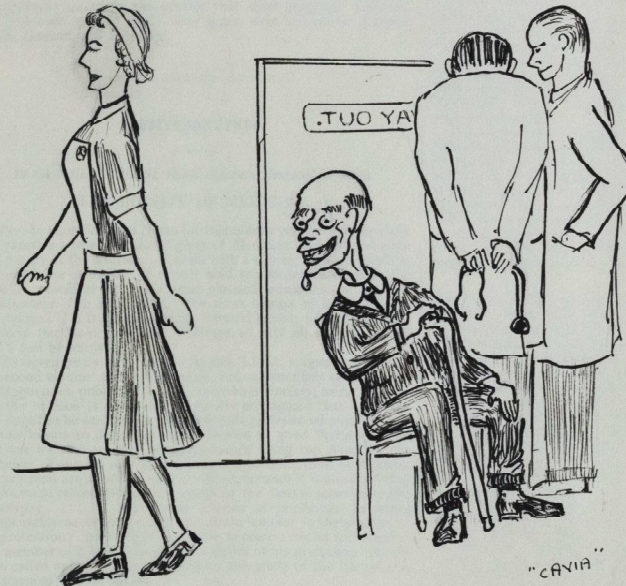
C. F. MARSHALL, (re, Tindall & Cox.)

research into all the practical experience, obtain. This will at by at this time when y by the recent work uchiata.

ing new has of course subject is very much ok. The statistics vely rare occurrence s not been properly ose who have been

ction of syphilis on her disorders of the phils are extremely considering the dia e not quite as full as

ent. All substitutes m are rightly con-syphilis in relation s ably discussed, portion of diseases o other books. The pendix of staining this book, which is



AND WHAT MAKES YOU THINK HIS
17 KETOSTEROID OUTPUT MAY BE RAISED?

on the subject. If it does that I shall feel that an apology for filling so much of your space is not needed.

Yours, etc.,
G. S. O.

LONDON;
December 18th, 1906.

ELEMENTS OF PRACTICAL MEDICINE. By ALFRED H. CARTER, M.D., M.Sc., F.R.C.P. 9th edition. (London: H. K. Lewis.) Pp. 614. Price 10s. 6d.

It is customary with reviewers to deprecate the appearance of small handbooks on medicine. There are, of course, undoubted educational advantages in the exclusive use of the larger works from the outset of the study of disease. But epitomes and condensations, open as they are to abuse, have also their uses. There will always be a demand on the part of students at the beginning of their clinical work for a readable book of small size, which they may use as a general introduction to the study of a vast subject. Regarded in this light, and not as a substitute for wider reading, we can see no objection to the better class of elementary text-book. The present volume has stood the test of twenty-five years, and the ninth edition is likely to maintain its popularity. We have compared it with the

The Clubs.

The Rugby Club scored a great victory over Rosslyn Park by 11 points to nil, the result coming as a surprise to our opponents. It was not an ideal day for an exhibition of football owing to the frost, but the game was a good one, the three-quarters playing particularly well.

Seven of the Ho United Hospitals at Oulton, Gibson, Hospitals won by which left an impr

E. V. Oulton be English XV again Crystal Palace on

The Hockey Club develop into a use have been unfortunate illness or reasons

F. J. Gordon v Dublin University

On December 1 side. At half-time won by 9 points to

This game was Hill, under most inches of ice on ground itself was game ended in a this, we believe, the fixture was started During the first good runs on the other in the corner forwards were play scored the try, and

During the second last quarter of a scores resulting, of of passing. After generous; but Brent equal to the occasion.

Individually, all the team, as a tea strength as Folitt

Last referred, at this season. Tea K. Bremen (back Bildersbeck (three-backs); C. R. Hox S. Trevor-Davies,

ASS

St. Bar

Played at Winchmore Hill on December 1st. A close and exciting match. For the first ten minutes our opponents pressed and Way was called upon to save early in the game. The Hospital now settled down, and the ball, by good forward combination, was carried into the visitors' half. Gordon put in a long shot which beat the goal-keeper, a second goal came from a good shot by Norman. The visitors again pressed and their outside left finished up a fine run by scoring a good goal, which gave Way no chance. Half-time score 2-1.

After the interval the visitors showed some excellent combination and by adding two goals quickly took the lead. A fast game now ensued, and Dale got away on the wing, and at the right moment centred to Gordon, who made the score level with a very good shot. The Hospital again pressed and Norman beat the visitors' goal-keeper, after a splendid individual effort. Nothing further was scored and the match ended in our favour by 4-3. Mr. Gordon-Watson very kindly officiated as referee. Team.

THE EDITOR
JOURNAL.

ST. BART'S v. CROYDON.

This match was played at Croydon on Saturday, November 3rd. We had a strong team out, although Page was absent gaining a reputation for deeds of valour with another eleven. However, Gaskell, who took his place, stuck to his man, Jordan, like a leech. The game was a most enjoyable one, and the score, 5 goals to 4 against us, might have been in our favour with a little luck. The forwards got some good rushes, and it is to be hoped that they will keep up this style of play. Their combination was much better than in the previous matches, but the wings must get up further and stop the centres as they come across. A great many chances of goals were lost yesterday owing to the centres that went begging. Caldwell and Robinson played well. Our goals were scored by Harper, Griffin, Gaskell, and Sylvester.

Correspondence.

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

THE DIGNITY OF MEDICINE.

SIR,—In your Editorial Notes for this month you refer to Sir Dyce Duckworth's address on the Dignity of Medicine. I had previously read a copy of the address. It deals with a subject which, I think, is well worth our attention. I myself hold the strongest views on the value to a medical man of a good classical education and a sound literary taste. Sir Dyce says, "We must beware of becoming too professional." It is a good saying. I would have it written up somewhere in the Medical School buildings, so that all students might read it and be warned.

Fifty-seven years ago Francis Adams, LL.D., surgeon, writing in the second volume of his translation and commentary of the works of Hippocrates, published by the Sydenham Society, said, "I know that the opinion is now pretty generally propagated that a medical man ought to be exclusively occupied with professional pursuits, and have no leisure to devote to the cultivation of good literature; and it is not unusual to hear of a physician's being run down by the craftsman of our Art as a person who, it is inferred, must be deficient in a practical acquaintance with medicine, because it is admitted that he has made respectable acquirements in the liberal sciences and in philosophy. . . . But is such a waste of intellectual existence indispensably necessary in order to attain success in the practice of our profession? And might not a man become a useful and respectable member of it by discharging the duties of his profession actively when called upon, and then retiring to the study of the liberal arts and sciences?" (pp. 841-2).

Whether or not this opinion was as general fifty-seven years ago as Dr. Adams stated it to be I do not know. I was not alive then. But I quote his words on the subject because they seem to me to be of interest. They arose from a discussion of Galen's statement that Hippocrates was not only a great physician, but also a great philosopher.

I think that nowadays medical men do not affect to despise those members of their profession who have acquired literary culture. On the contrary, I believe they admire them, but at a distance, and with a lazy admiration, untinted with envy or the wish to do likewise. I hope that Sir Dyce's address will take effect. I do not expect this letter to do much good beyond keeping your readers' attention fixed on the subject. If it does that I shall feel that an apology for filling so much of your space is not needed.

LONDON;

December 18th, 1906.

Yours, etc.,

G. S. O.

Reviews.

CLINICAL LECTURES ON DISEASES OF THE LUNGS. By JAMES ALEXANDER LINDSAY, M.D., F.R.C.P., M.A. Second Edition, enlarged and re-written. (London: Baillière, Tindall and Cox.) Pp. 508. Price 10s. 6d. net.

The second edition of this valuable work on pulmonary diseases, while retaining the essentially practical character of the first edition, comprises many new chapters. To make room for these the subject of heart disease has, for very good reasons, now been omitted. Differential diagnosis and treatment are especially considered in detail in the new chapters, and recent advances in these directions are referred to and discussed.

Professor Lindsay writes in clear and forcible language. He keeps the clinical aspects of lung disease constantly in view, and leaves pathological questions for the most part to be studied in the ordinary text-books. We have read his lectures with much interest and with practical advantage.

The subject of pulmonary tuberculosis receives, of course, considerable prominence, eight chapters out of the twenty-four being set apart for the discussion of this disease, while another is devoted to the study of hæmoptysis. The two lectures on the early diagnosis of phthisis, and on the conditions which may simulate it are, we consider, especially valuable and suggestive.

We can strongly recommend this volume. It bears the stamp of an extensive practical acquaintance with the diseases of which it treats. The tabular synopsis at the head of each chapter, which is convenient for reference, has been retained in the present edition.

SYPHILOLOGY AND VENEREAL DISEASE. By C. F. MARSHALL, M.D., M.Sc., F.R.C.S. (London: Baillière, Tindall & Cox.) Pp. 509. Illustrated. Price 10s. 6d. net.

This is a volume written after several years of research into all the known works on the subject, coupled with much practical experience, which the author has been fortunate enough to obtain. This will at once indicate the value of the book, especially at a time when syphilis has been brought to the front still more by the recent work of the late Dr. Schaudinn and others on the spirochæta.

Concerning the generalities of syphilis nothing new has of course been added, but it must be said that the whole subject is very much more clearly expressed than in any other book. The statistics from Fournier are useful in showing the relatively rare occurrence of tertiary symptoms, even in people who have not been properly treated, and its almost complete absence in those who have been under treatment for a long period.

The important subject of parasyphilis, the action of syphilis on the circulatory system, and as the cause of other disorders of the nervous system, and the subject of hereditary syphilis are extremely well discussed. The chapter on pathology, considering the diagnostic importance of this aspect of syphilis, is not quite as full as it might have been.

The chapter devoted to treatment is excellent. All substitutes for mercury, iodide of potassium, and iodoforn are rightly condemned. A most useful chapter is that on syphilis in relation to life assurance and marriage. Gonorrhœa is ably discussed, and is shown to be the cause of a large proportion of diseases of women, a fact not sufficiently emphasised in other books. The index and plates are good, and a short appendix of staining methods is added. We warmly recommend this book, which is especially suitable for the advanced student.

ELEMENTS OF PRACTICAL MEDICINE. By ALFRED H. CARTER, M.D., M.Sc., F.R.C.P. 6th edition. (London: H. K. Lewis.) Pp. 614. Price 10s. 6d.

It is customary with reviewers to deprecate the appearance of small handbooks on medicine. There are, of course, undoubted educational advantages in the exclusive use of the larger works from the outset of the study of disease. But epitomes and condensations, open as they are to abuse, have also their uses. There will always be a demand on the part of students at the beginning of their clinical work for a readable book of small size, which they may use as a general introduction to the study of a vast subject. Regarded in this light, and not as a substitute for wider reading, we can see no objection to the better class of elementary text-book. The present volume has stood the test of twenty-five years, and the ninth edition is likely to maintain its popularity. We have compared it with the

last edition, with which we were already acquainted, and find in it evidence of careful revision. Much trouble has clearly been taken in the attempt to include mention of recent advances and yet to avoid increasing the size of the book. A short introduction adds to the value of the present edition.

ON RETRO-PERITONEAL HERNIA. By B. G. A. MOYNIHAN, M.S., F.R.C.S. Second edition revised and in part re-written by the author and J. F. DOBSON, M.S., F.R.C.S. Pp. 190. Illustrated. Price 7s. 6d. (London: Baillière, Tindall & Cox.)

The author has found a second edition necessary to correct some points on which additional light has been shed by the publication of further cases of retro-peritoneal hernia. The development and anatomy of the various peritoneal folds and fossae is dealt with in considerable detail and illustrated by excellent diagrams and reproductions of specimens. It is a book to read with care, as the subject is only briefly mentioned in books on general surgery.

HINTS ON THE MANAGEMENT OF THE COMMONER INFECTIONS. By R. W. MARSDEN, M.D., M.R.C.P., D.P.H. (London: W. Heinemann.) Price 3s. 6d. net.

One must confess to a feeling of disappointment after a perusal of this book. The author has not fulfilled what one would have anticipated from the title and preface. The details of how to give serum injections, nasal teeds, etc., are useful, but glycerine is not a desirable lubricant for mucous membranes.

Hydrotherapy is warmly advocated in certain conditions and it would be well if practitioners would follow it out as urged by Dr. Marsden. The nomenclature of the fevers is mixed, for some an everyday word being used, for others a scientific word. The details of drug treatment are scarcely more explicit than in many standard text-books.

A GUIDE TO URINE TESTING (FOR NURSES AND OTHERS). By MARK ROBINSON, L.R.C.P., L.R.C.S.Ed. Third Edition. (Bristol: John Wright and Co. London: Simpkin, Marshall, Hamilton, Kent and Co., Ltd.) 1s. net.

This little book contains in a handy form all the information required in order to test urine for the common pathological conditions. Laboratory methods are, of course, not within the scope of this work, but nurses will find all that is wanted for bedside investigation.

GOLDEN RULES OF MEDICAL EVIDENCE. By STANLEY B. ATKINSON, M.A., M.D., D.Sc., of the Inner Temple, Barrister-at-Law, J.P. for the County of London. (Bristol: J. Wright and Co.) Price 1s.

This, the sixteenth of the "Golden Rules" series, embodies, in waistcoat-pocket form, nearly everything that the medical man should do in a court of law, and—more than this—everything that he should not do. We heartily recommend the booklet to practitioners who desire to acquit themselves worthily under what are too often trying circumstances. Some of the points towards which the attention of the medical witness is called have already appeared in a valuable article which Mr. Atkinson contributed to this JOURNAL in 1905.

MANUAL OF ASEPTIC SURGERY. By E. A. R. NEWMAN, M.D., M.R.C.S.E. Pp. 223. Price 5s. net. Illustrated. (Calcutta: Thacker, Spink & Co.)

It is difficult to see what useful purpose this book will serve. It discusses the usual theatre furniture and methods of preparing patient and instruments for operation, as do other manuals on the

subject. Methods of asepsis, in which the desired sterility of skin is attained without the use of antiseptics, are not discussed. The printing and illustrations are indifferent.

HYPNOTISM AND SUGGESTION. By EDWIN ASH, M.B., B.S.Lond., M.R.C.S.Eng. (London: J. Jacobs.) Price 4s. net.

In this book the author gives a short account of the methods of inducing the hypnotic state, and of the phenomena which are exhibited by hypnotised subjects. The question of hypnotism and suggestion as therapeutic agents is discussed, and the limitations also of such treatment are recognised.

SECOND REPORT OF THE WELLCOME RESEARCH LABORATORIES AT THE GORDON MEMORIAL COLLEGE, KHARTOUM. Edited by ANDREW BALFOUR, M.D., B.Sc., F.R.C.P.Edin., D.P.H.Cantab.

We have received the second report of these research laboratories at Khartoum. It shows the large amount of good work which is being accomplished, and records it in a most attractive and interesting form. Entomology, hematology, and chemistry yield several most interesting and beautifully illustrated sections, whilst the description by Dr. Sheffield Neave of his experiences and investigations as travelling pathologist to the institution are of the very greatest value. It is to be hoped that this post, which we understand is at present vacant will before long be filled by a worthy successor.

REPORT OF THE BOARD OF HEALTH ON PLAGUE IN NEW SOUTH WALES, 1905. (Sydney: W. A. Gullick, for the Legislative Assembly of New South Wales.) Price 3s.

In this publication there are reports, (1) on the fifth outbreak of Plague at Sydney by Dr. J. Ashburton Thompson (President); (2) on the outbreaks on the Clarence and Richmond Rivers, by Dr. R. J. Millard, and (3) on the Newcastle outbreak by Dr. Robert Dick. There are also five maps and a chart, and two appendices. Of the latter the first is a set of forms used in investigating Plague, and the second is an interesting address on the Epidemiology of Plague, by Dr. Ashburton Thompson. Dr. Thompson's conclusions on the aetiology of Plague, derived from the Sydney epidemics, by the inductive method, are as follows:

- Plague owes nothing of its epidemic form to communication with the sick;
- Plague in the Rat is a necessary factor in epidemic plague;
- A living intermediary is necessary to communicate the infection from rat to man;
- That intermediary must be the Flea in one or more of its many species.

MANIPULATION OF THE KNEE.

We have received from Mr. H. A. Barker, who describes himself as an osteopath, a copy of "An Open Letter to the President of the Royal College of Surgeons," together with an urgent appeal to us to consider it without prejudice. Although, as he states, "his operating rooms are thronged; his case-book is full," Mr. Barker is so solicitous for the welfare of suffering humanity that he apparently desires us all to swell our incomes by adopting similar treatment. He complains bitterly enough of a hide-bound profession which will not take the trouble to investigate what the public know to be the only rational methods of treatment of certain injuries and deformities, because they are practised by one who is outside the fold. Might not the philanthropic osteopath turn the tables by taking a medical degree, even though the knowledge of anatomy and physiology acquired in so doing might play havoc with some of his present principles? There is one course, and only one, which Mr. Barker must adopt, if he wishes an honourable profession to meet him and examine his methods. That course is not mentioned in the disingenuous pamphlet before us. Further comment on our part is, therefore, needless.

A Case of Infection during Labour by Bacillus Terogenes Capsulatus, simulating Subperitoneal Rupture of the Uterus.

Reported by J. C. MEAD, M.R.C.S., L.R.C.P.



A., aet. 29, housewife and shopkeeper, was admitted to Martha Ward, under the care of Dr. Champneys, in a state of collapse due to protracted labour.

Labour pains had begun on the evening of October 18th. On the morning of the 19th a local practitioner was called in. The head was found not to be engaged in the pelvic brim. Version and decapitation were performed, but the head could not be delivered. The patient was brought to hospital at 1.30 a.m., October 20th, three hours after the operation of decapitation.

On admission she was very pale, her extremities were cold, her pulse was 150, volume small but easily felt at the wrist, her temperature 97°. She complained of great pain in the abdomen.

On examination there was marked pallor of the face, but no anaemia. The abdomen moved on respiration and was soft. Rising from the pelvis was a swelling which reached to the epigastrium and showed a deep constriction at the level of the umbilicus. The percussion note over the swelling was dull. This tumour underwent strong contractions at regular intervals of about five minutes and remained tense for nearly the same time. Both segments of the tumour underwent this rigidity and relaxation at the same time.

The vulva was of deep purple colour and much swollen. The skin around was hyperaemic—as far as the tuber ischii of each side and extending behind to the coccyx. The umbilical cord lay at the vulva. The vagina was of deep purple colour with much superficial laceration. There was marked oedema of the edge of the fully-dilated os uteri. A fetal head was felt at the brim, presenting by the forehead; it was not impacted. There was no bleeding.

Under chloroform a vaginal douche was given and the bladder emptied. Craniotomy was performed and an attempt made to deliver the head with the cranioclast. This failing, and no hold being obtained with the crotchet, either through the mouth or through the orbit, cephalotripsy was performed. The operation lasted ninety minutes. The placenta was expelled with no abnormal bleeding. The uterine cavity was afterwards explored with the hand and found empty with walls intact.

At 9 a.m. the patient was again seen. She was restless, and complained of soreness of lower abdomen (from pressure on fetal head during craniotomy). Her facies was brighter, and she wanted to go home to look after her shop. Water or milk and water was given (3viii) every half hour with brandy ʒss in every fourth feed. Pulse 132, volume rather fuller than on admission. Lochia natural.

At 11 a.m. she had a rigor, and her temperature rose to 102°. She did not vomit. The rigor was followed by sweating and a fall of temperature to 99°. Pulse now was 150, and only just felt at the wrist. Fluid was still taken by the mouth and retained.

At 6 p.m. the patient was fully conscious and complained of great pain in the abdomen. The pulse could not be felt at the wrist. The uterus was firmly retracted, reaching to the level of the umbilicus. The abdomen moved on respiration, and was soft. The vulva was almost black. The abdominal pain was relieved by the withdrawal of urine (ʒxij) by catheter.

At 12, midnight, her condition was worse. The abdomen was distended and tympanitic, but liver dullness was not diminished, and the flanks were resonant. The uterus was firm, but emphysematous crackling was felt over the pubes. At 2.30 a.m. the patient died.

POST-MORTEM EXAMINATION.—Enormous distension of abdomen with gas; subcutaneous emphysema well marked on right side of abdomen and over the right buttock. An extra-peritoneal gaseous tumour presented on opening the abdomen—this was found to be the right broad ligament distended by gas. There was also marked formation of gas between the layers of the mesentery and round the caecum. Liver, 54 oz.; many vesicles of gas under peritoneal coat; crepitant; exudation of "froth" on section. Spleen, 7 oz.; crepitant and distended with gas. Uterus, 32 oz.; one of recent delivery; walls intact.

Pathological report.—Cultures and sub-cultures from heart's blood, liver, and spleen showed many bacilli corresponding to *Bacillus terogenes capsulatus*.

I have to thank Dr. Champneys for his kind permission to report this case.

New Preparations, etc.

MEDICAL CYLLIN.—Jeyes' Sanitary Compound Co., Ltd., announce through their managing director, Mr. J. T. Ainslie Walker, F.C.S., that they have succeeded in raising the carbolic acid co-efficient of "medical cyllin" to that of perchloride of mercury, viz. 20.0, when tested against *B. typhosus*. From our own experience we know that cyllin is remarkably unirritating to the tissues; and the proprietors guarantee their medical cyllin to be at least ten times less toxic than carbolic acid. We have received particulars of the bacteriological test by which the above co-efficient was obtained, and the result shows an increase of 7.0 over ordinary cyllin. We remember that the latter preparation was used with satisfactory results in cases of cystitis, and we know that it is a reliable midwifery antiseptic.

GAS FIRES.—While we ourselves must own to an old-fashioned prejudice in favour of the cheerful if uneconomical coal fire, we are prepared to admit that the report that we have received from the Gas, Light, and Coke Company, of Horseferry Road, Westminster, on the recent tests of gas fires, carried out by medical men at the new Government offices, shows that the latter means of house warming has much to commend it. A room may be heated rapidly with a gas fire, and the warmth so obtained is equable and easily regulated. The Coal-smoke Abatement Society have recently contributed an article to the columns of *The Lancet*, which is strongly in favour of the more general use of gas fires. It is advanced with some reason that their wider adoption is likely to diminish the prevalence of the odious London fog; and that is a consideration which, apart from any other merits which gas fires possess, should weigh heavily with the householders of this city.

SANITARY APPLIANCES.—Messrs. Doulton and Co., of the Royal Doulton Pottery, Lambeth, who have been the recipients of over 200 diplomas and medals in the past, have recently been awarded a Diploma of Honour and the Grand Prix at the Milan Exhibition, in the hygienic section, for sanitary appliances. Their panels of painted tiles are to be seen in the wards of many of the hospitals of London.

HOSPITAL LIFTS.—Messrs. R. Waygood and Co., to whom has been entrusted the work of supplying eleven electric bed and service lifts to this Hospital, have lately received orders for the supply of electric passenger lifts to King Edward VII Sanatorium, to the s.s. "Lusitania," and to the Hearts of Oak Benefit Society. We have read their new catalogue of lifts, and we are not surprised that the example of our Hospital has been followed in this as in so many other matters.

Examinations.

UNIVERSITY OF OXFORD.

Final M.B., B.Ch.—B. E. A. Batt.

UNIVERSITY OF CAMBRIDGE.

1st M.R. Part I (*Chemistry and Physics*).—G. D. Sherwood, T. H. G. Shore.

1st M.B. Part II (*Elementary Biology*).—G. D. Sherwood, T. H. G. Shore.

2nd M.R. (*Human Anatomy and Physiology*).—A. S. Cane, J. P. H. Davies, A. H. Moore.

3rd M.B., Part I (*Pharmacology and General Pathology*).—G. Graham, W. B. Gonrly, T. S. Hele, C. H. Hott, B. T. Lang, W. E. Lee, J. M. Postlethwaite, H. D. Pringle, E. N. Russell, M. R. Sawhney, C. F. O. White.

3rd M.B., Part II (*Surgery, Midwifery, and Medicine*).—The following have now satisfied the examiners in all three sections:—G. F. S. Bailey, J. F. Gaskell, H. J. Gauvain, T. S. Hele, R. A. P. Hill, C. W. Hatt, D. G. Pearson, R. Wade, J. K. Willis, F. P. Young. M.C.—E. H. Douty, M.D.

UNIVERSITY OF LONDON.

Final M.B., B.S.

Pass. H. J. Cates, I. J. Davico, C. N. Davio, W. C. Pickering, J. E. Robinson, S. Upton.

Supplementary Pass List.—A. B. Fearney (Group I); J. M. Plews (Group I); H. D. Clement Smith (Group II).

M.D. Pass List.

Medicine.—L. E. Dickson, B.S., C. R. Verling-Brown.
State Medicine.—F. A. Smith, B.S.

ROYAL COLLEGE OF SURGEONS.

Final Examination for Fellowship.—F. H. Dooty, H. P. Gibb,
R. Foster Moore, W. J. Richards, B. R. Riviere, A. de Silva.

Appointments.

BUTLER, T. HARRISON, M.A., M.D., B.Ch.Oxon, M.R.C.S.,
L.R.C.P., appointed Honorary Ophthalmic Surgeon to the Coventry and Warwickshire Hospital.
HARTLEY, P. HORTON-SMITH, M.V.O., M.D.Cantab., F.R.C.P.,
appointed Physician to the Brompton Hospital.
KEMP, J. R., M.R.C.S., L.R.C.P., appointed Junior Resident
Medical Officer at the North-West London Hospital.
WATSON, C. GORDON, F.R.C.S., appointed Surgeon to the Metropolitan Hospital.
WRANGHAM, WILLIAM, M.D.Lond., M.R.C.S., L.R.C.P., appointed
Assistant Surgeon to the Eye and Ear Hospital, Bradford.

New Addresses.

AUBREY, G. E., Springfield, Chelmsford, Essex.
GRAHAM, H. E., 1, Roman Villas, Cirencester.
GREEN, Major BERNARD C., 89, Addison Road, Kensington, W.
LOVEDAY, G. E., 66, Mosley Street, and 108, High Street, Oxford
Road, Manchester.
MARGRAVE, MALCOLM, 3, Mansfield Place, Moffat.
MAYNARD, Major F. P., I.M.S., 13, Harrington Street, Calcutta.
NEWMAN, G., Dene, Hatch End, Middlesex.
OGLE-SKAN, H. W., St. John's Vicarage, Hendon, N.W.
TRIST, J. R. K., Crest House, Putney Bridge Road, S.W.
WILLIAMS, G. R., Aberfoyle, Cranley Road, Westcliff-on-Sea.
WKNABHAM, W. 46, Ashgrove, Bradford, Yorks.

Births.

AUBREY.—On the 28th November, at Bitton, Bristol, the wife of
Thomas Aubrey, M.B.Lond., of a son.
FOX.—At Beccles, Suffolk, the wife of George R. Fox, F.R.C.S., of
a daughter.
HADFIELD.—On December 1st, at Mornington, Malvern Link, the
wife of C. F. Hadfield, M.A., M.D., of a daughter.
MURRELL.—On December 20th, at Blenheim Lodge, London Road,
Reading, the wife of G. F. Murrell, M.B., of a son.
NASH.—On the 25th November, at Clavering House, Rejford, the
wife of W. Gifford Nash, F.R.C.S., of a son.
TURNER.—On the 15th November, at Nagercol, Travancore, India,
the wife of Percy Edward Turner, M.B., B.S., D.F.H., Salvation
Army Medical Department, of a daughter.

Marriage.

WELLS—FLACK.—On the 12th December, at St. Cyprian's Church,
Dorset Square, by the Rev. the Sub-Dean of the Chapels Royal,
assisted by the Rev. E. Wells, father of the bridegroom, and by
the Rev. F. Mayo, uncle of the bride, Wiltrid Wood Wells,
second son of the Rev. E. Wells, Rector of Dean, Salisbury, to
Mary, youngest daughter of Walter S. Flack, Chelmsworth,
Ipswich.

Deaths.

ACKERY.—On the 10th December, at his residence, 11, Queen Anne
Street, Cavendish Square, W., John Ackery, M.R.C.S., L.D.S.,
suddenly, in his 50th year.
GRIFFIN.—On the 1st December, at 12, Royal Terrace, Weymouth,
Frederic Charles Griffith Griffin, M.A., M.B.Oxon., M.R.C.S.Eng.,
aged 68.
HUMPHRY.—On the 3rd December, at his residence, Warren Gate,
Crowborough Beacon, Sussex, Frederick Abell Humphry,
F.R.C.S. (late of Marine Parade, Brighton), aged 70.
WAUGH.—On the 9th December, at Midsomer Norton, Somerset,
after a few days' illness, Alexander Waugh, M.R.C.S., L.R.C.P.,
son of the late Rev. James Hay Waugh, of Corsley Rectory,
Warminster, aged 66.


Acknowledgments.

British Dental Journal, British Journal of Nursing, The Broad-
way, Guy's Hospital Gazette, The Hospital, Journal of Laryngology,
Nursing Times, London Hospital Gazette, Middlesex Hospital
Journal, The Polyclinic, The Practitioner, The Prescriber, St.
Thomas's Hospital Gazette, The Student, Union Magazine, Giornale
della R. Soc. Italiana d'Igiene, L'Echo Medical du Nord, Le
Mois Médico-Chirurgical, South African Medical Record, Annual
Report of Pennsylvania Hospital, League News (League of St. Bar-
tholomew's Nurses).

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 ADVER-
TISEMENT MANAGER, The Journal Office, St. Bartho-
lomew'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, Bartholo-
mew Close. MESSRS. ADLARD have arranged to do the
binding, with cut and sprinkled edges, at a cost of 1s. 6d., or
carriage paid 2s. 3d.—cover included.

St. Bartholomew's Hospital



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FEBRUARY, 1907.

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St. Bartholomew's Hospital Journal,

FEBRUARY 1st, 1907.

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

Calendar.

Fri., Feb. 1.—Clinical Lecture, 1 p.m. Dr. Herringham.
Dr. West and Mr. Bruce Clarke on duty.
Mon., " 4.—Special Subject Lecture, 1 p.m. Mr. Eccles, "De-
formities consequent upon Nerve Lesions."
Tues., " 5.—Dr. Ormerod and Mr. Bowly on duty.
Wed., " 6.—Clinical Lecture, 2.45 p.m. Mr. Bruce Clarke, "The
Management and Mode of Healing of an
Empyema."
Thur., " 7.—R.U.F.C. Cup-tie at Richmond, St. Bart.'s v. St.
Mary's, 2.30 p.m.
Abernethian Society, 8.30 p.m. Mr. C. M. H.
Howell, M.B., M.R.C.P., "Hand Atrophies."
Fri., " 8.—Clinical Lecture, 1 p.m. Dr. Tooth.
Dr. Herringham and Mr. Lockwood on duty.
Mon., " 11.—Special Subject Lecture, 1 p.m. Dr. Garrod,
"Chorea."
Tues., " 12.—Dr. Tooth and Mr. D'Arcy Power on duty.
Wed., " 13.—Clinical Lecture, 2.45 p.m. Mr. Bruce Clarke, "Some
far-reaching Effects of Sepsis on Joints."
Thur., " 14.—Abernethian Society, 8.30 p.m. Mr. R. Jamison,
M.B. "Tuberculosis of the Bladder."
Fri., " 15.—Clinical Lecture, 1 p.m. Dr. Norman Moore.
Dr. Norman Moore and Mr. Cripps on duty.
Mon., " 18.—Special Subject Lecture, 1 p.m. Mr. Cumberbatch,
"Suppurative Chronic Catarrh and its Complica-
tions."
Tues., " 19.—R.U.F.C. Cup-Tie, 2nd Round.
Dr. West and Mr. Bruce Clarke on duty.
Wed., " 20.—Clinical Lecture, 2.45 p.m. Mr. Bruce Clarke,
"Some Recent Improvements in the Treatment
of Appendicitis."
A.F.C. Cup-Tie, St. Bart.'s v. University C. H.
Thur., " 21.—Abernethian Society, 8.30 p.m. Clinical Evening,
introduced by Mr. S. R. Scott, F.R.C.S.
Fri., " 22.—Clinical Lecture, 1 p.m. Dr. West.
Dr. Ormerod and Mr. Bowly on duty.
Mon., " 25.—Special Subject Lecture, 1 p.m. Dr. Ormerod.
Tues., " 26.—Dr. Herringham and Mr. Lockwood on duty.
Wed., " 27.—Clinical Lecture, 2.45 p.m. Mr. Bowly.
Thur., " 28.—R.U.F.C. Cup-Tie, Semi-final.
Abernethian Society, 8.30 p.m. Mr. H. P. Dunn,
F.R.C.S., "Corneal Ulcers and their Treatment."

Editorial Notes.

THE advertisement hoarding has now been taken away
from before the face of the new Out-patient and Casualty
Block, and we are able to see for ourselves the excellence
of its design. Before the year is out we hope to see the
whole building completed and in use, and to hear the
cheerful sound of the workmen working upon the new
Pathological Block. We believe that there is some prospect
of the resident medical officers' quarters in the out-patient
buildings being ready for use at the end of March, in time
for the next half-yearly changes in the Junior Staff on April
1st. Those who have endured the wretched conditions in
the present quarters will no doubt feel amply rewarded for
their past misery by the thought that their successors will
in future dwell in the lap of luxury.

THE present epidemic of influenza has not spared St.
Bartholomew's, and many of those connected with the
Hospital have fallen victims. Those who have not had
influenza seem to have succeeded in contracting other
illnesses, so that at one time or another during the past
month nearly every member of the Junior Staff has
been laid up. Nevertheless, we have refrained from
imitating a contemporary, and we have much pleasure in
stating that we shall not publish a special number of the
JOURNAL entirely devoted to influenza. Neither can we
afford, in the present state of our finances, to distribute
with each copy of this paper a free ticket for our Goose
Club. Until further notice, therefore, our readers must
love the JOURNAL for itself alone.

UNDER the title "Nova et Vetera," in the *British
Medical Journal* for January 26th, appears part of Mr.
D'Arcy Power's Inaugural Lecture on Surgery, delivered at
the Hospital on January 9th, 1907. This consists of a
short and interesting account of six of the famous surgeons
who have held the post of Lecturer upon the Principles
and Practice of Surgery in the Medical School of St.

Bartholomew's Hospital during the last 165 years. Mr. D'Arcy Power is himself the fifteenth surgeon who has held this office since its institution in 1731. The six former lecturers whom he chose as the theme of his first lecture are the six whose names are included in the *Dictionary of National Biography*: Nourse, Pott, Abernethy, Lawrence, Paget, and Savory.

EDWARD NOURSE is believed to have been the first person to teach surgery at this Hospital; he lectured from 1731 to 1761. Next followed Percival Pott, whose teaching had such a vast influence on the progress of surgery, and whose name is still venerated beyond the limits of our own school and country. He was succeeded in 1787 by John Abernethy, another lecturer of world-wide fame, whose memory is still green. Sir William Lawrence followed in 1828, and his brilliant lectures upheld the reputation of the St. Bartholomew's teaching for thirty-three years. Sir James Paget lectured on surgery from 1865 to 1869 with extraordinary success; and for the next twenty years Sir William Savory held the lectureship and maintained its splendid traditions.

THE honour of delivering the Hunterian Oration before the Royal College of Surgeons of England has this year fallen to Mr. Henry T. Butlin, F.R.C.S. The oration will be delivered in the Theatre of the College, at Lincoln's Inn Fields, on Friday, February 14th, at 4 o'clock p.m.

WE offer our congratulations to Mr. R. C. Elmslie, M.S., F.R.C.S., on his appointment as Erasmus Wilson Lecturer at the Royal College of Surgeons. The subject of his lecture, to be delivered in the theatre of the College on Wednesday, February 6th, at 5 o'clock p.m., is "Injury and Deformity of the Epiphysis of the Head of the Femur: Coxa Vara."

MR. R. HENSLÖWE WELLINGTON, M.R.C.S., L.R.C.P., Barrister, Lecturer on Forensic Medicine at the Westminster Hospital School of Medicine, and Senior Secretary of the Medico-Legal Society, etc., has been elected a Corresponding Member of the Société de Médecine Légale de France, Paris.

THE German classes for medical men and students, which were instituted last year at this Hospital by Herr H. G. Haltenhoff, have lately been resumed. We hear that these classes have been very successful. A knowledge of the German language is almost an essential to one who wishes to study at all deeply the literatures of science and of medicine. This course of personal tuition is, therefore, an opportunity which those who aim high in our profession,

and are unacquainted with German, will do well not to miss.

IN this number we publish the first half of Dr. Tooth's mid-sessional address before the Abernethian Society on "Inoculation against Enteric Fever." Considerations of space alone prevent us from printing it in its entirety this month. The second half of Dr. Tooth's valuable contribution will appear in our next issue. We believe that most of our readers share our dislike for supplements to the JOURNAL, which are easily lost or mislaid, and which, in other ways, are seldom satisfactory, either to those who write them or to those who read them.

THE Cup-tie season is almost upon us again, and it becomes necessary for us to remind all those who are now working at the Hospital that their representatives in the Inter-Hospital matches look to them for that support which alone gives true confidence to a team, and without which many a close struggle ends in defeat. The medical and teaching staff always encourage students to attend the Cup-tie matches, and some of them even find time to come themselves. There are signs that the wave of enthusiasm for the Hospital and all that is connected with it is still rising, and we hope for a record attendance at this year's Cup-ties.

THE twenty-fifth annual performances of the Amateur Dramatic Club took place on January 1st and 2nd, and were very successful. We publish an account of the entertainment, written by one who has long been associated with the Club. "His Excellency the Governor" is an amusing play, and one well suited to amateurs. The chief interest centres in the female characters, and the ladies who took these parts were remarkably good. The Club owes a debt of gratitude to Messrs. Townesend and Valérie for much valuable "coaching," and to its President, Mr. Hayes, for the help and encouragement which he gives it at all times, and for his hospitality on the evening of the Dress Rehearsal.

WE beg to congratulate the *St. Mary's Hospital Gazette* on the sparkling modernity of its style under the present management. We cannot help quoting from its Club Notes for January the following:

"The Cup this year looks a good thing for London, with Bart's rather fancied in some quarters, and Guy's a sound side. We have a hard nut to crack on February 7th. The strength of Bart's lies forward. A fine pack, averaging about 13 stones a man. Scientific in the scrum, all workers, with any amount of dash and vigour in the open. Sound behind, too. Here Oulton, Richards, and Coombs are, perhaps, the pick. Against this useful little lot, whom one good judge spotted as the best side in town, what sort of a XV can Mary's put in the field?"

Inoculation against Enteric Fever.

By HOWARD H. TOOTH, M.D., C.M.G.,
Physician to St. Bartholomew's Hospital, etc.



R. PRESIDENT AND GENTLEMEN,—The subject I have chosen for my address* this evening has a far wider significance than its title would lead one to suppose, for its consideration throws some light upon the great general question of immunity. Let me disclaim any desire to pose as an authority on this or the larger question. The facts and theories I shall lay before you are public property in the form of valuable papers, mostly by Prof. Sir A. E. Wright, his fellow workers and pupils.

My first acquaintance with the subject was purely clinical in the early part of the campaign in South Africa in 1899. At this time the procedure was in the experimental stage, from which it has barely emerged yet.

Since then the gifted exponent of the method has not been idle, and the whole subject of immunisation against bacterial invasion has been advanced many stages, and striking clinical results have been recorded.

It has therefore been a study of great interest to me to follow the evolution of the subject from the earlier time, when I was for a time brought into close relation with it.

From a professional point of view also one welcomes this opportunity of gathering up the threads of the discussion, because one is often asked by old friends and fellow students what is the prophylactic value of this method in view of adverse criticisms in various quarters which it is impossible to disregard. Such questions usually take this form—is inoculation of real value? Do you advise it in the case of a young man about to go abroad to a presumably infected area; if so, what precautions are to be taken in the performance of the inoculation, how and when is it to be done?

The real end of the following remarks is the answer to these important questions.

Our knowledge of the principles underlying immunisation is fragmentary at present, and is likely to be so for many a year. The blood is a chemical laboratory in which operations are carried on with such subtlety as to baffle our closest observers. The very nomenclature adopted by observers is an indication of this.

If we add citric acid to a solution of Bicarb. Sodium a disturbance occurs, gas is evolved, but after a time the solution settles down to its original appearance. But we know that it is no longer the same; a rearrangement of molecules has taken place, a new substance has appeared, and the disturbance cannot be again aroused by the addition of any amount more of citric acid.

* Mid-sessional Address, read before the Abernethian Society January 10th, 1907.

Inoculate a baby with vaccine or smallpox virus and a disturbance occurs of greater or less severity, local and general. When this has subsided the baby, in respect of this particular virus, is no longer the same, some rearrangement has taken place infinitely more subtle and complicated than in the simple chemical instance quoted above. He is no longer susceptible to the poison, he has acquired immunity.

Similes are dangerous things, and I do not wish to strain the purely chemical aspect of the question too much, in view of the obvious vital share in the process taken by the living constituents of the blood.

Nevertheless, it is probable that the chemical view of the case is likely to prove ultimately the true one, and that is evidently the opinion of the observer most intimately identified with this line of research, Prof. Wright, who says in so many words "that the machinery of immunisation must . . . be conceived of as a purely chemical machinery."*

The nearest approach to a simple chemical experiment on immunisation is that of Eberlich with the substance Ricin.

Ricin is a poisonous principle derived from castor oil seeds. Its poisonous properties lie in its "agglutinating, and finally disintegrating, effect upon the red corpuscles."

Inoculation of an animal with progressive doses of this poison eventually results in the immunisation of the blood corpuscles from action of the poison. Further, the blood of a normal animal can be rendered immune by the addition of the serum of an immunised animal, and, lastly, ricin itself can be rendered non-poisonous by digestion with the serum of an immunised animal.

Wright, therefore, infers that some element has appeared in the serum of the immunised animal "which intrudes itself between the poison and the constituent of the blood upon which it is accustomed to fasten." This he calls the "ricinotropic element." This is one of a long list of "hemotropic" elements such as snake poison, "venenotropic," diphtheria poison, "toxicotropic," "tuberculo-tropic," "typhotropic," and so on, all of which Prof. Wright gathers together under the generic term of antitropic elements or antitropins.

In connection with the question of immunity we must discuss the fate of a micro-organism which has gained entrance into the circulating blood, for I presume that the symptoms of an infective disease such as enteric fever depend for their severity upon the streaming into the circulation of bacilli which have been cultivated and multiplied in the intestinal tract. The higher the bactericidal or bacteriolytic power of the blood, therefore, the milder will be the symptoms, and where the power is at its highest the condition known as immunity may be said to be established. No doubt other factors will have to be reckoned with ultimately, but this must be the most important.

Now in what elements of the blood are we to look for this bactericidal power, the plasma, the serum, the leucocytes, or all combined? We are all fairly familiar with the theory of phagocytosis originally propounded by Metchnikoff. The measurement of the phagocytic power of the leucocytes has been brought to accuracy by the

* Wright, *Antityphoid Inoculation*, 1904, p. 2.

procedure of Col. Leishman, R.A.M.C.,* in which equal volumes of blood and bacterial suspension are mixed on a slide, and after fifteen minutes stained as a film. The average number of bacteria found in the leucocytes is the measure of the phagocytic power of the blood.

Wright and Douglas† in 1903 made a very important addition to our knowledge of the relation between the blood fluids and the leucocytes in the operation of phagocytosis. I can only refer briefly to the principal points in this remarkable research.

Certain organisms, e.g. *Staphylococcus pyogenes*, *Micrococcus melitensis*, and plague bacillus are known to be unaffected by the blood fluids alone.‡ Their destruction is by phagocytosis. The authors set themselves to find out whether this "phagocytic power" resides in the corpuscles only, that is apart from the blood fluids (plasma or serum), or whether the blood fluids acted in some way with the corpuscles.

The washed corpuscles in these experiments are added to the blood fluids, and a staphylococcus suspension, in the proportion of washed corpuscles 3 vols., blood fluids 3 vols., staphylococcus suspension 1 vol. The blood fluid may be plasma or serum (both citrated to prevent coagulation). After fifteen minutes at 37° C. the phagocytic power was estimated by counting the average number of staphylococci ingested by a number of corpuscles.

It was found that the phagocytic power was the same whether the blood fluid used was plasma or serum, or whether the plasma or serum was from the same blood as the corpuscles or from another person.

The next point established was, that if the blood fluid was heated for ten to fifteen minutes at a temperature of 60°-65° C., and then used in the same manner, the corpuscles fell remarkably in their phagocytic power, almost to nil in fact. So that the heated blood fluids behaved as an inactive fluid medium, almost, but not quite, like a simple salt solution.

The authors arrive at the conclusion that the blood fluids in some way co-operate in phagocytosis by modifying the bacteria and preparing them to be the food of the leucocytes.

This paper is an epoch-making one, for it is here that the important dogma of the opsonin is formulated.

The authors suggest that this preparative function of the blood fluid is due to the presence of an element for which they propose the now well-known name opsonin (ὀψωνίω, I cater for, ὀψωνη, a purveyor).

For these particular organisms, then, the bactericidal power resides, not in the plasma alone, nor in the corpuscles alone, but in the two together, with the aid of a third element, the opsonin.

Wright had shown in a previous communication that the diseases acne, sycosis, and furunculosis were due to an invasion of the follicles by *Staphylococcus pyogenes*.§ That this invasion was rendered possible by a diminution in the phagocytic power in such patients, and that this falling off of phagocytic power was dependent on defective opsonic power in the blood fluid. He further showed that, after inoculation with sterilised staphylococcus cultures a great improvement followed, due to the raised phagocytic power of the white blood corpuscles. When such a happy result is obtained the patient is said to be immunised.

* Leishman, *Brit. Med. Journ.*, January 11th, 1902.

† Wright and Douglas, *Proc. Roy. Soc.*, vol. lxxii, 1903, p. 357.

‡ Wright and Windsor, *Journal of Hygiene*, vol. ii, No. 4, 1902.

§ *Lancet*, March 29th, 1902.

This question was brought to the test of laboratory experiment in a further communication on "The Role of the Blood Fluids in Connection with Phagocytosis."*

The experiments are so interesting and germane to our present discussion that I quote them in full, with remarks of my own.

Exp. A.—Immunised patient's washed corpuscles	3 vols.
Immunised patient's serum	3 "
Staphylococcus suspension	1 vol.
Phagocytic index	257.

This may be taken as the index of phagocytic power of a patient who has been immunised by injection of sterilised staphylococcus culture.

Exp. B.—Normal washed corpuscles	3 vols.
Normal serum	3 "
Staphylococcus suspension	1 vol.
Phagocytic index	13.

The phagocytic index of a normal person is thus seen to be considerably below that of the immunised patient.

Exp. C.—Immunised patient's washed corpuscles	3 vols.
Normal serum	3 "
Staphylococcus suspension	1 vol.
Phagocytic index	13.

The bactericidal power, then, does not lie in the unaided corpuscles of the immunised patient.

Exp. D.—Normal washed corpuscles	3 vols.
Immunised patient's serum	3 "
Staphylococcus suspension	1 vol.
Phagocytic index	28.2.

The increased bactericidal power, then, depends on a rise in the opsonic power of the blood fluid of an immunised patient, for, as has been already stated, there is no bactericidal power for staphylococcus in normal serum.

In the same paper experiments are quoted with a number of familiar organisms as regards the effect on the phagocytic power in the presence of normal serum and serum heated so as to destroy the opsonin.

The results of these experiments are summarised by the authors as follows:

1. There are bacteria which are eminently sensible to the bactericidal, bacteriolytic, and opsonic action of normal human blood fluids, i. e. *Bacillus typhosus* and *Cholera vibrio*.
2. Bacteria which are, in some measure, sensible to the bactericidal action of the normal human blood fluids, and which are eminently sensible to opsonic action, i. e. *B. coli* and *B. dysenteriae*.
3. Bacteria which are absolutely insensible to the bactericidal action of normal human blood fluids, but are eminently sensible to the opsonic action of these fluids, i. e. *Staphylococcus pyogenes*, *B. pestis*, *Micrococcus melitensis*, and *Diplococcus pneumoniae*.
4. Bacteria which are insensible both to the bactericidal and opsonic action of normal human fluids, i. e. *B. diphtheriae* and *B. xerosis*.

Fascinating though a comparative study of the relations of the various bacteria with the blood fluids and phagocytes in infective diseases must be, we must now leave the larger subject and direct our attention more particularly to the *B. typhosus*, and its fate when absorbed into the circulation.

In the paper quoted above the authors show by experiment that when normal washed corpuscles, normal serum, and a broth culture of *B. typhosus* are brought together in equal volumes for fifteen minutes at a blood heat, important effects on the bacilli are found, both in those free in the serum and those in the corpuscles. Nearly all those in the serum are spherulated. Those ingested by the corpuscles, of which there are many, are many of them also altered in contour, spherulated. The *B. typhosus*, therefore, is

* *Proc. Roy. Soc.*, vol. lxxiii, 1904, p. 128.

disposed of by the blood by the operation of certain bactericidal and bacteriolytic powers in the blood fluid, and also by phagocytosis.

When the serum is heated so as to destroy this bactericidal power, and also the opsonic power, there is still a copious phagocytosis, but the ingested bacilli are unaltered; it is therefore suggested that the morphological changes are not the result of unaided phagocytosis.

There exists, therefore, in normal blood a power of destroying any bacilli which may find their way into the blood stream. This power is variable in degree, being greater in some individuals than in others. But there is also reason to believe that the bactericidal power varies from time to time in the same individual, and that certain conditions, as yet only suspected, may contribute towards lowering the resistance to the inroads of bacillary infection. Further, there is reason to believe that, in the course of an enteric attack, the blood in certain parts of the body—for instance, the spleen, and in the region of the eruptive spots*—the agglutinative reaction is less than in other parts of the body, so that, if agglutination is any measure of bactericidal power, that function of the blood is also lowered.

The object to aim at in successful inoculation is to raise the resistance of the person to the inroads of the particular organism, that is to establish such an immunity as generally follows, for a longer or shorter time, the disease produced by that organism, and to do this without risk to life or health.

The proceeding is old, but the methods of applying it have been placed on a rational and scientific basis by the accessions to knowledge of modern bacteriology.

The methods by which this end may be attained may be summarised as follows:

1. By inoculation with the virus of the disease from an individual suffering from that disease. As in the old syphilitic inoculations, and the earliest methods in the case of variola, a risky and dangerous proceeding.
2. By inoculation with the virus which has passed through an appropriate animal, by which certain modifications have taken place in the constitution of the virus, as in Jennerian Vaccination, and in the case of the antitoxins.
3. By inoculation with cultures of the living bacilli of the particular disease. The method practised by Pasteur in the case of anthrax, and Haffkine in cholera. The material inoculated, or so-called vaccine, consists of emulsions of bacilli of varying degrees of virulence. Thus there are (1) *attenuated* bacillary emulsions in which the bacilli are reduced in virulence by repeated growth on suitable media. These are used in the first inoculations; (2) *exalted* bacillary emulsions in which a higher degree of virulence has been acquired by successive cultivations in the peritoneal cavities of animals (guinea-pigs), sometimes twenty or thirty in succession. These are used for the later inoculations.
4. By inoculation with emulsions of the dead bacilli, killed by heat and antiseptics sufficient to devitalise them without destroying the poisonous or chemical toxins which seem to exist in and about the dead bacilli. This is the method now used in inoculation against enteric fever and plague.

When a suitable dose of an emulsion of dead *B. typhosus* is injected under the skin local and constitutional symptoms manifest themselves. These symptoms vary in

* Wright and Lamb, *Lancet*, 1899, p. 1727.

severity according to certain circumstances. (1) A maximum dose, as might be expected, will produce proportionately severe symptoms. The dose prescribed at the time of the South African campaign was, as a rule, too large, and one had, then, excellent opportunities of seeing the effect of maximal dosage. (2) Certain individuals are more susceptible to the poison than others. I have elsewhere suggested* that severe local and constitutional reaction presupposes a low resistance to infection, and that re-inoculation should be urged in such cases. (3) It is probable that the general health condition at the time of inoculation may influence the degree of reaction. It would be unadvisable to inoculate in the course of any of the minor indispositions.

Minimal doses and judicious selection of subject therefore must be considered in successful inoculation.

Symptoms consequent on inoculation.—The local symptoms are those of more or less intense irritation at the seat of puncture, which, in our own practice, was in the loin.

In the severer cases a smarting pain was felt at once rapidly spreading to include an area of some two or three inches diameter. In a very short time, an hour or less, all movements of the part are painful, coughing or sneezing for instance excite acute pain. The tissues round the puncture swell and harden, due, as Wright explains, to a "serous hæmorrhage," which can be controlled, he considers, by a dose of calcium chloride.† At this stage the swelling resembles a large urticarious weal or a magnified insect sting. Later the skin may redden, and lymphangitis show itself in the form of red lines radiating upwards towards the axilla. The tenderness and pain may last for some days after the constitutional symptoms have subsided, but in insusceptible persons there may be very little beyond a slight soreness to touch for a few hours. If proper precautions have been taken suppuration never occurs.

The constitutional symptoms are sometimes very severe. A general feeling of illness and distress; chills, or even rigors; fever, temp. 102° or 103°; delirium and great mental depression may follow. These symptoms begin within a few hours, and may last thirty-six hours, or even two or three days. The fever usually subsides in about forty-eight hours, but for a week after the patient may feel generally feeble, as after any acute illness.

Even with the comparatively large doses used in 1899 the severe reaction above described was not the rule, and in most cases there was little more than a feeling of indisposition and a rise of temperature not above 99° or 100°.

Blood changes.—But underlying these superficial symptoms are important blood changes, especially as regards the relations of the blood with living bacilli.

(To be continued.)

* *Clin. Soc. Trans.*, vol. xxxiv, 1901, p. 14, and *A Civilian War Hospital*, 1901, p. 80.

† Wright, "On the Association of Serous Hæmorrhages with Defective Blood Coagulability," *Lancet*, September 19th, 1896.

Nature Photography.

Being the second of the series of articles on the Recreations of Medical Men.

TO the sportsman, and still more to the naturalist, it is given to extend his interest in his fellow-creatures far beyond the strait limits of his own species, till every field-mouse is a playfellow, every dandelion a volume for an idle hour.



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SONG THRUSH.

It is of a by-way in Nature Study that I propose to treat, of the attempt to photograph those folk who are not Primates. To do this successfully, much study of the habits of one's sitter is necessary. Better than this, the act of portraying a wild creature, be it animal or plant, entails a long series of observations in itself. For while to the public who comment gushingly, encouragingly, or with pity, as their nature prompts, the pictures are an end in themselves, to the naturalist they are primarily but the mementos of a happy day spent in making a number of discoveries.

The illustrations show three phases of this hobby. The Song Thrush, sitting placidly on her hatching eggs, is one of the best of models. Having built in a garden where she was used to the constant passing of friendly human beings, she returned at once to her duties when the camera was

left in place. It was considered advisable to wait a little time for the photo, and the apparatus was accordingly left for the night. At 7.30 next morning it was fired from the other side of the shrubbery by means of a long tube. The result is a complete absence of alarm, or even "fidgets" or self-consciousness, in the bird's expression.

It is often possible to get pictures by such methods of scenes which, owing to want of cover, even the field-glass will not reveal to the eye; much as the astronomer records stars which he has never seen, and probably never will see,

Nest-photography has its sporting element, as anyone who has tried to picture the nursery of one of the larger tree-builders will admit. There is the initial trouble of conveying oneself and kit up forty or sixty feet of more or less rough going. Then the fun begins. If finding the best position requires some experiment when using a tripod on the ground, imagine the time (and language) wasted when each change of the point of view entails unfastening and re-attaching one's whole apparatus to another branch. Periodically one drops the tripod screw or the focussing cloth, and has to descend for them.

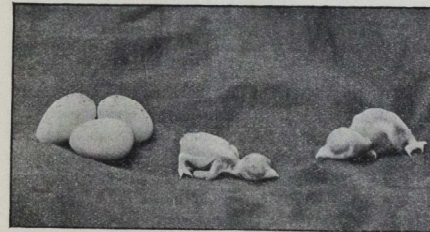
Personally I rarely undertake such a task without a friend below to whom I can lower a ball of string, and so haul up the gear in detail. For some years I could find no better way of fixing the camera than by tying the tripod

to the branches or trunk; but after several experiments with other types, I at last evolved a clamp which combines rigidity with a universal joint.

When one has focussed and put in the plate, the next amusement is to wait until the tree is still enough for the exposure. In the nesting season, when the gentle zephyr is in full blast, this often means fifteen to twenty minutes. At last there is a dead calm, and one is just about to expose, when the young occupants of the nest get up a pillow fight, till the next puff of wind sets the nest swaying again. Of course it is useless to attempt this sort of work on many of the spring days, when the Rooks' nests are rolling at their moorings before a stiff south-westerly gale. Quite apart from the small movements entailed in uncapping the lens, etc., the photographer must beware lest his own respirations shake the branch on which he stands. Birds and their nests are generally so small and dark that snapshooting is seldom satisfactory, though some scenes naturally require it.

The old Carrion Crow's nest containing a clutch of Kestrel's eggs was "snapped" in despair, after two mornings vainly spent in the attempt to obtain a time exposure. But think of the observations that *may* be made in that time. It requires, I fear, more patience than I possess to spend so long watching on the offchance of a crumb of information. But with a lucky picture as a probable reward at any moment the thing becomes possible. From an "observation" tent or an impromptu shelter the process may be watched and photographed, by which a nest is built and filled, first with eggs, later with young. The steps by which the amorphous, ever-hungry blobs of bird-plasm acquire shape, feathers, and intelligence are studied while they are recorded.

The third illustration represents two newly-hatched Swifts, with the eggs from another nest. The bird on the right gives an idea of the curious arrangement of the toes, all four of which point forwards in this species. These



EGGS AND YOUNG OF SWIFT.

youngsters opposed the two outer to the two inner digits when clinging to the nest. I do not know whether the

adult retains this power, and I left the neighbourhood when these particular birds were only four days older.



KESTREL'S EGGS IN OLD NEST OF CARRION CROW.

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Space forbids a discussion of the delights of sitting in a reeking bog, or crawling down an uncomfortable cliff, to photograph a marsh- or rock-loving species at home.

There is much exercise of a very varied kind to be obtained in this pursuit of knowledge, and the hours of enforced fresh air are not the least enjoyable part of the cult of Pan. His votaries are at peace with all the world, for they have no hepatic worries.

Birds only have been chosen for the pictures to this article, since most British mammalia are nocturnal, and reptiles, fish, and invertebrates are less interesting from their limited intellects or small size. Birds consequently supply most of my more lucky photographs.

The chief requisites for success in this pursuit, after a suitable camera and a not too-suspicious model, are (i) unlimited patience, (ii) lots of luck, and (iii) a little more patience.

J. E. H.

Clinical Odds and Ends.

No. IX.

By Dr. SAMUEL WEST.

THE DIAGNOSTIC VALUE OF THE FONTANELLE IN INFANTS.

THE fontanelle is a very useful index of an infant's condition. In the healthy child it is moderately tense, and if not a little prominent, at any rate not depressed. If the child be collapsed, as it may be after diarrhoea and vomiting, it is relaxed, and may be markedly depressed. With meningitis it is as markedly tense and prominent. Pneumonia with cerebral symptoms may closely resemble meningitis, but the absence of the tense fontanelle together with the perverted pulse respiration ratio make the diagnosis clear. So with teething, retraction of the head and other nervous symptoms, occasionally even fits, may raise the suspicion of meningitis, which, however, the lax fontanelle may allay, and the disappearance of the symptoms with the eruption of the teeth or lancing of the gums will dispel.

THE USE OF OPIUM IN HEART DISEASE.

There has long been a prejudice against the use of opium or morphia in diseases of the heart; yet experience shows that there is hardly any drug which is so useful in certain conditions. In angina or less severe cardiac pain, a subcutaneous injection of morphia alone will often go far towards stopping the attack; and where the attacks come on, as they often do, about 2 o'clock or so in the morning, a dose of ether and opium on going to sleep will often prevent an attack, and give a good night's rest. Again, in acute rheumatic pericarditis, where there is much restlessness even if there be not much pain, small doses of laudanum at short intervals will give great relief, and will slow and steady the heart's action as no other drug will do. I suppose it is in mitral disease with its resultant congestion of the lungs in which opium is most likely to be thought contra-indicated, but even in these cases it is often very useful. There have been recently two little children with weak and dilated hearts in association with old mitral disease who were never for long comfortable without it. They were not old enough to attribute their comfort to the drug given them, but it was obvious enough that a little opium just made the difference to them between ease and discomfort. As they improved the need of the opium disappeared. I have never seen anything to justify the opinion that the use of opium in heart disease is, with ordinary discrimination, in any way risky.

THE INHALATION OF OXYGEN.

Doubt is sometimes expressed as to the value of the inhalation of oxygen in respiratory diseases. This is

largely due, I think, to the fact that the use of the oxygen has been postponed until the patient is almost moribund. If the tubes are choked with secretion, as in the last stages of bronchitis or pneumonia, the oxygen cannot get into the lungs any more than the air can, but if it is given earlier its use is evident, for the cyanosis lessens, and what is equally important, the restlessness, which is often so distressing, is allayed, and the patient sinks into a quiet and refreshing sleep.

In the restlessness which develops in the acute toxæmia of uræmia, diabetes, and occasionally of Graves's disease, it has a similar effect.

My experience testifies strongly to the value of oxygen in these conditions.

The Treatment of Hernia in Infants.

By G. E. GASK, F.R.C.S.

MUCH as has been said about the origin and treatment of hernia in infants and children, there still remain many diverse opinions, and it is on account of these varying opinions that this short article is ventured.

The first question that is naturally asked at the present time is whether an operation is advisable. The answer is that in the large majority of cases an operation is unnecessary. If, however, the hernia is large, and attempts made to retain it with a suitable truss having failed, an operation may then be advised and performed with great benefit to the patient. The age of the patient at which an operation may or should be performed matters little; a tender age is no drawback.

In the vast majority of cases, though, no operation is needed, and, indeed, some surgeons go so far as to say that no treatment or instrument of any sort is necessary.

The argument used is that, though a very large number of infants suffer from rupture, especially those brought to the out-patient departments of hospitals suffering from gastro-intestinal disturbances, when relieved of this trouble the hernia rapidly disappears, and is never seen again. This is undoubtedly true, but there is a serious objection to pursuing this course of action, because in a certain proportion of these cases the hernia does not disappear, or, at any rate, the funicular process remains patent, and a descent of the bowel may occur into it at some future period, it may be after the lapse of many years; whereas, if a truss had been applied from the first, a permanent cure might have resulted, from complete closure of the sac.

The truth of this statement is clear from the experience gained from the many operations performed for the radical cure of hernia, in the course of which the sacs of herniæ of

obvious congenital origin are discovered. Some surgeons, indeed, go so far as to say, though this is not proved, that all forms of hernia are congenital.

Seeing the impossibility of being able to predict in which infant the desired cure of the hernia and closure of the sac will spontaneously occur, it seems advisable to conclude that in all cases of hernia it is best to be on the safe side and apply a truss.

These remarks apply equally to inguinal hernia and to umbilical hernia, though a persistent umbilical hernia is much rarer than a persistent inguinal hernia.

This being granted, the question now arises as to the best form of instrument to apply. Any form of wool skein,—it cannot be dignified by the name of truss, cannot be too strongly condemned as totally inefficient.

The only good form of instrument is a steel spring truss. This must be made of delicately-tempered and perfectly-resilient steel; a good test to apply is to pull the truss out quite straight, and to see if, on release, it resumes its original shape. The pad must be small and hard,—air or glycerine pads are not good, and the whole of the truss should be covered with india-rubber, and this form of covering should be continued until, at any rate, the child is of such an age that there is no danger of its becoming wet with urine.

The size of the truss is of the utmost importance, and the measurement must be made most carefully. The common mistake is for the truss to be too big, and a truss that is a little too big causes a great deal more discomfort, and is much more likely to raise blisters than a truss that is a little too small. A truss that is too large will almost certainly press on the spine of the pubes if not on the crest, and this, of course, at once renders the truss entirely useless, and is most uncomfortable. The centre of the pad should lie over the internal ring, and time is well spent in instructing the mother or nurse as to the exact position in which the pad should lie, and in emphasising the fact that no part of the truss should touch the pubic bone. The mother must also be instructed that the truss must be put on with the patient lying down, and that the hernia must be completely reduced before the truss is applied, and also that the truss must be taken off at least four times in the course of the day, and both the baby and the truss washed and dried, and the truss re-adjusted. The great secret of success lies in keeping the truss properly applied and the patient clean and dry, and for the latter purpose a little dusting powder is often of use.

The understrap which is always with the truss is often thought to be a nuisance and to give rise to chafing; there is no reason for this, and it only is so when pulled down too tight. This is unnecessary, as the understrap is intended solely to prevent the truss from riding up on to the abdomen.

These points, trivial as they may seem, often make all

the difference between comfort and extreme discomfort, and are, therefore, worthy of note.

An objection sometimes raised against the use of a truss is that it may, from pressure on the cord, give rise to orchitis, but experience does not prove this. The wearing of a truss has no ill effect on the testis, even when the hernia is associated with a partial descent of that organ. An imperfectly descended testis is no bar to the wearing of a truss, and a good rule in such a case is to leave the testis to look after itself, to leave it to slip back into the abdomen or out under the pad as it will; in practice it comes to no harm, and often in the course of years it will gradually descend until it may even reach the bottom of the scrotum.

The surgeon will inevitably be asked when it will be safe to leave the truss off, and this is a difficult question to answer. One broad general rule is of use, namely, the older the patient is before the truss is applied the longer the number of years the patient must wear it, and, in any case, the truss must be worn for at least two years after the last appearance of the hernia.

As to any disability on the part of a child wearing a truss from participating in any games as other children, the answer is emphatically that, with a properly fitting and adjusted truss, there is no reason to prevent the child enjoying any form of exercise.

The Christmas Entertainment.

FOR many years the Amateur Dramatic Club have endeavoured in vain to arrange that they should have the assistance of women to portray the female characters. Last year their wishes were acceded to, and David Garrick was played with an Ada capable of sustaining the rôle, thus enabling the love interest of the play to be retained. Yet the performance last year was exceptional in that the very great assistance of two old members of the club—Stephen Townesend and John Valérie was obtained, and their ripe experience assured a very high level of excellence. Moreover, the female characters with the exception of Ada were still played by students. Thus the production this year of His Excellency the Governor by present students of the Hospital and ladies really marks a stage in the growth of the Dramatic Club, and it was felt by all that the Club was this year to some extent on its trial, and the result has been most eminently satisfactory.

The whole performance this year was admirably staged and produced, and admirably acted, and fully maintained the reputation of the Club. If in the opinion of many an element of humour was lost in the absence of the student or house surgeon in skirts, this was fully compensated for by the generally increased excellence of the acting, enabling

laughter to be evoked by more legitimate means. There must have been many among the audience who were at first disappointed at the new state of things, but who, by the end of the evening, were convinced that all was for the best.

To criticise the individual characters, the ladies, in the first place, are beyond criticism, not on account of their sex, but because it would be impossible to find three amateurs who could have filled the parts more effectively, or who, acting for the first time in a hall notoriously defective in its acoustic properties, would have been so universally heard without any apparent effort on their part.

Mrs. Noble's interpretation of the part of Mrs. Wentworth Bolingbroke deserves a special word of praise; she transformed a part which, in reading the play, appears almost insignificant into one of the hits of the evening, and it is safe to say that no word of hers was lost, no phrase missed its meaning to the audience. For the rôle of the flighty music hall artiste the club was very lucky to obtain the services of Mrs. Walter Wood, who threw herself into the character with a rare enthusiasm, and emphasised to the full the coquettish impertinence of the part. Miss Mary Strahan as Ethel Carlton had, perhaps, the most difficult task, the character being simple and permitting no exaggeration. And it was to her perception of this that her success was due, the interpretation being essentially natural throughout. In retaining the essential softness of voice, and at the same time speaking so clearly as to be heard easily at the back of the hall Miss Strahan accomplished a feat which all who have acted at the Hospital will appreciate.

Amongst the male impersonations the Colonial Secretary of Mr. H. Scawen stands out prominently, and marks him as one of the best of our actors of recent times; the scenes between him and Stella were handled with great adroitness on both sides, and were fully appreciated by the audience. Mr. S. S. Strahan was appropriately dismal as Baverstock, and if he and Mr. A. C. Wilson as the amorous captain erred somewhat on the side of exaggeration this was excusable in parts which have no real prototype in real life. Both of these were at their best in the love making scenes, in which they were admirably backed up by Miss Strahan, the new game of "match making" being particularly well done. Mr. Vernon Favell, in addition to his anxieties as stage manager, had also the most difficult part in the piece to play as His Excellency: this he accomplished with great credit, his action throughout being restrained, and his diction excellent. His soliloquy from the top of the table at the end of the second act with the appropriate grouping of the lovers below, and with Baverstock as the nightingale in the background, formed the most successful tableau of the evening. Messrs. Grandage and Dutcher showed a proper military ardour and martial bearing as officers of the Midland Fusiliers, Mr. Townsend acquitted himself well in

what was chiefly a walking part as the sentry, and when he got the chance sang with real fervour, whilst the cast was completed by Mr. Patrick Black as a somewhat lugubrious butler, and by Messrs. Burra and Hepper as the footman and the native servant.

The staging of the piece was throughout excellent, the fact of there being only one scene rendering a considerable degree of elaboration possible. If future stage managers will accept a suggestion, the somewhat tawdry painted proscenium which has been provided with the fit up both this year and last is totally out of keeping with the Great Hall, and if something more akin to the old red plush curtains, which were in evidence for many years, could be provided in the future, the artistic effect would be greatly improved.

The musical portion of the programme arranged and performed by the Orchestral Society reached the usual high level. Rumour says that this Society is not obtaining that support from younger students of the Hospital which it deserves, and that the success this winter was in large measure due to the loyalty of older members who happen to practise in London, and who are only too pleased to play with the orchestra, although the attendance at rehearsals must be a great tax upon their valuable time. This must surely result from ignorance of the existence of the Society amongst the students, and it is to be hoped that all who play instruments of any sort will give their names to the Secretary, and be ready to assist the orchestra in the summer.

The audience was a very large one both at the rehearsal and at the evening performances, and was very appreciative. But that opportunity for conversation and for meeting old friends which used to be given in the interval, and which was recently appealed for by a correspondent in these columns was less in evidence than ever.

PROGRAMME OF ENTERTAINMENT.

Tuesday and Wednesday, January 1st and 2nd, 1907.

HIS EXCELLENCY THE GOVERNOR.

A Farical Romance.

By R. MARSHALL.

Played by the Members of the St. Bartholomew's Hospital Amateur Dramatic Club.

CHARACTERS.

His Excellency Sir Montagu Martin, G.C.S.I. (Governor of the Amundaland Islands)	MR. VERNON FAVELL
The Right Honourable Henry Carlton, M.P.	MR. H. SCAWEN
Captain Charles Carrow, A.D.C. (On His Excellency's Staff)	MR. A. C. WILSON
Mr. John Baverstock (Private Secretary)	MR. S. S. STRAHAN
Captain Rivers } of the Midland Fusiliers.	MR. W. B. GRANDAGE
Major Kildare }	MR. C. B. D. RITCHER
A Sentry	MR. R. S. TOWNSEND
Butler	MR. PATRICK BLACK
Footman	MR. L. T. RIRRA
Native Servant	MR. R. HEPPER
Mrs. Wentworth Bolingbroke	MRS. NOBLE
Ethel Carlton	MISS MARY STRAHAN
Stella de Gex	MRS. WALTER WOOD

SCENE—The Vestibule of Government House, Amundaland Islands, Indian Ocean.

Stage Manager. Assistant Stage Manager.
Mr. V. FAVELL. Mr. A. C. WILSON.

Hon. Sec.—MR. S. S. STRAHAN.

PROGRAMME OF MUSIC.

(By the Hospital Orchestral Society.)

OVERTURE	"Poet and Peasant"	Supplé
SELECTION	"March of the Boyards"	Halvorsen
ENTR'ACTE	"Mignon"	Ambrose Thomas
SELECTION	"Masquerade"	Sullivan
VALSE	"L'Etudiantina"	Waldteufel

Conductor. Hon. Sec.
Mr. EDMUND MANEY. Mr. W. RUSSELL SQUARE.

"When the Ward is Still."

WHE roar of the street has died away,
But sleep won't come though the lights are low,
And nothing to happen till dawn of day,
Save the patient nurse passing to and fro,
And the bitter thoughts rise, as rise they will,
When I lie in my bed and the ward is still.

Not a month ago and the world went right,
I had left my work on a Motor 'Bus,
With my wages raised and prospects bright,
And a heart too happy to fret or fuss;
When a sudden skid, and an awkward spill—
And I lie in my bed and the ward is still.

When I came to myself, around my bed
Were a sea of faces, a misty throng,
But I caught the words that a doctor said,
"There's nothing to show but something wrong."
And his words come back with a stabbing thrill,
As I lie in my bed and the ward is still.

It's not for myself this sickening fear,
But it's Oh! for the home I leave forlorn.
My loving wife and my children dear,
And the helpless babe that is yet unborn:
So my weary eyes with the sad tears said,
As I lie in my bed when the ward is still.

'Twas never easy the battle of life—
Five mouths to fill and not too much pay;
Now to be fought by a delicate wife,
And I a cripple and in the way;
For I feel I'm beyond the surgeon's skill,
As I lie in my bed when the ward is still.

They tell me to hope—there were screens last night
Round a bed that we found was free to-day:
Someone had woke to a world more bright,
And I, in my envy, found words to pray,
"Oh God of Mercy! don't spare, but kill."
As I lay in my bed when the ward was still.

The grey dawn steals through the window pane,
And the long, long night at last is o'er;
The work of the ward begins again,
And hope springs up in my heart once more,
For life's not so black or the world so ill
As in the dread hours when the ward is still.

H. A. L. R.

Presentation to an Old Bartholomew's man.

IN the *Morning Post* for December 20th last we read an account of a presentation to an old Bart.'s man, who has been well known for very many years in the West of England, and who has recently retired from practice. It is pleasant to find that a long and arduous professional life sometimes receives that public recognition and appreciation which it deserves. The paragraph runs as follows:—"PRESENTATION TO DR. O. H. FOWLER.—Yesterday afternoon there was an interesting gathering in the Assembly Room of the King's Head Hotel, Cirencester, to meet Dr. O. H. Fowler, the leading medical practitioner of the town and district, who is retiring from active professional work at the close of the year, after over forty years' devoted labour. His many friends seized the opportunity of his retirement to give him some tangible and practical proof of their esteem. As a result, Earl Bathurst, on behalf of about three hundred and fifty subscribers, asked Dr. Fowler's acceptance of an illuminated address, bound in book form, with the signatures of the contributors, together with a very handsome and massive silver-gilt double-handled cup, of rich workmanship, of the period of George II, the date being 1752. The ebony plinth bore the following inscription:—"To Oliver Humphrey Fowler, M.R.C.S., on his retirement after forty years' practice at Cirencester, the gift of many friends, who will always gratefully remember his skill, judgment, unflinching kindness, and attention.—Christmas, 1906." Mr. T. Kingscot added a few words to Lord Bathurst's appreciative speech, and Dr. Fowler made a grateful acknowledgment."

The Poetry of History.

WHUS, doctor, I was indoor pynt in St. Matthews's ward, I was: Sister she said it was a Polar Pneumonia: turned to an M.P. the 'ouse phersyshun said. Went under operation of a Tuesday afternoon, chloroform an' all: 'arf a pint of yaller corruption drawed off of me back, and a rubber tyre in me ribs for a month. It 'urt me orsel, that it did, doctor—but I was always a good friend to this 'ospital, I was. My bravver Bill, 'e was cut for a bendy sides they called it, all along of a strain. There's my little nipper Alf now, 'e was in 'Ope's ward wiv the yaller jaunders. The missus an' me, we put it down to that there vaccination: 'e was a beautiful byby born.

"What do I complyne of, doctor? Well, that's not for the likes of me to spe to the likes of you. Kidney trouble the pye-doctor said, but we wasn't satisfied wiv 'im: 'ospital doctors for me, that's what I says: good physick, and plenty of it.
"No, doctor, never 'ad spot nor blemish. Farver, 'e was a mass of crusts—died of Delirium Tremens—wunnerful partial 'o 'is drop of comfort, Farver was. No, doctor, I was never what you'd call a 'ard drinker: p'raps the 'arf of twopennorth of a Saturday night, syme as what you might yourself. Yus, doctor, mostly malted liquors; a little drop of stout 'an mild for choice. You're right, doctor, it is wunnerful thirsty work. Ah, I can see it ain't no use a-telling of you lies: you're a sharp 'un, you are: you've been there yourself, not 'arf!"

Books added to the Library during January.

Tumours: Innocent and Malignant; their Clinical Characters and Appropriate Treatment. (Fourth edition.) By J. Bland-Sutton, F.R.C.S.

The CHC's Problem. By Richard Gill, B.Sc., F.R.C.S.
The Works of Matthew Baillie, M.D., to which is prefixed an account of his life collected from authentic sources. In two volumes. Lond., 1825.

University of Aberdeen. Quatercentenary Celebrations. September, 1906. Handbook to City and University.

The Abernethian Society.



On December 6th Mr. H. W. Wilson (President) read a paper on "The Treatment of Abnormal Mobility of the Kidney."

Mr. Wilson opened his paper by describing the various positions that the kidney takes up on becoming mobile, and pointed out, amongst other things, the hydronephrosis resulting from kinking of the ureter.

Passing on to treatment Ernst's truss was exhibited and described. The operative measures of fixation with and without decapsulation were dealt with.

Mr. Wilson went on to describe the results of his own experiments on cats. Simple suture without decapsulation produced deeply invading bands of fibrous tissue only at points of suture and, on the whole, unsatisfactory fixation. When, however, decapsulation and fixation were employed firm union resulted over the whole of the bared area, sections showing invasion of kidney cortex with inflammatory cells to a depth of five or more layers of renal tubules.

In the discussion which followed Messrs. Favell, Gibb, Smallhorn, Mead, Almond, Kernahan, and Colt took part.

On January 10th Dr. Tooth delivered the mid-session address on "Inoculation against Enteric Fever."

On January 17th Mr. Gordon Watson read a paper on "Treatment of Tuberculous Disease of the Knee." Mr. Watson's paper, which was freely illustrated by diagrams, museum specimens, and splints, was concerned with the proving of the following aphorisms: "Mixed infection spells doom to the joint."

"There are two knees worth having, the movable and the fixed, the one must be stable, the other straight."

"Erasions seldom produce either."

"Fibrous ankylosis spells flexion and failure."

"The tubercle bacillus sometimes wields a child's joint; the causer and exciser more often."

"In the young adult excision is very good."

"In the old, amputation makes the best of a bad job."

In the discussion which followed Messrs. H. W. Wilson, G. E. Gask, and S. R. Scott spoke.

On January 24th Dr. A. H. Hogarth read a paper on "The Medical Inspection of Schools."

Dr. Hogarth began by considering the reasons which rendered the medical inspection of schools advisable. He found this not in such causes as physical deterioration, the prevention of fevers, and the like, but in the profound ignorance of parents in matters pertaining to the health of their children.

He passed on to consider the duties of the medical inspector and the relation of these duties to those of the Medical Officer of Health. The personal qualities necessary in an inspector were then dealt with, and Dr. Hogarth pointed out that the inspector's duties were partly medical, partly psychological, partly pedagogic.

Dr. Hogarth concluded by a brief reference to the socialistic views widely current at the present time, and defined the circumstances under which State interference in such matters as the feeding of school children was called for.

Two alterations have been necessitated in this month's papers. On February 21st a clinical evening will be held, when Mr. S. R. Scott, F.R.C.S., will show some cases.

On February 28th Mr. H. Percy Dunn, F.R.C.S., will read a paper on "Corneal Ulcers and their Treatment."

The Clubs.

Few matches have been played this month owing to the Christmas vacation, practice games having absorbed the first two Saturdays with some of the Clubs. With the prospect of Cup-ties close at hand it behoves all good Hospital men to turn out regularly and endeavour to bring a few more Cups back to the Library table.

The Rugby XV have started off well with two good wins by substantial margins. The forwards are a good bustling eight, and the hope of the Hospital will rest mainly on them in the Cup-ties. Their new full-back is also well spoken of and can kick excellently.

The Association Club have only played one match this month, and though only running one eleven they were two men short, and had to pick up substitutes on our own ground. It must be rare for such a thing to happen to this Club, and it is hoped that all the members will endeavour to prevent any repetition.

The XI should have an excellent chance for the Cup this year, and it is about time the team got together or all chance will be lost.

The Hockey XI have not won a match since Christmas, but there are hopes for the team yet if only those forwards could shoot and the backs could run.

RUGBY FOOTBALL CLUB.

ST. BART'S v. LONDON DEVONIANS.

This game was played at Winchmore Hill on Saturday, January 12th, and resulted in an excellent and most enjoyable game from our point of view.

Of the game itself little need be said. The forwards started off in their usual "first ten minutes" manner, nothing rousing them, the result being that the Devonians dropped a very pretty goal. Then things warmed up a little, and the Hospital attacked almost continuously, but were unable to score owing to indifferent passing, and a little bad luck. Bilderbeck and Stone were both conspicuous with good runs; at times the passing was very mild.

The outsiders must remember that if they try and kick across they ought to place where it will be some good, not right amongst their opponents.

Just before half-time Richards had a drop at goal, but the ball touched a Devonian, and Hoskyn, who was right up, picked up five yards from the line and scored, Ferguson converting.

The second half resulted in very good forward play: time after time the forwards came down the ground all together and all going for their man. Grandage, Adams, and Weddell were conspicuous, but everyone was playing well, and the outsiders seconded the forwards well, the final result being 3 goals 1 penalty and 2 tries to 1 dropped goal. Gibson kicked the penalty goal with one of the best kicks we have even seen. Team:

A. Ferguson (back); C. Bilderbeck, G. Bowen, T. S. Gibson, D. M. Stone (three-quarters); H. M. Coombs, E. D. Richards (halves); C. R. Hoskyn, W. B. Grandage, H. B. Follit, H. A. Harris, F. Trewby, H. Butt, J. W. Adams, A. Weddell (forwards).

ST. BART'S v. OLD BLUES.

Played at Winchmore Hill on January 19th. We had some fear about this match as the Old Blues are a good side this year, and had beaten Catford Bridge the Saturday before. The result, 21 points to *nil*, proved our fears ungrounded.

The game was not as good as the week before, but was marked by improved play by Coombs and Richards at half. Ferguson at back, who is improving every game, played very well indeed.

In the first few minutes Coombs stepped in with a characteristic run, Ferguson converting, and then the scoring started. The points came quickly, tries being scored by Coombs (1), Pearson (1), Trewby (2), Richards (1), Follit (1).

PROSPECTS.

We play St. Mary's on February 7th and if we win, as we ought to and hope to do, we meet London next. We are afraid that we cannot hope to win, but we do hope to put up a good fight against them, and we might if we catch them on an off day; but to do so

every member of the team must be very fit and go his hardest, for we shall be playing a team which, with a full side, are as good as, if not better than, any other in London.

Of our individual merits and probable team, Ferguson at back is the best we have had for years, a magnificent kicker with both feet, always finding touch, and saving the forwards. He ought to try and be a little more resolute in his tackling, but we have no doubt that will come as he gains confidence.

At half Coombs and Richards have immensely improved. Of the three-quarters we hope for Oulton, Lee, Gibson, and either Bilderbeck or Burn, as, unfortunately, Stone is out of his year. Gibson is playing well at present, and going hard. Of Bilderbeck and Burn we cannot at present say. Bilderbeck, when he has played, has done well, and has improved greatly, being a good kicker and runner, but a little weak in defence. Burn, on his day, is brilliant, but is very wild at times, screwing back into the forwards much too often, and his passing is weak. He must learn to take the ball clean, not on his chest: knocking on it is too risky, and rather bad for the nerves of the forwards and backs.

The forwards are good and improving in every way. Weddell, who has just come down from Cambridge, is an acquisition. They will be as played against the Devonians.

ASSOCIATION FOOTBALL CLUB.

ST. BART'S v. EVERSLIGH.

The Hospital played this match at Winchmore Hill, but unfortunately were two men short for some unexplained reason. If the team are to do well in the forthcoming Cup-ties it is essential that they should turn out a regular side every Saturday. Of two substitutes picked up on the ground one played an excellent game and scored a goal. The play was of the scrambling order, and there was little combination. Gordon played well forward, and Kimington was in good form. At half-time the score was 1-0 in favour of the Hospital, and in the second half goals were scored for the home team by Gordon and Cullen (2), our opponents also obtaining two points, the match ending in a win for us by 4 goals to 2.

HOCKEY CLUB.

ST. BART'S v. WIMBLEDON.

Played at Wimbledon on January 19th, and ending in a victory for the home team by 9 goals to 2. We were without Page and Gaskell. The Hospital started two short owing to two of the players being lost in the fog, but our opponents very kindly lent us a man. It was a much better game than the score suggests as Wimbledon obtained five goals before our absentees arrived. The combination then much improved, and we scored two goals through Robinson. But for bad shooting we should have added a couple of goals, an open goal being missed in each case. Towards the end of the game Wimbledon ran through our defence on several occasions, though we had an excellent share of the game. Caldwell played a splendid game at half, repeatedly pulling up the opposing wing in great style. At present the half-backs hang on to the ball too long and the forwards miss open goals, and as long as this lasts we shall be invariably beaten.

ST. BART'S v. RICHMOND.

Played at Richmond on January 5th. Owing to the proximity of the date of this match to Christmas we had a very weak team out, which, however, in the first half held its own. At half time the score stood at 2 goals all, but we were beaten in the end by 5 goals to 2. Our goals were scored by Viner and Robinson. Griffin played a sound game all through, and, had he been backed up, we might have showed up better.

ST. BART'S v. ENFIELD.

We played this match at Winchmore Hill on January 12th. The ground was very sticky, and the grass rather too long to allow the ball to be played with any certainty. We again had a very weak team out, but managed to stave off defeat. The right wing showed great dash, and followed up well, being determined to make every use of possible chances of goals. The result of the state of the ground was a very scrambling game, which ended in a draw of 2 goals each. Our goals were scored by Robinson and Sylvester.

Recent Books and Papers by Bartholomew's Men.

The Editor will be glad to receive reprints of any such papers for notice in 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.

Atkinson, Stanley B., M.A., M.B., B.Sc., J.P., Barrister-at-Law. "Some Limitations of Medical Evidence," *Lancet*, January 19th, 1907.

Barling, Gilbert, M.B., F.R.C.S. "Intra-peritoneal Implantation of the Uterus into the Colon," *British Medical Journal*, January 19th, 1907.

Berry, James, B.S., F.R.C.S. "Large Arterio-venous Aneurysm of the Neck treated by Excision," *Lancet*, December 22nd, 1906.

Bowly, Anthony, C.M.G., F.R.C.S. "A Clinical Lecture on Fractures of the Base of the Skull," *British Medical Journal*, January 19th, 1907.

Butlin, II. T., LL.D., F.R.C.S. "Preliminary Laryngotomy," *British Medical Journal*, January 5th, 1907.

Clarke, W. Bruce, M.B., F.R.C.S. "Intra-peritoneal Bleeding from a Fibroid, with Acute Distension of the Abdomen; Abdominal Section; Removal of the Fibroid; Recovery," *Lancet*, January 5th, 1907.

Dr. Drury, E. G., M.D. "Medical Trades Unionism in South Africa," *South African Medical Journal*, vol. iv, No. 15.

Forbes, J. Graham, M.D., D.P.H. Cantab., M.R.C.P. "A Case of Tuberculosis of the Tonsils and Lymphatic Glands, together with Congenital Bronchiectasis of both Lungs and Cystitis of the Liver and Pancreas," *Transactions of Pathological Society of London*.

Gabriel, W. M., M.R.C.S., L.D.S. "A Method of Sectional Bridge Work," and "Another Note on Root-filling," *The Dental Surgeon*.

Herringham, W. P., M.D., F.R.C.P. "Arterial Sclerosis," *British Medical Journal*, January 12th, 1907.

Lockwood, C. B., F.R.C.S., and Shaw, Ernest H., M.R.C.S. "The Immediate Microscopical Diagnosis of Tumours during the Course of Operation," *British Medical Journal*, January 19th, 1907.

Mortimer, J. D. E., M.B., F.R.C.S. "Anaesthetisation for Operations on the Urinary Organs," *West London Medical Journal*, January, 1907.

Moulin, C. W. Mansell, M.D., F.R.C.S. "Pyloric Stenosis and the Condition of the Pylorus during Life," *Lancet*, January 19th, 1907.

Nixon, J. A., M.B., B.C., M.R.C.P. "Scleroderma and Myositis," *Lancet*, January 12th, 1907.

Reviews.

TUMOURS, INNOCENT AND MALIGNANT. By J. BLAND-SUTTON, F.R.C.S. Fourth edition. (London: Cassell and Co.) Price 21s.

With each new edition this work increases in interest and importance. Containing a complete account of all the conditions which are by hook or by crook classed among tumours, it forms a reference book on such subjects which is of the greatest possible use. At the same time it is so written throughout as to be easier and pleasanter to read than most ordinary text-books, whilst the interest is sustained by the very large number of illustrations, most of which are original.

In the present edition we find much rearrangement and many important additions, the most notable being the insertion after each chapter of a few references, which of course have no pretensions to be complete, but which are none the less likely to be of much use.

Amongst other alterations there are special chapters on tumours of the ovary and testis, and much enlargement of the sections on uterine growths, chorionepithelioma coming in for special attention. A chapter on echinococcus cysts has also been added. Many sections have been moved from one part of the book to another, and

these alterations seem all for the best. Thus, fibroma and myxoma have been quite properly relegated to the chapter on sarcoma, and papillomata have been included amongst the endotheliomata. The odontomes have been completely separated, and sections on teratomata and on heterotopic teeth have been added.

The strong point of the book is still its description of the site of occurrence and macroscopic characters of the tumours, and microscopic appearances are in places passed over rather rapidly. This perhaps accounts for the briefness of the account of innocent breast tumours, the consideration of which remains quite inadequate.

A useful chapter giving a concise but very fair discussion of the origin of cancer has been added; it represents the present position of the various theories clearly and accurately.

DISEASES OF THE EYE AND THEIR TREATMENT. By H. R. SWANZY, M.D., Pres. R.C.S.I., and LOUIS WERNER, F.R.C.S.I. 9th edition. (Published by H. K. Lewis, London.) Pp. 744, with illustrations. Price 12s. 6d.

Swanzy's well-known *Handbook of Diseases of the Eye* appears in this latest edition under the new title, and with the name of Louis Werner, Examiner in Ophthalmic Surgery to the Dublin University, as joint author.

The additional chapters in the early part of the book deal principally with the theory of optics, the new matter being carefully chosen as illustrating ophthalmological work, without which the later chapters on errors of refraction could hardly be followed with advantage.

Chapter III, on Abnormal Refraction and Accommodation, has been considerably enlarged and brought up to date, the whole being illustrated by excellent diagrams, clearly lettered, which simplify the reading of the text. In the fifth and following chapters each part of the eye is dealt with in succession, with its pathological conditions, symptoms, signs, and treatment, the whole being dealt with in a very systematic and practical manner.

Perhaps the most important addition in this book is that in Chapter V, dealing with the Bacteriology of Conjunctivitis, with illustrations of the commoner forms. The action and derangements of the orbital muscles comes in for a larger share of attention than was the case in previous editions, the question of heterophoria being for the first time adequately treated.

It is to be regretted that the chapters on diseases of the retina and optic nerves hardly come in for a fair share of the illustrations. The addition of diagrams giving the various macro- and microscopical appearances would add greatly to the value of the book.

Throughout the question of treatment is very fully discussed, and we can heartily recommend the book to the notice of the student. The print, illustrations, and style of the work are most excellent, and the price not excessive.

THE CHEMICAL INVESTIGATION OF GASTRIC AND INTESTINAL DISEASES BY THE AID OF TEST MEALS. By VAUGHAN HARLEY, M.D., and FRANCIS W. GOODBODY, M.D. (London: Edward Arnold.) Price 8s. 6d. net.

Thanks to the observations of numerous physiological chemists in this country, and in Germany, our knowledge of the composition of the gastric contents and of the faeces in health and disease is rapidly increasing. The authors of this work have done excellent service, both by their investigations and by collecting the results of their own and other's work into a volume of handy size.

To the pathologist the volume offers much that is interesting and suggestive, but to the clinician it must be confessed that it leaves an after feeling of disappointment. The truth is that the investigations hitherto carried out have not been sufficiently numerous to enable any simple table of tests which can be readily carried out by the clinician without special chemical knowledge to be drawn up. This is specially noticeable in the second half of the book on the faeces, where the percentage of water, of fat, and of total nitrogen are regularly quoted. To draw an analogy from the examination of the urine it may be considered certain that, if an investigation of the total nitrogen, of the ammonia, phosphates, chlorides, and sulphates were considered essential, the routine clinical examination of the urine would never have become so universal.

With regard to the gastric contents, we are gradually attaining a knowledge of which simple tests and estimations are of use. What

is wanted is some authoritative statement of the same sort on the investigation of the faeces. Whilst, therefore, the present volume is of great interest as a scientific contribution to this subject, it is impossible to avoid feeling that it would have been infinitely more useful had the number of investigations been greater, thus rendering greater generalisation possible, and, had those methods which are applicable by the clinician been better differentiated from those possible only to the skilled chemist.

MANUAL OF SURGERY. By ALEXIS THOMSON, F.R.C.S. Ed., and ALEXANDER MILES, F.R.C.S. Ed. 2nd edition, 2 vols., Pp. 1520, illustrated with 418 wood engravings. (Young J. Pentland, Edinburgh and London.) Price 21s. net.

This is the second edition of a good book. At present we have only received the first volume. In this the authors have managed to dispense with unnecessary words without making their style bald. The illustrations are good, but some, notably those in which the whole or a greater part of the body is portrayed, would show to greater advantage on a larger scale. The faults in this book are chiefly due to the authors' endeavour to cover a large subject in too short a space.

THE USES OF RÖNTGEN RAYS IN GENERAL PRACTICE. By R. HIGHAM COOPER, L.S.A. (London: Baillière, Tindall and Cox.) Price 2s. 6d. net.

This book contains general instructions on the fitting up of an X-ray apparatus in the consulting room, with a detailed account of the precautions to be observed in the diagnosis of special cases. As regards treatment, the author is an advocate of the rays in a great number of pathological conditions, from acne to sarcoma. The work is illustrated by a number of interesting plates taken from skiagraphs, one showing a congenital deformity of the hands being especially striking. The apparatus described is clearly explained by a series of diagrams.

We can recommend the book to beginners as a most useful guide to a subject which to many practitioners is still a realm of mystery.

AIDS TO MEDICAL DIAGNOSIS. By ARTHUR WHITING, M.D., M.R.C.P. Pp. 152, with 8 illustrations. (London: Baillière, Tindall and Cox.) Price 2s. 6d.

With the exception of the chapter on Infectious Diseases, which is good, we cannot say that we were greatly impressed with this little book. It is intended for advanced students, and we must admit that one who has sufficient knowledge to sift the wheat from the tares will find useful points among these "Aids." The author's plan is to take a leading symptom or physical sign, or a small collection of symptoms or signs, and under this heading to group and sort out the morbid conditions which present them. But in a small volume like this terseness is everything, and the author is not always terse. Neither is the literary style above reproach, even for a condensation. A sentence of thirty-two lines—as in Chap. I—can only be forgiven when its construction is perfect. Throughout the book there are slovenly sentences, some of which are also ambiguous. "In gout the onset is usually with acute but moderate fever" is absurd; so is this: "To be differentiated from lobar pneumonia in its earlier stages, and in the later stage when at the apex from early phthisis, are pulmonary oedema, hypostatic congestion, and pulmonary infarction." We notice that no mention is made of the pulse-rate in the diagnosis of acute abdominal conditions. The chapter on Infectious Diseases by Dr. H. E. Cuffe, who is an authority on this subject, is excellent, and of considerable value.

GLIMPSES OF AMERICAN SURGERY IN 1906. By C. HAMILTON WHITEFORD, M.R.C.S., I.R.C.P. (London: Harrison and Son.) Price 2s. net.

This is a curious little book, the outcome of the author's impression of flying visits to some of the best-known American surgical clinics. Mr. Whiteford has caught something of the breathlessness of the country which he visited. With the exception of the indiscriminate removal of healthy vermiform appendices, which appears to be very frequent, he considers American surgery to be of the highest class. In Chicago the leading practitioners deliver free lectures on the elements of medicine and surgery to the public; and the grateful public of that city now bring fewer actions for malpraxis against their medical men than they used to do. American surgeons "keep up a running fire of comments on various subjects whilst they

operate"; in septic peritonitis they "get in quick . . . and get out quicker"; while they seldom operate at a private patient's house, but take him into hospital, where the patient pays two distinct accounts—one to the surgeon and one to the hospital.

Mr. Whiteford hurries us along from city to city, giving us birds-eye views of the operative technique of the principal surgeon in each. In Minnesota, *exempli gratia*, the author learnt that abdominal cases are moved out of bed seven days after operation, and recorded in his ever-ready note-book the following piece of advice: "Do not 'monkey' with the ovary." On the last page we are recommended not to "debricate" in chronic empyema. "In preference, make vertical parallel incisions into the visceral pleura, and then horizontal ditto, producing a gridiron appearance. The lung herniates and expands through these incisions." So ends this astonishing booklet.

SUBMUCOUS EXCISION OF DEVIATIONS AND SPURS OF THE NASAL SEPTUM. By ST. CLAIR THOMSON, M.D., F.R.C.P., F.R.C.S. (London: Cassell and Co.) Price 1s. net.

This little pamphlet gives a clear and concise account of the author's method of treating septal deviations, easily followed and suitably illustrated. The results quoted seem excellent.

INTRODUCTORY ADDRESS ON THE GENERAL MEDICAL COUNCIL, ITS POWERS AND ITS WORK. By DONALD MACALISTER, M.A., M.D., B.Sc., D.C.L., LL.D. (Manchester: at the University Press.) Price 6d. net.

We have read with pleasure and profit this address by a distinguished old St. Bartholomew's man. Admirable in form, and instructive in matter, it is furthermore illuminated with flashes of real humour.

We have received from Messrs. Burroughs Wellcome and Co. a copy of the WALLGOME PHOTOGRAPHIC EXPOSURE RECORD AND DIARY for 1907, price 1s. It consists of a neat pocket-book in art green binding, with pencil attached. Inside the back cover is an exposure meter of simple design, prefaced by a minute description of how to use it. Besides the diary and pages for memoranda, the body of the book contains hints on all the ordinary photographic processes. The mass of information is really remarkable, when the bulk of the little volume is considered. We have one criticism to offer. Studying appearances, the makers have heavily gilt the edges, with the result that it is most difficult to separate for the first time the thin leaves. This rather impairs the efficiency of a book intended for use in the field.

Books for Review.

The following books have been received, of which reviews will shortly be published in the JOURNAL:

- "The Integrative Action of the Nervous System." Sherrington.
- "Handbook of Physics and Chemistry." Corbin and Stewart. (2nd Edition.)
- "Circulation and Respiration." Brunton.
- "Climatotherapy and Balneotherapy." Weber.
- "Guy's Hospital Reports." Vol. ix.
- "The Nursing." Budin.
- "Lessons in Massage." Palmer. (4th Edition.)
- "Diseases of the Rectum." Wallis.
- "Anesthetics." Dudley Buxton. (4th Edition.)

We beg to acknowledge the receipt of the following books, etc., of which we are unable to publish reviews owing to pressure upon our space:

- "Questions and Answers on Midwifery for Midwives." By A. B. Calder, M.B., M.R.C.S. (London: Baillière, Tindall and Cox.) Price 1s. 6d. net.
- "Livingstone College Year Book, 1906." (Livingstone College, Leyton, E.) Price 6d.
- "Catalogue of Lewis's Medical and Scientific Circulating Library. 2nd Supplement, 1902-1905." (London: Lewis's Library, 136, Gower Street, W.C.) Price 6d.
- "Notes on Serum Therapeutics and on the Therapeutic Agents of Bacterial Origin; prepared by the Lister Institute of Preventive Medicine." (London: Allen and Hanburys.)

New Preparations, etc.

Fry's MALTED COCOA and FRY'S MILK CHOCOLATE.—We have received samples of each of these preparations. The Malted Cocoa is a combination of Fry's Cocoa Extract with Allen and Hanburys' concentrated Extract of Malt prepared by a special process, and evaporated *in vacuo*. We have tried the Malted Cocoa, and find it very pleasant to taste; it is, moreover, soluble and easily prepared. Tuberculous and weakly children take it readily, and it is digested without difficulty by convalescents from enteric fever and other acute diseases. The Milk Chocolate is one of the nicest of its kind that we have tasted. The generous sample that we received was much appreciated by the staff of the JOURNAL.

Royal Naval Medical Service.

The following appointments are notified:

- Fleet-Surgeon R. C. Munday to the "Aboukir."
- Fleet-Surgeon C. Strickland, to the "Cochrane," on commissioning, undated.
- Staff-Surgeon H. Spicer, to the "President," for three-months' course at West London Hospital.
- Staff Surgeon H. C. Arathoon to the "Diamond."
- Surgeon W. P. Yettis to the "Leviathan."
- Surgeon R. C. P. McDonagh to the "Cressy."
- Surgeon E. S. Wilkinson to the "Andromeda."

Royal Army Medical Corps.

- Lieut.-Col. S. Westcott, C.M.G., and Major F. W. Begbie on arrival in India are posted to Mhow, Central India.
 - Capt. R. C. Wilmo's tour in Burma expires in March; Capt. A. J. W. Wells extends his tour there for one year.
 - Lieut. F. J. Turner returns to India (Western Command) from Aden.
 - Major O. R. Julian, C.M.G., and Major J. B. Anderson hold the appointments of specialists in preventive medicine at Peshawar and Meerut respectively.
 - Lieut. F. H. Noke has been sent temporarily from Poona to Meerut in charge of the new pattern ambulance designed by Lieut.-Col. Hathaway, also a Bart.'s man.
 - Capt. F. Harvey has embarked for West Africa.
 - Capt. J. T. Clapham has been posted to the retired pay appointment at Landguard Fort, Felixstowe.
- Gazette notification:*
- Major H. W. Austin to be Lieut.-Col. The above officer has arrived home, on leave, from India.

Examinations.

CONJOINT BOARD.

- First Examination (Chemistry and Physics).*—S. A. Burn, R. C. Clifford, P. Dvorkovitz, C. N. Hutt, H. Robinson, I. I. Satow (*Elementary Biology*).—H. G. Hockridge, M. Lindsey, F. R. Longstaff.
- (*Practical Pharmacy*).—E. R. Evans, J. L. Joyce.
- Second Examination (Anatomy and Physiology).*—G. O. Chambers, C. F. Willes, C. R. Woodruff.

Appointments.

DOUTY, EDWARD H., M.A., M.D., M.C. Cantab., F.R.C.S., M.R.C.P., M.D. Paris, etc., appointed Surgeon to the Queen Victoria Memorial Hospital, Nice.

WHITE, E. H., M.A., M.B., B.Ch. Oxon., M.R.C.S., L.R.C.P., appointed Assistant Physician to the Royal Victoria Hospital, Bournemouth.

New Addresses.

BARKER, TOFT, 1, Parade, Swanage.

COLE, T. E. CECIL, Norfolk House, Kenilworth Road, Leamington.

CORKER, COL. T. M., R.A.M.C., Headquarters, Scottish Command, Edinburgh.

CUTHBERT, W. WOOD, 39, Wesley Road, Armlay, Leeds.

DALLY, J. F. H., 65, Clarendon Road, Holland Park, W.

DIX, C., High Street, Bruton, Somerset.

DODS, L. F., 41, Warwick Avenue, Maida Hill, W.

GAYNER, J. S., Hall Cottage, Earswick, Yorks.

HARVEY, P. G., Cornwall House, Monmouth.

HAYES, E. C., Waimata, S. Canterbury, New Zealand.

HOBDAV, J., Beverley House, Colney Hatch Lane, N.

JONES, T. C. LITTLER, 1, Abercromby Square, Liverpool.

KEMP, J. H., Constable Street, Wellington, New Zealand.

KENNEDY, W. W., 36, Chowsinghee Road, Calcutta.

LOUGHBOROUGH, W. G., The Manse, Forton, Gosport.

MILES, W. E., 3, Upper Wimpole Street, W. Telephone 218 Mayfair.

MITTER, Major R. K., I.M.S., Salem, South India.

PARKER, G. D., Weldon House, Hindes Road, Harrow.

PETRIE, A. S., Barclay House, Yateley, Hants.

POWELL, J. C., 3, Alfred Place West, Thurloe Square, S.W.

PUGH, A. B., Bream, Sydney, Gloucs.

RICHMOND, W. S., 57, Drayton Gardens, South Kensington, S.W.

SANDILANDS, J. E., Bonville, Winchester.

SEGUNDO, C. S. DE, 97, Gloucester Place, Portman Square, W.

SCOTT, S. R., 46, Queen Anne Street, W. Telephone 4940 Pad.

SHADWELL, H. W., Sandycroft, Weybridge.

SMITHSON, Major A. E., c/o P.M.O., H.M. Forces, The Castle, Cape Town, South Africa.

WHALE, H., Copthall House, 13, Copthall Avenue, E.C. Telephone: 8897 Wall.

WHITE, C. K., Stoneleigh House, Jawthorpe, Ossett.

Births.

EDELSTEN.—On January 15th, at 370, Brixton Road, S.W., the wife of Ernest A. Edelsten, M.B., M.A., of a son.

HEPBURN.—On January 11th, at Pevensey, Enfield, the wife of Malcolm L. Hepburn, M.D., F.R.C.S., of a daughter.

HEWER.—On December 31st, at 6, Church Street, Stratford-on-Avon, the wife of Earnshaw Hewer, F.R.C.S., of a daughter.

Marriages.

BOTT—FERGUS.—On January 17th, at Fortwilliam Park Presbyterian Church, Belfast, by the Rev. J. T. Kea, Lieut. Robert Henry Bott, F.R.C.S., I.M.S., eldest son of Henry Bott, Esq., Thimbleby House, Horncastle, to Jeannie Davison, daughter of Samuel Fergus, M.D., J.P., Blackwatertown, co. Armagh.

DIX—OVERBURY.—On January 5th, 1907, at St. Mary's Parish Church, Cheltenham, by Canon Roxby, Charles Dix, M.R.C.S., L.R.C.P., of Bruton, Somerset, to Ellen Overbury, of Cheltenham.

SIMSON—CLARKE.—On January 17th, at St. George's, Hanover Square, by the Rev. Canon Bristol, M.A., of Southwark Cathedral, assisted by the Rev. Davon Jones, B.A., Vicar of Kidwelly, and the Rev. David Anderson, M.A., Rector, Captain Harold Simson, R.A.M.C., third son of Thomas Simson, of Blackheath, to Kate Litton, eldest daughter of Ernest Clarke, M.D., F.R.C.S., of Chandos Street, Cavendish Square.

Deaths.

SODEN.—On January 7th, at Fowey, Cornwall, A. E. Soden, M.R.C.S., L.R.C.P., aged 83.

STEDMAN.—On December 28th, 1906, John Stedman, M.R.C.S., of Pokesdown, Bournemouth, son of the late Thomas Stedman, of Bewbush Manor, Crawley, Sussex, aged 60 years. Interred at Horsham.

Acknowledgments.

British Journal of Nursing, The Broadway, L'Echo Médical du Nord, Guy's Hospital Gazette, The Health Resort, The Hospital, International Journal of Surgery, Journal of Laryngology, Rhinology, and Otology, The London Hospital Gazette, The Medical Review, The Nursing Times, Practical Medicine (Delhi), The Practitioner, The Prescriber, St. Mary's Hospital Gazette, St. George's Hospital Gazette, St. Thomas's Hospital Gazette, The Stethoscope, The Student, University of Durham College of Medicine Gazette.

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: 1430, 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.—covers included.

St. Bartholomew's Hospital



JOURNAL.

VOL. XIV.—No. 6.]

MARCH, 1907.

[PRICE SIXPENCE.]

St. Bartholomew's Hospital Journal,

MARCH 1st, 1907.

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

Calendar.

Fri., March 1.—Clinical Lecture, 1 p.m. Dr. Ormerod.
Dr. Tooth and Mr. D'Arcy Power on duty.

Mon., " 4.—Students' Union Council Election begins (12.30 to 1.30 p.m.) Monday, Tuesday, and Wednesday.
Special Subject Lecture, 1 p.m. Dr. Lewis Jones.

Tues., " 5.—Dr. Norman Moore and Mr. Cripps on duty.

Wed., " 6.—Clinical Lecture, 2.45 p.m. Mr. Bowly.

Thur., " 7.—Abernethian Society, 8.30 p.m. Mr. L. T. Burra, M.B., "Angio-neurotic Edema."

Fri., " 8.—Clinical Lecture, 1 p.m. Dr. Herringham.
Dr. West and Mr. Bruce Clarke on duty.

Mon., " 11.—Special Subject Lecture, 1 p.m. Mr. McAdam Eccles, "Torticollis."

Tues., " 12.—Students' Union Annual General Meeting, 12.30 p.m.
Dr. Ormerod and Mr. Bowly on duty.

Wed., " 13.—Clinical Lecture, 2.45 p.m. Mr. Lockwood, "Salivary Calculi."

Thur., " 14.—Abernethian Society, 8.30 p.m. Annual General Meeting and Election of Officers.

Fri., " 15.—Clinical Lecture, 1 p.m. Dr. Tooth.
Dr. Herringham and Mr. Lockwood on duty.

Mon., " 18.—Special Subject Lecture, 1 p.m. Dr. Morley Fletcher, "Anterior Polio-myelitis."
Kirklee Scholarship and Gold Medal. Harvey Prize. Junior Practical Anatomy.

Tues., " 19.—Senior Practical Anatomy.
Dr. Tooth and Mr. D'Arcy Power on duty.

Wed., " 20.—Senior Scholarship. Junior Scholarships.
Clinical Lecture, 2.45 p.m. Mr. Lockwood, "A Case of the Extensive Removal of the Diaphragm."

Fri., " 22.—Dr. Norman Moore and Mr. Cripps on duty.

Tues., " 26.—Essays for the Wix and Bentley Prizes to be sent in.

Wed., " 27.—Winter Session ends.

Thur., " 28.—Second Examination Conjoint Board begins.

Fri., " 29.—Good Friday.
Dr. West and Mr. Bruce Clarke on duty.

Sun., " 31.—Easter Day.

Editorial Notes.

WE are requested to announce that at a preliminary meeting on February 7th it was resolved to open a subscription list for making a presentation to "Sister Eyes" on her retirement, after completing thirty-five years' service as Sister of the Ophthalmic Ward at St. Bartholomew's Hospital. Subscriptions have already been received, varying from ten guineas to half a guinea, and it is hoped that a sufficient sum will be obtained to purchase an annuity. Subscriptions may be sent to the Treasurer of the Fund, Mr. Walter Jessop, 73, Harley Street. The Hon. Secretaries of the Testimonial are Messrs John Attlee and Elmore Brewerton, and we have great pleasure in complying with their request. Apart from the testimonial, which we have little doubt will be worthy of the occasion, we know that "Sister Eyes" will carry with her into her well-earned retirement the affectionate regard of the many generations of St. Bartholomew's men with whom she has been associated.

* * *

THE Secretaries of the Students' Union ask us to draw attention to the dates and times fixed for the election of the Council for the ensuing year and for the Annual General Meeting of the Union. They wish us to point out the importance of every student recording his vote on one of the three days, if only as a proof of the interest he takes in the management of his own affairs. The times for polling and for the General Meeting are published in the Calendar for this month, and it should not be very difficult for every present member of the Hospital to do his duty on these occasions.

* * *

DR. DONALD MACALISTER, President of the General Medical Council and Linacre Reader of Physic in the University of Cambridge, has lately been appointed Principal and Vice-Chancellor of the University of Glasgow. On behalf of his old Hospital we beg to offer Dr. MacAlister

our congratulations upon the honour that has been paid him. We learn with satisfaction that he will not resign the presidency of the General Medical Council, which, as the representative of Cambridge University, he has adorned for so many years.

SIR WILLIAM CHURCH, Bart, Dr. Samuel West, and Mr. Bruce Clarke have been re-elected members of the Board of the Faculty of Medicine in the University of Oxford.

WE congratulate Mr. T. Shirley Hele, B.A., B.Sc., M.R.C.S., L.R.C.P., on his election to the vacant Research Scholarship of the British Medical Association. Mr. Hele has, for some time past, been working in the Laboratory of Chemical Pathology at this Hospital, and he proposes to carry out researches in that branch of science during his tenure of the Scholarship.

The *British Medical Journal* has occupied itself during the past few weeks with the subject of "Streets named after Doctors," and in so doing has incidentally shed the cold light of truth upon the most hallowed tradition of the St. Bartholomew's "district." One who speaks as though with authority says, "Gee Street is a great deal more ancient than the physician from whom it might be supposed to have derived its name, and we have ascertained that of Langton Street nothing is known by its reputed godfather." This will come as a rude shock to midwifery clerks, past and present, who have, one and all, believed that Gee Street and Langton Street were named after Dr. Gee and Mr. Langton, and not before them.

It is gratifying to observe that of the seven men who presented themselves for the Intermediate London M.B. Examination not a single one failed. We congratulate teachers and taught, and particularly A. P. Fry on his distinction in Physiology and Anatomy.

JUNIOR STAFF NOMINATIONS.

The following gentlemen have been nominated for the posts of Resident Medical Officers during 1907:

HOUSE PHYSICIANS—			
Dr. NORMAN MOORE	{ April	J. F. Gaskell.	
	{ October	P. Black.	
Dr. WEST	{ April	C. S. Lee.	
	{ October	G. F. S. Bailey.	
Dr. ORMEROD	{ April	F. P. Young.	
	{ October	B. E. A. Batt.	
Dr. HERRINGHAM	{ April	R. A. P. Hill.	
	{ October	G. T. Verry.	
Dr. TOOTH	{ April	G. H. H. Almond.	
	{ October	O. Teichmann.	
INTERN MIDWIFERY ASSISTANT	April	R. Jamison.	
EXTERNAL MIDWIFERY ASSISTANT	April	C. N. le Brocq.	
	July	G. C. Woodforde.	
OPHTHALMIC HOUSE SURGEON	April	M. W. B. Oliver.	

Inoculation against Enteric Fever.

By HOWARD H. TOOTH, M.D., C.M.G.,
Physician to St. Bartholomew's Hospital, etc.

(Concluded from p. 69.)

NEGATIVE phase in bactericidal power.—Very shortly after the administration of a dose of sterile emulsion of *B. typhosus* there occurs a fall in the bactericidal power, due to a temporary diminution in the antitropic elements of the blood. This Wright calls the "negative phase."* This phase is a very variable element in the post-inoculation train of events. In some cases it is so short as to be practically non-existent, in others, happily rarely, it is so long as five weeks, but generally this phase lasts about twenty-four hours or less.

It is during the negative phase that the symptoms of constitutional distress manifest themselves, and it is also probable that there is some sort of direct proportion between the severity of the symptoms and degree of lowering of bactericidal power which accompanies the phase, so that where the symptoms are severe the negative phase may be assumed to be marked and prolonged, and *vice versa*. This is a fact of great clinical importance, because it is scarcely possible to make laboratory observations, which are of a highly technical nature, on any but a few cases, and yet around this phase important issues lie. For there is reason to believe that the immunity from infection of the patient during the phase is at its lowest; in fact, he may be temporarily more liable than before inoculation to become infected; in other words, inoculation has for the time produced a condition the very opposite to that which it is the whole object of the procedure to establish.

It is, therefore, not surprising that, on the announcement in 1901 by Prof. Wright of this apparently dangerous element in the procedure, the War Office, under the advice of its Advisory Board, put a stop to the hitherto voluntary inoculation of the soldier, intimating that the benefits of inoculation were not sufficiently established to justify the risks of the negative phase admitted by the originator of the treatment.

This attitude gave check to the procedure, happily for a short time only. In July, 1903, the matter was referred by the Secretary of State for War to the Royal College of Physicians, who nominated a Committee on which I had the honour to serve. In due course the College reported as follows:—"After careful scrutiny of the statistics from both official and private sources which have been made available, we are of opinion that, not only is a lessened susceptibility to the disease brought about as a result of the inoculations, but that the case mortality is largely reduced."

* Wright. "Blood Changes after Antityphoid Inoculation," *Lancet*, Sept. 14th, 1901; and *Antityphoid Inoculation*, 1904, p. 8.

That pronouncement, favourable as it is on the general question, still leaves the suspected danger of the negative phase untouched, and we must now consider what has been done to minimise and shorten this vulnerable period.

Wright assumes that a negative phase is an invariable consequence of inoculation, that the phase may be so short in duration and degree as to escape observation, but that it has been nevertheless.

That this phase may be almost a negligible quantity would appear from the work of Col. Leishman, R.A.M.C., and others,* in which it is recorded that no such phase was found in a series of carefully-conducted observations; but the earliest blood examination was made after inoculation at a not less interval than sixteen hours.

From this we may assume that the phase must be under proper precautions a less serious and more manageable factor than was thought at first.

Among the precautions necessary dosage is perhaps the most important, a large dose, besides producing severe symptoms, will tend to induce a decided and prolonged negative phase; a small dose will be followed by just as good, if not better, results as regards bactericidal power, with a short negative phase, and its unpleasant, not to say dangerous, accompaniments. With the small dose re-inoculation after an interval, say of about ten to fourteen days is advisable, and even perhaps a further re-inoculation after another such interval. It is obvious, therefore, that before a man is allowed to take service in an infected region an interval of some weeks should elapse, to allow the high bactericidal power to become fully established.

The practice followed during the South African war of inoculating on the voyage out with large doses was evidently a most mistaken one, for a man, in the course of service, might, on landing, be sent straight to an infected area, at a time when, by reason of the negative phase, his bactericidal power was at its lowest.

For the same reason it must be held to be highly injudicious to inoculate men during an epidemic on the spot, at any rate in the present state of our knowledge. To lower for a moment the natural bactericidal power in the presence of the ubiquitous *B. typhosus* is to invite disaster.

The Positive phase.—After the negative phase there follows a condition of blood in which the bactericidal power is exalted to above the normal, supposed to be due to the appearance in the blood of newly-formed antitropic substances, which enhance the bactericidal, bacteriolytic, and opsonic powers of the blood. This is the positive phase.

In other words, the inoculated person is now assumed to have acquired a resistance to the inroads of the *B. typhosus* greater than he possessed before, and the object

* Leishman, Harrison, Smallman, and Tulloch. "An Investigation upon the Blood Changes following Antityphoid Inoculation," *Journal of Hygiene*, vol. v, 1905, p. 380.

of inoculation is attained. It is too much to hope that such a person possesses a protective immunity that renders him proof against enteric fever under all circumstances, but surely we may assume that he is as well, or probably better, protected than the person who has the highest natural immunity. It is quite common for the older officers who have served in India to boast of a certain degree of immunity, supposed to be due to age and exposure to repeated infection. Advanced age is a weak reed to lean upon, but it is quite possible that a relatively high positive phase may be acquired by exposure to infection in the course of time.

Wright induced a marked negative phase by the swallowing of a dose of vaccine, and this was followed by a moderate positive phase. He comments on the explanation of the acclimatisation strikingly shown by the records of the Army in India by the occasional ingestion of bacilli into the alimentary canal.

An important question now requires answering. How long does this positive phase of immunity last? No very decided evidence on this point is at present forthcoming. Wright makes the statement, based on returns in 1900 relative to the garrisons in India and Egypt, that the protective influence may extend into the second year after inoculation.

Agglutination is frequently found two years after inoculation. In Leishman's "D" group of men who had been inoculated five years before, a very small dose of vaccine was followed by a decided positive phase, suggesting a persistence of bacteriotropic elements, easily reinforced.

We must here take account of the curious effect on the bacilli known as agglutination or sedimentation. When the serum of a person during an attack of enteric fever, and after, for an unknown period, is mixed in suitable proportion with an emulsion of living bacilli, it is found that these bacilli cease to move first, and then, after a time, gather together in clumps or clusters. This operation can be observed on a microscope slide, and is now the recognised method of diagnosis associated with the name of Widal. The same operation may be observed on a larger scale in tubes, when the clumped bacilli fall to the bottom of the tube, leaving a clear upper layer of fluid in the process of sedimentation practised by Wright.

Now it is a curious fact that the phenomenon of clumping can be observed equally well whether the emulsion contains living or dead bacilli, so that the emulsion prepared for inoculation can be used for diagnosis, and I employed it repeatedly for this purpose during my service in South Africa. This property of the dead bacilli in serum diagnosis of enteric and Malta fevers was recorded by Wright and Semple as long ago as 1897.* It would, therefore, appear that clumping or agglutination is in some sort a

* Wright and Semple. *Brit. Med. Journ.*, 1897, vol. i, p. 1214.

physical or mechanical process, analogous, perhaps, to the familiar rouleaux formation of red blood corpuscles.

Nevertheless, before clumping can take place we may assume that the bacilli must die, and therefore agglutination or sedimentation may be taken to be a measure, to some extent, of the bactericidal power of the blood, and in this capacity it was employed by Wright in his earlier account of the effect upon the blood of inoculation.*

It is evidently only one side of the question, and a much less important one than the accurate measurement of the bactericidal and bacteriolytic power to be referred to shortly. For instance, agglutination gives no hint of the negative and positive phases. It appears during the course of the disease about the eighth day, and it continues for months after. It appears also after inoculation, and in my own case it was feebly present thirteen months after.

An individual may have a high degree of immunity naturally, and therefore, presumably, a high bactericidal power, and yet present no phenomena of agglutination.

Moreover, cases of enteric fever occur occasionally in which no agglutination reaction can be obtained at any time. I have lately had such a case under my care, in which the accuracy of the diagnosis was confirmed *post mortem*. The patient died of gangrene of the lung, but there was well-marked ulceration of the Peyer's patches.

It is interesting to read that Leishman and his co-workers found agglutination regularly occurring nine days after inoculation, suggesting a parallel between the condition in this respect in enteric fever and inoculation.

They further suggest that the degree of agglutination may afford some index of the amount of other protective substances, an observation of considerable value.

Estimation of bactericidal power.—It is impossible for me to do more than indicate the lines of the methods by which the bactericidal power was estimated by Leishman. The method is highly technical, and could only be performed in a first class laboratory.

1. Blood was drawn from the patient, and after incubation at 37° C. for two hours the serum was separated from the clot by centrifugation.
2. A stock culture of *B. typhosus* in broth of twenty-four hours growth, and of, as nearly as possible, constant strength was always ready for use. This was diluted to 1—10,000 with as nearly as possible a constant number of bacilli to the cubic centimetre.
3. The patient's serum was diluted with sterile salt solution to 1—5, 1—10, 1—15, and so on to 1—40.
4. Equal volumes of these dilutions and the 1—10,000 broth culture were mixed and incubated in sealed pipettes at 37° C. for one hour. During this time the bacilli of the culture were killed or not according to the degree of dilution. The contents of each pipette were then blown out upon the agar plate and incubated for twenty-four hours. Dilutions of 1—5—30 were nearly always sterile, but with a high bactericidal power a dilution of 1—90 even was sterile. If not absolutely sterile, the number of colonies would afford some index of the degree of action of the serum upon the bacilli. One colony only, for instance, in twenty-four hours indicates a high bactericidal effect.

Dosage.—Without entering too closely into details the

* Wright and Semple, "Remarks upon Vaccination against Typhoid Fever," *Brit. Med. Journ.*, 1897, vol. i, p. 256.

first step towards accurate dosage must be the standardisation of the cultures.

In the earlier days of inoculation the dosage was determined by the lethal effect of a measured quantity upon a certain body weight of guinea-pig; thus 1.5 grammes of the emulsion provided by Prof. Wright for the South African war, was sufficient to kill a guinea-pig of 250 grammes, and the dose selected was that lethal to 100 grammes of guinea-pig, *i. e.* about 1 gramme. This method was supplemented—a measurement of the opacity of the emulsion—by means of an apparatus devised by Col. Leishman.*

Owing, however, to the variability of the resistance of guinea-pigs to the toxin, and also to the variations in the opacity due to autolytic processes, neither of these methods were entirely satisfactory. Prof. Wright † now makes use of a more accurate and most ingenious method of counting the bacilli, in every case in twenty-four-hour cultures so as to anticipate autolysis. He now uses only strains of bacilli which give in twenty-four hours of growth a culture of 1000—2000 millions of bacilli to the cubic centimetre.

Having attained a satisfactory degree of accuracy in standardisation of the vaccine, the dosage becomes more or less a matter of experiment. We may take for our guide the dose, in terms of millions of bacilli to the cubic centimetre, which will ensure, in the shortest possible time, a marked positive phase, and this can only be determined by the actual estimation of the bactericidal and bacteriolytic power which, however, may be approximately guessed at by the degree of agglutination or sedimentation observed at about or after the ninth day after inoculation.

It does not follow that a marked local, general reaction, indicating probably a well defined negative phase will, in due course, be succeeded by a satisfactory positive phase, even though agglutination be also firmly established. In fact the most satisfactory results appear to follow comparatively slight doses, with re-inoculation after a suitable interval with a stronger dose. Wright advises two inoculations, the first with a quantum of vaccine containing 750—1000 millions of bacilli to the cubic centimetre, the second with one containing 1500—2000 millions.

In the later work in this direction of Leishman and others ‡ the dosage was carefully noted, and as this question is one of great importance I venture to quote the actual figures.

The total strength of the 2nd Battalion Royal Fusiliers on sailing for India was 5 officers and 358 N.C.O.s and men; 106 volunteered for inoculation, and of these 86 were re-inoculated.

Of these, four groups were selected for daily examination of blood with regard to bactericidal, opsonic, and agglutinative effects. The serum in equal quantities from the individuals of each group were mixed or "pooled."

The dosage was as follows:

Group A.—A small group. Large dose, comparatively, probably much less than was used in the South African war.

1st inoculation	. 66 c.c. = 1133 million bacilli.
2nd "	. 125 c.c. = 2125 "

In these men there was moderate, general, and local reaction in no case severe. Re-inoculation symptoms still more moderate.

Group B.—Medium dose. That used for the larger number of the men volunteering.

1st inoculation	. 33 c.c. = 566 million bacilli.
2nd "	. 66 c.c. = 1133 "

Symptoms less severe than in Group A, but the local reaction was more marked than the general, and this was even more noticeable after re-inoculation.

Group C.—Small dose. This was used on six boys, average age 17 years 1 month.

1st inoculation	. 1 c.c. = 170 million bacilli.
2nd "	. 2 c.c. = 340 "

Symptoms moderate after first inoculation, and decidedly more severe after re-inoculation.

Group D.—Five N.C.O.s previously inoculated five years before.

1st inoculation	. 01 c.c. = 17 million bacilli.
2nd "	. 1 c.c. = 170 "

After the first inoculation there was no appreciable reaction at all. After the second there was a slight local reaction only.

In all these groups a satisfactory result may be said to have been attained—that is, only slight local and constitutional symptoms, absence of negative phase at least after sixteen hours, marked agglutination, and a firm high positive phase. The fortunes of these men will be followed in India, and it is to be hoped that they will form the subject of a further communication.

A great deal has been written already upon the statistics of inoculation, too much for me to deal with now if I felt any inclination that way. But it is well to bear in mind that no amount of ingenuity or acumen in the management of statistics will even make unsound data into sound ones.

I maintain that at present the data upon which to found reliable statistics as to the real value of this procedure are not yet to hand, and I doubt whether they will be forthcoming for many a year yet.

The largest experiment on the subject is furnished by the experience of the South African campaign. But let me point out the weakness of the data.

The dose of vaccine was admittedly too large; the existence of a negative phase, full of pitfalls, was unsuspected at the time. Second inoculations were rare, and considering the suffering consequent on the first this was not surprising. The operation was performed more often than not too soon before exposure to infection.

The actual returns of the inoculated and uninoculated are open to suspicion, depending for accuracy, as they mostly did, upon the mere statement of the soldier, who might easily confuse antityphoid with Jennerian vaccination. There is, moreover, another inherent defect which must vitiate all South African figures, namely, the extreme difficulty in diagnosing enteric fever in its milder forms. Numbers of cases of the true disease must have been returned as simple continued fever. I know this because many such cases came under my own care, but which gave a Widal reaction, or ultimately declared themselves as clinical enteric fever. Many of these mild undiagnosed

cases may have been inoculated, and by their very mildness should strengthen the case for inoculation.

Lastly, except in small self-contained units like the private hospitals and their staffs and one or two regiments, no reliable account so far as I know was kept of the inoculated who did not ultimately fall victims to the disease. Prof. Wright, with an enterprise which compels the greatest admiration, supplied gratuitously 400,000 doses of vaccine during the war, so that it would appear that a vast number of inoculated men have been lost as statistical material.

Yet in spite of these weak points the records such as they are seem to indicate a balance in favour of inoculation. When such figures are available the incidence of the disease with few exceptions among the inoculated is considerably below that of the uninoculated, in many cases about half. Further, the case mortality of the inoculated comes out at much less than that of the uninoculated, so that the death-rate of the former appears to be less than half that of the latter.

The figures such as they are will be found in Prof. Wright's book, and in an admirable article by Netter.*

My own experience with the Portland Hospital biased me strongly in favour of inoculation, but I am quite aware the numbers are too few for convincing generalisation. Moreover, the taint in the data above alluded to exist in my own figures equally with the others.

During our service in South Africa we had under our care 232 cases of enteric fever. Fifty-four were said to have been inoculated, and four died, or a percentage of 7.4. One hundred and seventy-eight had not been inoculated, and twenty-five of them died, or 14 per cent.

The officer patients, and the hospital personnel are included in these figures, but, if we take them separately, we find other indications in favour of inoculation.

The officers as a body offered themselves freely for inoculation. We had under treatment thirty-four officers with enteric fever; twenty-one had been inoculated, and twelve had not been inoculated. Of the whole number only one died, and he had not been inoculated.

The personnel of the Portland Hospital was that usual for a base hospital of 100 beds, namely, medical staff 5, sisters 4, N.C.O.s, privates, and servants 32, a total strength of 41.

Twenty-eight of these were inoculated by us on the voyage out, including all the medical officers except one. Nine of the privates contracted enteric fever; two of them had the disease very severely, and one of these two died; both of them had refused inoculation. The others, who had been inoculated, had the disease very lightly. The sisters, who had come out by another ship, had not been inoculated, and one of them caught the disease in rather a severe form, but happily she recovered.

These figures, I am quite aware, would not convince a statistician, but I cannot help thinking that, as medical men, we must go below statistics. We have to supply the material for the statistician, and we should be convinced of the value of a procedure long before it can be confirmed by statistics such as might convince the man in the street. The medical profession as a whole had surely ganged the real value of vaccination years before it could be brought

* Netter, *Bulletin de l'Institut Pasteur*, vol. iv, 1906, p. 873.

* Leishman, *Brit. Med. Journ.*, January 30th, 1900.

† Wright, *Lancet*, July 5th, 1902.

‡ *Op. cit.*

to the test of statistics, and even to this day the figures fail to convince many minds.

It should be sufficient for our present guidance to be assured that inoculation will raise the bactericidal power of the blood with a reasonable degree of certainty; this is the bedrock of the whole matter. Even now there are doubting spirits who suggest that a high bactericidal power does not necessarily connote immunity any more than a decided agglutinative reaction implies a corresponding bactericidal power.

Be this as it may, I ask you, Mr. President and Gentlemen, what would you do if you were called, as any of you may be, to serve in a region of enteric fever infection, a region in which the bacilli may not only be present in your drinking water, but in the dust which is blown over your food, into your mouth and lungs by every gust of wind, are you going to wait until the statistician has convinced the world of the efficacy of inoculation?

Let me answer the question. Three weeks at least before leaving this country I would be inoculated with a moderate dose of vaccine, say, following Leishman's practice, one of about 563 millions of bacilli to the dose. In about ten to fourteen days I would have another injection of stronger bacillary content, say of about 1133 millions of bacilli, or about double the strength of the first. I should then be prepared to find a marked agglutinative reaction in my blood and a raised bactericidal power, and I should feel that, though not proof against a virulent infection, at any rate, I should be in a better position to withstand infection than I was before inoculation, and that is all I should expect in the present state of knowledge. I cannot but believe that ultimately the figures will come out so in favour of the procedure that all will be convinced.

John Mapletoft.

By J. A. NIXON, M.B., M.R.C.P.



LOCKE, SYDENHAM, and MAPLETOFT! Truly a goodly trio who represent the best side of English life and character at a period when religious and political dissensions separated the closest of friends, and shattered even the family ties. To the two first-named recognition has never been denied, of the third but little is said although much information exists of the man and his life.

These three men stand out pre-eminent in the restoration of learning to which the Civil Wars and the Commonwealth gave so notable an impulse. Politically they took different sides, on religious questions they would perhaps, be reckoned as far apart, yet on the common ground of letters, science, and the healing art they found a uniting force which

neither civil strife, nor the death of the King, nor the intrusions of the victorious parliamentary party into their own University circles could shake. Not that their convictions were weak, nor that they stood aloof from the strife in an atmosphere of philosophical detachment; Sydenham the prince of practical physicians, was first of all, the "Puritan Captain," and had lost not only his brothers but even his mother at the hands of the Royalist soldiery, while Mapletoft was of the old cavalier stock, his family had entertained the King, his religion was of the older form not owning the sway of the Pope but liking ill the too ardent reforms of nonconformists and independents.

So they upheld their principles, and each took active part with the side to which his conscience and convictions directed him, and the very strength of their partisanship and the honest foundations on which it rested fostered their respect for each other, and contributed to forming their friendship; till at the end of the struggle it is difficult to realise from their letters and allusions to one another that the Civil War had seen them politically at variance.

It may have been their earlier University life and surroundings that left them with more than their share of sweet reasonableness, and a tolerance of views opposed to their own, for each had, strangely enough, graduated at the University least in sympathy with his religious convictions and political prejudices; Oxford had contributed to the moulding of the stern Parliamentarian, Thomas Sydenham, whose family and associations all lay in the rebel West Country, and it was to Trinity College, Cambridge, that John Mapletoft had been sent, although he belonged to the Anglican Catholic stock, of which Nicholas Ferrar was the parent and brightest exemplar.

Nicholas Ferrar and his community of the faithful at Little Gidding provide a strange picture of piety and monastic life at its best; Ferrar, with his sister and his brother and their children, living by Christian rule and practice apart from the world yet active in their labours in the world, not cut off from intercourse with their fellow men as in some cloister, but by their labours rescuing a ruined Huntingdon church and almost deserted village from obscurity to a lasting place in the history of the Anglican revival. Nicholas Ferrar, the founder of this strange family-community, was the great-uncle of John Mapletoft, who was born in 1631, and was sent to Westminster to be educated by Dr. Busby whose sympathies were unrestrainedly royalist; to Little Gidding came the King when, in 1646, he fled for refuge from Oxford, and in the same year the parliamentary forces ransacked the Church and house of Gidding, while the family escaped by flight from their hands.

Young Mapletoft cannot have passed through such years without sharing in the resentment of his family at these acts of the (to them) rebel army, though during some part of the time he was abroad in Italy studying medicine. The

original intention of educating him for Holy Orders had been abandoned when Cromwell's successes brought low the hopes and aspirations of the Church party.

It was a strange shuffling of destinies that brought John Mapletoft from Cromwell's own county and Cromwell's University, bitter with Cavalier indignation against the Roundheads for the sufferings of his family, a man marked perhaps, as one of the King's own men, to form so firm a friendship with the puritan captain, Sydenham, who had returned to Oxford in 1646, when the turn of the wheel drove Charles I for safety to Mapletoft's home in Little Gidding.

Becoming acquainted during the course of their practice in London, for physicians were few in those days, and Linacre's College drew them into close touch (probably about the year 1667), Mapletoft soon introduced his lifelong friend, John Locke, to Sydenham.

Locke was a Somerset man, born in Wrington in 1632, and educated at Westminster School, where he formed that lasting friendship with Mapletoft which extended even to the members of their families. Sydenham was eight years Locke's senior, but there is reason to think that his name and reputation were well known to him, for Locke had studied at Montpellier under Barbeyrac, an "extra-mural" teacher with whom Sydenham is said to have worked, and Locke indeed comments on the similarity of their methods.

Before 1666 Gilbert Havers had translated some of Sydenham's writings into Latin, but after that date Mapletoft, a scholar whose Latin orations are gems of diction even for the revival of letters at the Restoration, seems to have been responsible for the language in which all Sydenham's works were published, and in which alone we possess them.

To Mapletoft is dedicated the third edition of his *Observationes Medicas* (1684), where Locke is referred to in these words:—"Nosti præterea, quam huic meæ methodo suffragantem habeam, qui eam intimius per omnia perspexerat, utriusque nostrorum conjunctissimum Dominum Johannem Lock." In the course of time Mapletoft became Gresham Professor of Physic in London, and we have a letter written to him by Locke in jocular mood suggesting that, were Mapletoft to contemplate matrimony and retire from the Professorship, Locke would not be sorry to step into the vacant post at Gresham College in his stead. Mapletoft however, did not marry until October, 1679, when Rebecca, daughter of Mr. Lucas Knightley of Ilackney, a Hamburg merchant, became his wife.

In 1675 Sydenham mentions Dr. Mapletoft, "Amicissimus mihi vir dominus Dr. Mapletoft," as having seen some cases of smallpox with him; still, in spite of his high position as a teacher of medicine, and notwithstanding his practical attainments in the art and practice of healing, it was for the Church he had been bred; he had lived in the atmosphere of the religious tervour at Little Gidding, and

to Holy Orders in the Church he eventually returned. The Gresham Professorship he resigned in 1679, and, after retiring into the country to prepare himself in quiet for his ministry, was in 1682 appointed to the living of Braybrooke in Northamptonshire, where to this day the schools profit by his generosity. In 1685 he was induced to accept the living of St. Lawrence Jewry, the parish of his old college in London. Such of his writings as remain belong to this period, and consist of religious works showing a practical and devout piety.* In 1720, in his ninetieth year, the last survivor of Nicholas Ferrar's household at Gidding died, "his body decayed gently, and his mind not at all."

The mutual influences of the three minds, so differently constituted, and developing side by side upon such diverse lines, are hard to realise. Yet in each man's life we can see the best of his friend's intellect reflected; Sydenham, the keen-witted, practical physician, submitting everything to the test of experience and actuality, ignoring all "systems" of medicine, despising, it must be confessed, even the Harveian developments of physiology and the Oxford School of Anatomy (of which he can scarcely have failed to hear), a hard fighter when occasion arose as the siege of Weymouth showed, and a man of the deepest religious principles, yet possessed so little of the bigotry of his age, that he could, even at the Restoration, contract a warm friendship for John Mapletoft, a man of quite other views. Mapletoft's tastes, indeed, had led rather to the cultivation of medicine as a philosophy, making it more a branch of "letters" than an applied science. He was no less well versed in classical literature, and we have seen how, at the end of a successful career as a teacher of medicine, he retired, still in the prime of life, to a country parish, and applied his acknowledged talents to the divine ministry, and showed in no stinted measure "the life that was in him." The third friend, John Locke, the "man of a turbulent spirit, clamorous, and never contented, scorning to take notes from the mouth of the master, but for ever prating and troublesome," as he is represented when a student by Anthony Wood—how came he to be of this little fraternity? He, too, had studied medicine, but, perhaps on account of his uncertain health or his "turbulent spirit," he scarcely embarked upon the practice of it, being attracted rather to the study of abstract philosophy by the teachings of Descartes, so that we remember him chiefly by his writings *On the Human Understanding*.

Perhaps the triumvirate felt that each supplemented what was lacking in himself, and truly, never did three friends so completely cover with their knowledge the whole field of man's greatest study as did Sydenham, "the prince of practical physicians," Locke, "the founder of our analytical philosophy of mind," and Mapletoft, Gresham Professor of Physic, a founder of the Society for the Propagation of

* See also *Lives of the Gresham Professors* (Ward) for certain medical orations.

the Gospel, through whose pious hands were preserved *The Story Books of Little Gidding*,* in whose Latin translation Sydenham's works have come down to us, and to whom Locke wrote, "I like our calling the worse since you have quitted it."

Abstract of a Lecture on Chorea.

Delivered by Dr. A. E. GARROD, on February 11th, 1907.

TO use a German term, chorea may best be described as a "symptom-complex." Various symptoms go to make up the clinical picture, of which the inco-ordinate movement is only one—the most obvious, but in many vital respects the least important. All the symptoms must be regarded as being due to a single morbid event. This morbid event is a manifestation of rheumatism. The old controversies as to the relation of chorea to rheumatism have now practically died away, and there is little doubt that acute rheumatism is a general systemic infection, and that even the chorea of pregnancy is rheumatic in origin.

It will be convenient to arrange the symptoms of chorea into the following four groups:

- (1) The inco-ordinate movements.
- (2) Loss of motor power.
- (3) Emotional and intellectual symptoms.
- (4) Cardiac and articular lesions.

The motor phenomena will only briefly be considered here. In nearly all cases the nature of the movements makes the diagnosis easy, although they may vary in degree from slight twitchings to the most violent muscular disturbance. Yet diagnostic errors may be made. The commonest is the mistaking of habit spasms for true chorea. Although such habit movements may be generalised, they are more often confined to a limited area, and the same movement tends to be repeated over and over again. Huntingdon's chorea and post-hemiplegic chorea may also be mentioned as conditions which simulate true chorea.

The movements not only affect the face, trunk, and limbs, but also extend to involuntary muscles, as in chorea cordis (which is quite distinct from the gross cardiac lesions of chorea), and in the inequality of the pupils and the oscillating movements of the iris. Often when accommodation takes place the iris seems to struggle to contract, and the contraction is interrupted by irregular expansions of the pupil.

The knee-jerks may be much exaggerated, or natural, or absent, or they may be "hung-up." The latter is the most characteristic form; in this the response is brisk, but relaxation is much delayed.

* 'The Story Books of Little Gidding,' Seely and Co., 1890.

The paralytic phenomena are common, and are not to be confused with the ordinary muscular weakness of inco-ordination. Where there is much loss of power at first, and but little choreic movement, it not unfrequently happens that a case of chorea is in the first instance diagnosed as one of hemiplegia or paraplegia. In severe attacks the weakness during convalescence is very marked and persistent.

The mental and emotional phenomena also vary greatly in degree. Most choreic patients are unduly emotional; little things upset them, and they cry or laugh on the slightest provocation. It is probable that the apparent determining causes of chorea—school strain, excitement, and fright—are in reality symptoms of the disease, the unstable nervous system making the patient sensitive to slight shocks and strains.

In most cases there is considerable mental impairment. The face often assumes a peculiar vacant expression. There may be gradually increasing apathy, leading to stupor, which may last for weeks without choreic movements of any note. In the so-called "dumb chorea" the condition is quite distinct from the common jerky and indistinct speech due to inco-ordination. Here the speechlessness is due to an inability to bring into action the nerve mechanism of speech, and is akin to aphasia. These are among the most grave cases of chorea. The body wastes, and if the patient recovers convalescence is slow, and accompanied by much muscular weakness.

In other cases—usually those of older subjects—the mental disturbance is of a more active type, and any degree of excitement up to acute mania may be present. Chorea in patients over sixteen must never be regarded as trifling, however slight the initial symptoms may be. In such cases grave events may develop very rapidly at any time.

Cardiac and articular phenomena.—Of these the former are by far the more important. Irregularity of rhythm has already been mentioned, and hæmic murmurs are not uncommon, a fact which should be borne in mind.

A very important condition is acute cardiac dilatation of myocarditic origin, on which Dr. Lees was the first to lay stress. Such dilatation, evidenced by increase of the area of dullness to the right of the sternum, is a very common early symptom even when no murmur is present; and the admission of cases of chorea to hospital may well be guided by the presence or absence of dilatation. The development of a murmur, usually apical and systolic, commonly follows, and shows the presence of active endocarditis. When the heart was already damaged before the attack, the lesions may be greatly aggravated by fresh disease—endocardial, myocardial, or pericardial. Severe heart lesions are the gravest accidents of chorea, and contribute the bulk of the fatal cases.

The joint symptoms are usually slight. They may pre-

cede or follow the onset of chorea. I can recall no case of associated arthritis which give rise to serious pain in consequence of the inco-ordinated movements.

Treatment.—Almost every known drug has been used in chorea. Time will stop the movements; so will arsenic in toxic doses, at least for a period. But the inco-ordinated movements are not the most important part of the condition, and if chorea is regarded in its wider aspect less importance will be attached to the control of these movements, and we shall be less inclined to measure the value of treatment by this standard.

Absolute rest in bed is essential in cardiac cases so far as the movements will allow. In grave cases nursing is of the first importance. As a routine treatment salicylate of soda is the most rational drug to employ. If considerable doses are given it is well to combine it with an equal quantity of sodium bicarbonate to avoid toxic effects. In severe mental and emotional cases a short course of chloral often proves useful. For sleeplessness bromides may also be used, together with chloral.

In some cases in which drugs have been used extensively, rapid and permanent benefit seems to arise from the stoppage of all medicines. Generally speaking drugs, other than salicylates, should only be employed for symptoms and in times of danger; and the general health, the mental state, and the condition of the heart should be our chief guides in treatment and in prognosis.

The Devout Fisher.

Being the third of the series of articles on the Recreations of Medical Men.

THERE is a temperamental perversion which shows itself in a contemptuous attitude towards coarse-fishing. This condition is a natal curse, like the tendency to versify; it is an analogue of club-foot and spina-bifida, but graver than these since surgery—I speak with submission—cannot remedy it. Fortunately it is rare, and most people will agree with me that to be born a coarse-fisher is an asset of no mean order, particularly when the purse is shallow, and if, like me, they fulfil the qualification, they will embrace their endowment with becoming gratitude. This endowment varies, of course, even among the elect, and for my part I recognise that there are heights in the business to which I can never aspire. A visit to the Zoo on a cold winter day is enough to confirm my fears that I am only relatively blessed. There one may see heroic souls seated by the unalluring waters of the Regent's Canal, clearly frozen but stolid and composed, placidly watching their floats for hours together. This is a devotion above my mean capacity, but I never sneer at these fellow-

craftsmen, as I observe is the custom with frivolous persons. I should as soon think of sneering at a millionaire.

There is, however, a kind of coarse-fishing within the reach of those whose gift of faith is less pronounced. It is to be found in clear but weedy streams of no distinction and of little depth, where one may watch the fish one angles for. This kind of fishing is, in its way, a fine art, for when the angler can see his fish the converse proposition is likely to obtain, and a large roach is of the shyest. Besides, the possibility of observing the hesitating approaches of prospective victims fills with entertainment those intervals between actual bites which, to people of ordinary calibre, make bottom-fishing a tedious and even ridiculous undertaking.

With this preamble permit me to present three quarters of a mile of river in the Eastern Counties. Its average depth over this stretch is, I suppose, some two feet, and its average width about twelve feet: yet it is honoured with a name. It is entirely controlled by a mill, with the result that when the miller—an irregular and bibulous gentleman of indifferent merit—wakes up to his duties the current is quite brisk; at other times it dawdles to such an extent that an ugly scum of vegetable and other particles soon, in a dry summer, obscures its virtues. The greater part of the stream, by far, is choked with fallen trees and weeds of all descriptions, and much overgrown by bushes at the margin. There are, however, three or four deepish holes from which I never succeeded in taking anything of note.

It will be plain that this is no ordinary river. Even the local anglers shun this stretch, for it is impossible to fish it in the orthodox fashion with three rods out, a stool to sit on, and a jar of ale, since the few pools susceptible of such treatment contain no fish worth mentioning. This I discovered by the waste of several days of my novitiate, so I did at last what a wiser fisher would have done at first, and on a certain sunny day went prospecting without a rod.

I was rewarded by the discovery of three shoals of roach of incredible size (using the adjective with the license of a fisherman). But they occupied swims situated in the most inaccessible parts of this inaccessible river. The largest lived in a gravelly swim about thirty feet long and two feet wide at the very edge of the stream. This swim was never, even in the miller's most strenuous moments, more than a foot deep, and was overhung by a dense hedge of thorn-bush which drooped in places actually on to the surface of the water. With the exception of this narrow strip the whole width of the stream was thick with weeds, many of which stood well above the water-level and proved a sad obstacle to the proper casting of the hook. The opposite bank was also pretty copiously fringed with bushes and was cruelly steep to boot, but there remained on this side one spot from which a bait could be cast with success. This was at the foot of an alder tree, whose upper branches con-

tributed to the physical difficulties of the situation by preventing me, as a rule, from raising the point of my rod sufficiently to swing the bait across to the other side. I have no hesitation in saying that this particular cast was not feasible except as a result of rigid specialisation. I specialised, and ultimately became so expert that I could rely upon dropping my bait precisely where I wanted it about a dozen times or so in a long summer day. At these happy epochs I might have been seen depending precariously by one arm from the lowest branch of the alder, while with the other I held out my rod as far as I could reach; for the shortness of line, necessitated by the entanglements, made it a hard matter to keep the bait in position even when I had it there. This was a very tiring job, but, in course of time, I developed my deltoid to an unspeakable extent.

The larger fish were shy, as all large roach in shallow waters seem to be whether they have been much fished for or not. I could watch them swimming negligently to and fro over my paste, which lay, with a good length of cast, quite on the bottom, and expected at each return to be repaid for my muscular expenses. Occasionally some adventurous spirit would detach himself from the rest and inspect my offering, but the most enterprising were, of course, the smallest, so it was frequently necessary in the most subtle and genteel manner possible to drag the bait away from them before the hook had become exposed, and this without communicating alarm to the patriarchs. At last would come the rare occasions when a fatal curiosity of appetite attacked a veteran, and I would watch him swim cautiously up. (At this point I must, in deference to the best authors, assume the "historic present" form of narrative, for I find that no patriarchal fish of any dignity has ever been dealt with in the less dramatic fashions of speech.) Down (therefore) goes his head: he mouthes the morsel, and at last, assured of safety, swims easily away with it. Now comes the crucial moment. There is no possibility of keeping a tight line under such circumstances. One has no alternative but to wait for the departing fish to tighten it before striking becomes practicable. Will he, delicate feeder as he is, detect the weight of the gut he is dragging after him and eject the bait before the line is tight? He does! He doesn't! He does! No, he doesn't—the line is tight, and glory be to patience! To resume. They say that a hooked roach has no courage, and it may well be that he is relatively tame. Still, on a fine cast and in a river full of weed, he can stir the pulses of a simple-minded person. The largest roach I took weighed only eighteen ounces, but I knew him so well by sight before I succeeded in catching him that I would not have taken in exchange a stranger fish of twice the size.

This same blessed stream housed a few small jack, none, I fancy, over three pounds in weight, except perhaps a fabulous creature, which broke one of our party, and was

never seen again. These, like the roach, did not affect the deeper pools, but lay for the most part in the shallowest waters among the weeds. I fished for them with live-baits and caught a good many, dipping not more than a foot or so below the surface for fear of getting foul. Such surface fishing can, of course, only be successful in a dim light, between tea-time and dinner, but I was immensely entertained by it, by virtue of my endowments aforesaid.

Before concluding this brief record I must, in honesty and to prove my discrimination, mention that I met one day a kind of coarse-fishing which almost repelled me. This depressing experience occurred on the private waters of a large deep mere, and was the result of my catching nothing but bream. The bream is a disgusting fish in my humble estimation. He can command at a moment's notice a supply of mucus which makes the handling of him far more odious than dealings with an eel. Withal he is so invertebrate that representatives of the race running to a large size show less fight than roach of quite diminutive proportions. Altogether he is a poor creature, and I shall not feel it if I never catch another. But the day was glorious, and the place quite singularly beautiful, so I try to fight down my prejudices against our only victims of that day.

W. P. S. B.

The Abernethian Society.

January 31st, Mr. G. E. Gask read a clinical paper on "The Shape of Joints as influenced by Disease."

Mr. Gask first demonstrated in a healthy subject the natural appearance of the knee, ankle, elbow and shoulder joints.

Four cases of tuberculous knees were then shown, and the characteristic appearance of the joint, the obliteration of the hollows at the sides of the patella, the fusiform enlargement of the joints, its even outline and the muscular wasting were demonstrated. The same changes were illustrated in the ankle-joint and elbow.

Mr. Gask then dealt with osteo-arthritis, the lumpy appearance of the joint being well demonstrated. An elderly man with osteo-arthritis of the hip-joint was shown.

In conclusion, Mr. Gask contended that in many cases of diseased joints, the alteration in the shape of the joint was so characteristic of the disease as to form sufficient grounds for diagnosis.

In the discussion which followed Messrs. Wilson, Haldin Davis, Gordon Watson, Smallhorn and Almond took part.

Mr. Gordon Watson was unable to accept Mr. Gask's views with regard to the diagnosis of diseased joints from their shape alone.

On February 7th, Dr. C. M. H. Howell read a paper on "Hand Atrophies."

Dr. Howell recognised five classes of hand atrophies, those due to cerebral lesions, to cord lesions, to root lesions, to peripheral neuritis, and finally, the myopathies.

The cerebral and myopathic groups were soon dismissed, and Dr. Howell then dealt with the peripheral neuritis group, caused by traumatism, the intoxication of lead, arsenic and alcohol, and by lepra and tabes.

Of the root lesion group, the cases of cervical ribs came in for most attention.

Finally, the largest group, those due to lesions of the spinal cord, Dr. Howell divided into cases with sensory symptoms, and those

without: the former group comprising syringo-myelia, hæmato-myelia, Pott's disease, tumours and fracture dislocations; and the latter, progressive muscular atrophy, amyotrophic lateral sclerosis, infantile paralysis, and lead infection.

At the close of his paper Dr. Howell showed a series of lantern slides, illustrating the various types of hand atrophies, and in certain cases, the morbid changes in the spinal cord which accompany them.

On February 14th, Mr. R. Jamison read a paper on "Tuberculous Disease of the Bladder."

Mr. Jamison opened his paper with some remarks on the process of infection, and the line of spreading of the disease. On the clinical aspect of the disease he dealt especially with pain, illustrating his remarks by the notes of old ward cases. In the diagnosis of an early case Mr. Jamison pointed out the importance of the loss of weight of the patient, the evening rise of temperature, and the presence of small white flakes in an otherwise clear urine.

On the subject of treatment, the use of antiseptics was severely criticised and opium was advocated in order to keep the bladder at rest; suprapubic cystostomy should be reserved for hopeless cases. Mr. Jamison concluded his paper by referring to the use of tuberculin.

Mr. Wilson, in opening the discussion, deplored the constant use of the cystoscope in simple cases, and considered that localised pain was not of itself, typical of tubercle.

Messrs. Colt, Almond, Smallhorn, Ball, and Batt then spoke.

On February 21st a Clinical Evening was held, Mr. S. R. Scott having collected a series of interesting cases from the surgical wards of the Hospital. Mr. W. G. Ball (President) was in the chair.

The President showed a case of orbital tumour, probably a sarcoma.

Mr. Roberts showed a case of recurring lumps in the thigh, with glands in the groin and a swelling in the chest-wall. Microscopical report on the growths removed had been at first myxoma, later myxosarcoma, whilst the latest reports had been that the growths were pure sarcomata. Mr. Scott doubted the correctness of the term myxoma as used in the early reports, and considered the growths sarcomata which had undergone myxomatous change.

The President showed a case of abdominal swelling causing no symptoms other than pain. Mr. H. W. Wilson considered it a congenital cystic kidney. Mr. Stidston thought it a supra-renal tumour. Mr. Scott agreed that it was a cystic kidney, but did not think it could be congenital. The President considered it to be a supra-renal.

Mr. Barris showed a case of swelling of the breast which was generally considered to be a sarcoma.

Mr. Roberts showed a case of bony swelling of the femur following a spontaneous fracture which had failed to unite. It was thought to be a sarcoma.

Two nervous cases from the Electrical Department were also shown.

Arabian Nightmares.

No. 1.—THE HISTORY OF THE TEMERARIOUS YOUNG CHIRURGEON.

HERE was formerly, sire, a young surgeon who was possessed of great boldness and address.

Having one day an affair of importance to settle at a considerable distance from home, he mounted his Darrak, and repaired with all speed to his destination. Arrived at the threshold of the house of sickness he blew thrice upon his horn, and alighted from the chariot. A venerable physician of portly habit greeted him upon the doorstep, and, having blessed him, led the way to the bed-chamber. After he had surveyed the patient, the young surgeon closed his eyes, and, addressing the aged physician, he said, "For two days and two nights thou hast sat

upon him, and, behold, it is left to me to deliver him from the evil that has descended upon him."

When he had finished these words he arose, and, having prayed, he washed his hands and his feet, and sharpened his scymitar. The physician, alarmed by these menacing words, replied in trembling accents: "How can you say that I have sat upon him? I have but sat beside his couch, and stroked his hand, and prayed with him, night and day, soothing his pains with the inspissated juice of the unripe poppy capsule." "None the less," answered the other, "thou hast sat upon him; hold thy peace, dotard, the while I rectify thy negligence." So saying he advanced upon the sick man, brandishing his weapon. "Oh! young sir," cried the old man, weeping sorrowfully, "forgive me, for if I have done wrong I have done so innocently, and therefore I entreat you to pardon me, and suffer my patient to live." "No, no," answered the other, persisting in his resolution, "if there is but a little matter I will let it out, and, come what may, his appendix is mine."

When the physician, sire, perceived that his enemy was about to execute his purpose he cried aloud, "One word more, I entreat you; have the goodness to grant me a little delay while I go to my dwelling, which is hard by, and pray a little while, and order my affairs. Give me only half an hour, and I promise to return to this spot, and submit myself entirely to your pleasure." "Take Allah to witness of the promise thou hast made me," said the young surgeon. "Alas I swear," replied the old physician, and on this he left him and immediately disappeared.

On reaching his home the physician related faithfully all that had happened to him. His wife, hearing the sad news, uttered the most lamentable groans, and his children made the house resound with their grief. At last the physician overcame his misery, and thought of an expedient. Twisting the tendrils of a vine which grew against the wall of the inner court, he summoned to his aid the faithful genie Tele-phön, the slave of the Bell, and commanded him to lay the case before the Medical Protection Corporation, in the City of Bagdad, and to bring him an immediate answer.

Meanwhile the young surgeon impatiently paced the garden of the house of sickness reciting to himself passages from the Koran. At length the physician returned, and they went together to the bedchamber. "Are we ready now?" asked the young surgeon, divesting himself of his garments. "No," answered the other, "not until you have heard me out. Before you execute your intention answer me these questions. Have you counted his blood?" "No," said the surgeon with a glance of mistrust. "I have," said the physician, "and, furthermore, I have cast his opsonic horscope, and viewed the shadows of his bones upon the mystic screen. All these things have I done. Behold, I press upon his belly and the pains are gone. Go thou likewise, and—may Allah go with thee!"

Reviews.

THE NURSING. By PIERRE BUDIN, Professor of Obstetrics, University of Paris. Authorised translation by WILLIAM J. MALONEY, M.B., Ch.B., with an introduction by Sir ALEXANDER R. SIMPSON, M.D., LL.D., D.Sc. 111 diagrams in colour and other illustrations, 8vo. (London: The Caxton Publishing Co.) Price 21s. net.

The nursing is the term applied to infants from the time of birth to two years of age. This series of lectures by Professor Budin comprises the results of his experience and observation in the scientific feeding and treatment of nurslings over a period of many years. His methods are here described in as lucid a manner as to make it possible for anyone to understand them, and without much trouble to apply them to his own use.

The first four lectures deal entirely with children born before term. The author urges with much emphasis the great danger of allowing the temperature of such children to fall. These little infants should be put in incubators at once. The details of a good incubator are clearly set forth, a special point being made as to the necessity of having the infant so that it may be observed constantly for fear of cyanosis. The feeding of premature children is dealt with in a masterly fashion, especial attention being given to the results of overfeeding and underfeeding.

The fifth lecture deals with the value of constant and regular weightings of children after birth and the plotting on a chart of the results, comparing the curve formed with a normal one, thereby giving the mother or wet-nurse an additional interest in the progress of the child.

The effect on the child of the milk of women who are pregnant, or have albuminuria, or during the menstrual period, is discussed. The opinions as to the relative value of cow's, goat's, and ass's milk are valuable.

Professor Budin in most cases employs undiluted sterilised cow's milk even with quite young infants. He says he is unacquainted with the various complaints such as eczema, rickets, "undiluted milk dyspepsia," "infantile scurvy," among his patients which have been fed on undiluted milk. Breast-feeding is strongly insisted on wherever possible, and if the supply be not sufficient the addition, not the substitution, of cow's milk is advised.

The volume is a record of Professor Budin's personal clinical experience. The coloured diagrams, of which there are 111, illustrate all the points in the text, and add materially to its value.

The translation from the French is exceedingly clear, and the translator is to be congratulated on presenting a book which will rank almost, if not quite, among "medical classics." The book could be read with advantage by doctors, nurses, and those who are interested in the social problems of infantile mortality.

CIRCULATION AND RESPIRATION. By Sir LAUDER BRUNTON, M.D., LL.D., F.R.S., etc. 8vo, pp. 696 and xiii. (London: Macmillan & Co., Ltd.) Price 7s. 6d. net.

This volume constitutes the first series of Sir Lauder Brunton's collected papers on "Circulation and Respiration," and it is chiefly concerned with experimental work and laboratory researches. The book has been published in response to complaints that the author's writings are so scattered and unapproachable for purposes of reference; and to those who are either constantly or even from time to time referring to Sir Lauder's work this volume cannot but prove to be of the greatest benefit and value.

Naturally there is nothing new in the volume, but there is none the less interesting matter to read, and it affords an excellent history of Sir Lauder's scientific life and work, and it brings to light several forgotten papers. All who may read this short notice are already sufficiently well acquainted with the author's reputation as a leader of scientific research; and so it seems rather out of place for us to enlarge upon so well-known a theme.

The range of subjects is very great, though it is adequately represented by the title; and in addition to the somewhat dull but most essential details of experimental work, of which the conclusions are always interesting, there are many highly entertaining papers, such as "On the Science of Easy Chairs," "The Valvular Action of the Larynx," "On Irritants and Counter-irritants," "Cases of Exophthalmic Goitre," "On the Pathology of Night-sweating in Phthisis," and many others.

ANÆSTHETICS: THEIR USES AND ADMINISTRATION. By DUDLEY W. BUXTON, M.D., D.S., M.R.C.P. 4th edition, pp. 475, illustrated. (London: H. K. Lewis.) Price 7s. 6d.

Dr. Buxton's book has long been known as a standard work on the administration of anæsthetics. The fourth edition maintains the practical character of this handbook, and will, no doubt, be received by students and practitioners with the same favour as were its predecessors. The whole book has been revised, and additional articles have been introduced, notably those on desimetry in chloroform, on ethyl-chloride as a general anæsthetic, and on local analgesia.

The Vernon Harcourt Chloroform Regulator is well described, and the method of administration is clearly explained. Considerable personal experience leads Dr. Buxton to speak with favour of this apparatus. Ethyl chloride receives careful attention; of this anæsthetic the author says, and we think justly, that he believes it to be comparatively safe in suitable cases when properly given, but it may easily produce serious symptoms. He advocates dividing the dose in its administration.

We are not surprised that the simple method of giving chloroform which is taught at this Hospital is not described for Dr. Buxton wisely confines himself to those methods which he has himself tested; but we regret that no reference is made to the well-known nitrous oxide apparatus in general use at St. Bartholomew's and many other hospitals.

The chapter on Local Analgesia and Spinal Anæsthesia gives a concise account of recent methods and researches, and we note that the author, while recognising the uses of local anæsthesia, is not at all blind to its disadvantages. We are glad to be able to recommend this new edition of a practical and readable text-book.

SURGERY OF THE RECTUM. By F. C. WALLIS, F.R.C.S., Illustrated. (London: Baillière, Tindall and Cox.)

The text is, as a whole, clear, and the diagrams convey their intended meaning well, so that the reader has no difficulty in understanding what the writer wishes to convey. The author's name is a sufficient guarantee of the value of most of his statements.

If, as the preface states, the book contains some things not generally known, we can only congratulate ourselves again on our teachers and text-books. We have found little, if anything, we have not been already taught.

The exclusion from the category of fistulae of the "blind external" loses weight when one finds the statement that "all fistulae have an internal opening," preceded by the word "practically," and qualified by the adverb "originally." In the description of the operation of ligation wise emphasis is laid on (1) the removal of external skin tags, and (2) the danger of hemorrhage; but nothing is said of Mr. Cripps's method of doing away with this danger by his method of jacketting a tube.

The high place given to Whitehead's operation may seem strange to Bartholomew's men, but probably merits consideration. We are glad to see the iniquity of diagnosis without local examination so strongly emphasised. Amongst the few text inaccuracies we notice the common one in the use of the term "transfusion."

The book is not, and does not profess to be, a reference book on rectal diseases. It contains nothing more of its subject than does a good text-book on surgery, except an exaggeration of the personal equation and a consequent narrowing of outlook.

CANCER: ITS TREATMENT BY MODERN METHODS. Bradshaw Lecture for 1906. By EDMUND OWEN, F.R.C.S., Hon.L.L.D. (Aberdeen). (Baillière, Tindall & Cox.) Pp. 31. Price 1s. net.

In this lecture the treatment of cancer is reviewed from a general standpoint, but special reference is made to cancer of the breast, tongue, and lip. The writer points out the futility of X-ray and serum treatment, and advocates the free removal of the primary growth together with the associated lymphatic glands and lymphatic channels, whether or no they show clinical signs of infection. It will come as a surprise to his readers that the author does not consider it necessary to remove even the great pectoral muscle in carcinoma of the breast, although in other varieties of the disease the most thorough methods are strongly upheld. Some methods of palliative treatment for inoperable cases are also discussed.

AIDS TO SURGERY. By JOSEPH CUNNING, M.B., B.S., F.R.C.S. (Reprint.) Pp. 363. (London: Baillière, Tindall and Cox.) Price 4s. 6d. cloth, 4s. paper.

This is the second reprint of Mr. Cunning's little volume, which was reviewed in our columns on its first appearance at the close of 1903. In essence it is a clever condensation of Rose and Carless's larger *Manual of Surgery*, and as such we believe it has been of considerable service to students preparing for examination. There has already been a great demand for this *multum in parvo*, and if it is kept up to date we imagine that it will rank only second to the *Pocket Gray* in the hearts of medical students for many years to come. It would be almost impossible to boil down the principles and practice of surgery into pocket book form with greater success than has been here achieved.

THE PREVENTION OF CANCER AND ITS RELATION TO THAT OF SOME OTHER DISEASES AND CALAMITIES. By C. B. KEETLEY, F.R.C.S. (London: Baillière, Tindall and Cox.) Price 1s. net.

This small book of forty pages deals with the parasitic theory of cancer, and with those preventive measures that should be adopted in the event of that theory being proved to be the correct one. Incidentally the author brings forward certain views of sociological interest. Although patchy, this book will repay the perusal of anyone interested in these subjects.

We have received from the Hon. Secretary, Dr. Ogier Ward, the Thirty-second Annual Report of the Trained Nurses' Annuity Fund for Disabled Nurses, whose excellent work under the presidency of H.R.H. Princess Christian is only limited by the smallness of its subscription list. Among the patrons of this most deserving Fund we notice the names of two Bartholomew's men, Sir Thomas Smith, Bart., and Dr. de Havilland Hall, together with other well-known members of the medical profession.

Books for Review.

The following books, in addition to those reviewed in the present issue, were received during February:
 "Public Health Legislation," (2nd Edition.) Elliott.
 "On Intussusception," Clabbe.
 "Essentials of Histology," (7th Edition.) Schäfer.
 "Ellis' Demonstrations of Anatomy," (12th Edition.) Addison.
 "Text-book of Ophthalmic Operations," Grimsdale and Brewerton.
 "St. Bartholomew's Hospital Reports," vol. xlii, 1906.

The Clubs.

STUDENTS' UNION.

A Council Meeting was held on February 14th, 1907, Dr. Morley Fletcher presiding.

Present: Messrs. Miles, Horner, Batt, Griffin, Phillips, Stone, Page, Lynn, and Trevor Davies.

The election of Mr. N. G. Horner as Junior Staff Representative, *vice* Mr. Loughborough, resigned, was announced.

Mr. Horner was elected Vice-President in place of Mr. Loughborough, resigned.

The Council Election was fixed to take place on—

Monday, March 4th,

Tuesday " 5th,

Wednesday " 6th,

from 12.30 to 1.30 on each day. Messrs. Burra, Trewby, and Jamison were appointed tellers.

The Annual General Meeting was fixed for Tuesday, March 12th, at 12.30 p.m.

A letter was read from the Dean stating that the Medical School Committee agreed to the request that the new Students' Common Room be called "The Abernethian Room."

RUGBY FOOTBALL CLUB.

HOSPITAL RUGBY CUP TIE.

St. BART'S v. St. MARY'S.

The first round of the Cup was played off at Richmond on February 10th, resulting in a win for Bart.'s by 2 goals and 1 try to 1 try. There was a fair number of Hospital supporters around the ropes, but not nearly as many as there should be from a big hospital like ours. It is to be hoped that when Bart.'s play London on the 26th all good and loyal men will make a point of turning up to give the Rugby XV the support which is due to the team.

Winning the toss we had the advantage of the strong wind in the first half. Mary's got well over the half-way line from the kick off and a few hard scrimmages took place. Our forwards broke away after five minutes' play, and took the ball up the field, the only good piece of combined play they gave us in this half; Coombes got possession in the Mary's "25" and ran clear through, beating several opponents, and scored a fine try which Ferguson converted. The play of the Bart.'s side fell to a low standard after this score. The forwards rarely got the ball in the scrums and when they did the halves seemed unable to pass to their three-quarters except along the ground. Bowen, deputising for Richards (who was unable to play owing to an injury) obviously lacked experience, though it was a severe ordeal for him.

The Mary's forwards, who were a lighter pack, played splendidly, often getting the ball in the scrums and invariably followed up well. Some fine footwork on their part took the ball to our "25," but Ferguson relieved with some good kicking.

Jourens for Mary's played a magnificent game at half, frequently spoiling the opposing pair and setting the three-quarters going. Gibson was nearly through on one occasion from a fine run with Oulton, but a forward pass was given and the effort spoilt.

Half-time arrived with the score of 1 goal to *nil* in favour of Bart.'s. The Hospital forwards were quite unable to play together in the second half, and combined efforts were rarely seen though Pollit and Adams showed up at times; they were beaten for possession of the ball in the scrums and their footwork was poor in the extreme. Numerous penalty kicks were given for off-side and both sets of forwards were penalised for "feet up" in the scrums. Gibson made a good attempt to convert one of these, but the ball fell wide of the post. However, Trewby followed up in great style and touched down behind the post, Ferguson converting the easy place kick.

The game brightened up now and we had some good work from the three-quarters on both sides. Coombes was playing a fine game at half, and frequently covered a lot of ground "on his own." Jourens scored Mary's only try, dribbling the ball for thirty yards, and then tumbling over the line with it, though he should have been stopped. The place kick failed.

The last quarter of an hour was the best part of the match, the one really fine effort of the forwards leading up to a try. The ball was rushed well down the field by clever footwork, and Coombes getting possession passed out to Oulton. Tucking his head well into his chest, Oulton ran through about six opponents, who never looked like stopping him, and scored just wide of the posts. The place-kick failed, and the match ended in a win for Bart.'s by 13 points to 3.

Great praise is due to the Mary's forwards and half backs for the fine game they played, Jourens being a host in himself.

Amongst the Bart.'s forwards the majority were off colour, but Pollit, Weddell and Grandage were the best of a bad lot. At half Bowen failed, but Coombes played a good game. Oulton and Gibson were the pick of the three-quarters, and Lee did some good tackling. Ferguson had little to do at back, but was fairly safe and kicked well at times.

INTER-HOSPITAL JUNIOR CUP.

ST. BART'S 2ND XV v. LONDON HOSPITAL 2ND XV.

Once more the prospect of the cup fades from our sight! London beat us at Winchmore Hill on February 21st by a placed goal, a penalty goal, and 2 tries (14 points) to a penalty goal and a try (6 points), and it was the pronounced superiority of the combination of the London backs that turned the game in their favour. It was a splendid struggle that would have done credit to many a Senior Cup-tie, fought out chiefly amongst the forwards. London held the advantage in the tight scrums and fed their backs well, but in the loose our forwards were distinctly the cleverer, time after time rushing our opponents in splendid style. It would be invidious to single out any forward for special mention. They all played a sound game, those who were not so prominent in attack being noticeable in good defensive work. Our weak spot was undoubtedly our "centre three's," and the wings seldom, if ever, received a pass. Our Bilderbeck and Chillingworth were quite the best of our backs, and the latter, with a little more weight and experience, should develop into quite a useful half. Keats was fairly good, and Braemer, apart from one very bad blunder, was safe, his kicking at times being quite good. Oakley at half was a tower of strength for London, and Chapman and Digby were the pick of their forwards. Our first score was a penalty goal early in the first half, which was kicked by Keats, and shortly before half-time Chillingworth, from a pass by Brown, scored a good try. London scored all their points in the second half. There was a small attendance, but the play evoked a good deal of "cup-tie" enthusiasm. Team: K. Braemer (back); C. Bilderbeck, G. V. Ormsby, R. S. Townsend, and B. A. Keats (three-quarters); A. Chillingworth and T. H. Brown (halves); J. W. Adams, A. J. Symes, S. Trevor Davies, M. W. B. Oliver, H. M. Gilbertson, R. von Braun, F. A. Roper, and E. N. Russell (forwards).

ASSOCIATION FOOTBALL CLUB.

SECOND ROUND ASSOCIATION CUP TIE.

ST. BART'S v. UNIVERSITY COLLEGE HOSPITAL.

Played at Acton on Monday, 18th February, and won by 7-1. It was unfortunate that both "Kugger" and "Soccer" Cup-ties were played on the same day, as it lessened the number of patriotic supporters for both clubs. However, both teams were successful, and each has yet a chance of seeing the other play. The ground at Acton was perhaps a little smaller than we are accustomed to, but it was in good condition considering the recent rains.

We were very pleased to see among our supporters Mr. C. Gordon Watson, who seldom misses a cup-tie.

Gordon won the toss, and we lined up with the wind behind us. Bowen kicked off for University College, and they went off with tremendous dash, giving us defence plenty of work, and calling upon Way to clear quite early in the game. After about fifteen minutes' play our team seemed to settle down, and some pretty combination by the forward line enabled Gordon to break through and score our first goal with his typical shot along the ground, which gave McCulley no chance. Norman scored the second goal from a clever pass by Gordon, and a third resulted from a good centre by Dale which Jackson headed into the penalty area. But Hutt failed to convert, his shot striking the crossbar, and the ball rebounding into play was quickly cleared by Woodsend.

University had several turns of attacking, but their shooting was weak, and Rimington looked after Pimm and Waller in clever style, his tackling and pace being extremely efficacious. Half-time came with the score 3-0 in our favour. After the interval we had to play against the wind, and with the sun in our eyes, which made kicking rather difficult. Our forwards again got away, and Gordon and Dale on the left wing proved very dangerous, Gordon adding three more goals—one from a splendid run three-quarters the length of the field, and one from a good pass from Norman, who initiated many good openings. Bowen scored our opponents' only goal from a pass by Waller, and Cullen scored again for us, being fed from the left wing. Of the halves Woodruff played a good, hard-working game. Miles was sound in defence, and his passing admirable.

Hutt's tackling was excellent, but he must lead his forwards more and get rid of the ball quicker. The game ended in a victory by 7-1 of which Gordon scored 4, Norman and Cullen 1 each, and Jackson through his own goal.

We are playing Guy's in the Semi-Final, and our team are not fit yet. It is hoped that everyone will make a special effort to train for this match. Team:

L. F. K. Way (goal); H. Rimington and F. L. Nash-Wortham (backs); C. N. B. Hutt, A. Miles, C. R. Woodruff (halves); W. E. Dale, F. J. Gordon (capt.), N. F. Norman, A. E. Cullen, E. R. Evans (forwards).

ST. BART'S v. WOOLWICH GARRISON.

A somewhat scrambling game resulted in a draw. Considering that five of the regular team were not playing, we were lucky to escape defeat. Our opponents led by a goal until ten minutes from the end; then Sylvester and Rimington scored in quick succession, the latter with a wonderful shot almost from the base line. By mutual consent we played an extra ten minutes in hope of a definite result, but there was no further score. Rimington, Romford, and Caldwell all played well. Lewis scored the other goal.

ST. BART'S v. SIDCUP COLLEGE.

At Sidecup, Wednesday, February 6th. Result: Lost 5-7.

Our opponents put a very strong forward line in the field, and the weather conditions just availed forward play, thus accounting for the big goal register.

We went off with a rare swing, and within a quarter of an hour were 3 goals up. Our opponents then adopted our own tactics of kick-and-rush and soon reduced our lead to 1. The score at half-time being 3-2. Directly after the interval B. S. Parnfield scored two goals in quick succession, and Sidecup took the lead. The game ruled very fast, the forwards on both sides showing good form. From a good pass by Norman, Gordon broke through and scored, and shortly afterwards Bowen scored again with a soft shot. This was the end of our scoring, but the Crusader contingent were not to be denied, and Sidecup finished up winners by 7 goals to 5. Team:

L. F. K. Way (goal); H. Rimington, F. L. Nash-Wortham (backs); W. S. Hodge, A. Miles, C. R. Woodruff (halves); W. E. Dale, F. J. Gordon (capt.), N. F. Norman, G. Bowen, E. R. Evans (forwards).

ST. BART'S v. OLD BERKHAMSTEDIANS' F.C.

At Winchmore Hill, Saturday, February 9th, 1907. Won, 5-2. Owing to the absence of many of our men we were only able to put a weak team in the field, who, however, gave a very good show, and give us hopes of lifting the Junior Cup once more.

Gordon showed very good form, scoring 4 out of our 5 goals, and 3 of them in very pretty style. Tucker played a very good game, keeping his forwards very well together, and combining extremely well with Gordon and Bowen.

Rimington played a sound game at back, and Way saved once or twice in very good style. L. T. Mead was the shining light of our opponents' forward line, but he did not score.

The ground was very wet, and the ball heavy in consequence. The match resulted in a win by 5-2. Team: L. F. K. Way (goal); H. Rimington, F. L. Nash-Wortham (backs); P. C. Cole, W. M. Glenister, C. R. Woodruff (halves); G. Bowen, F. J. Gordon, S. A. Tucker, G. A. Hooton, E. R. Evans (forwards).

ST. BART'S v. ROYAL VETERINARY COLLEGE.

At Winchmore Hill, February 20th, 1907. The ground in the middle was very grassy, and a gale of wind rendered control of the ball impossible.

The Hospital won the toss, and played in the first half with a favouring wind. From a splendid centre by Dale, Norman opened the scoring with a low shot in the right corner of the goal. Our opponents played up briskly, and soon equalised from a scramble in front of goal, and Cullen put us ahead again, and we changed ends with the score 2-1 in our favour. The absence of Gordon, owing to illness, was noticeable, and made a lot of difference to the forward line. Miles' good passing was a feature of the game, and he scored a splendid goal with a long dropping shot. A mistake in front of our goal gave the visitors another point, and Cullen headed a clever goal, thus making the score 4-2. Nothing further was scored, the rest of the play being of a scrambling order.

HOCKEY CLUB.

ST. BART'S v. UNIVERSITY.

The Hospital won their match in the first round of the inter-hospital competition, beating University by 7 goals to nil. The game was played at Richmond on Tuesday, February 19th, in miserable weather. We were not quite at full strength, as Turner was ill, so the half time was altered. First half we played against the wind and rain, and only managed to score once through Griffin. At the start University played a strong game, their forwards having plenty of dash; but after the first quarter of an hour we had almost all of the game, but failed to score more than the once. In the second half, with the rain and wind behind us, we pressed practically all the time; the forwards combined well and put on 6 more goals, Robinson's shooting being very fine. The backs had very little to do, but did all they had to do well. Postlethwaite in goal was only called on to show his skill once. Of the forwards, Robinson was perhaps the best, and Lander played a very fine game at half. The goals were scored by Robinson (3), Griffin (2), Gaskell (1), Sylvester (1). Team:

J. M. Postlethwaite (goal); G. Viner and L. L. Phillips (backs); G. C. Gray, G. F. Page, A. H. Lander (halves); G. K. Sylvester, W. B. Griffin, H. F. Robinson, J. F. Gaskell, and L. F. C. Lewis (forwards).

ST. BART'S v. STREATHAM.

This match was played at Norbury on February 9th, and resulted in a win for us of 5 goals to 1. After a fairly even opening the Hospital forwards settled down to an almost continual attack, and, but for the state of the ground within the circle, the score must have been much larger. We had a full side out, the result of the proximity of the Cup-ties, and the team showed much improvement. Robinson scored two very fine goals, his second being a very smart shot. In the second half our goalkeeper had nothing to do at all. We had Gaskell back once more, and he made a great difference to our attack. The game was contested all the way, and a good match ended with the score as stated above. The goals were scored by Robinson (2), Gaskell, Lewis, and Griffin.

Recent Papers by Bartholomew's Men.

- Butlin, Henry T., F.R.C.S., D.C.L. "The Hunterian Oration on 'The Objects of Hunter's Life and the Manner in which he Accomplished them,'" *British Medical Journal*, February 16th.
- Craze-Calvert, George A., M.B. (Lond.). "On Opunsons and the Oponic Index, and their Practical Value in the Treatment of Disease," *Lancet*, February 2nd.
- Duckworth, Sir Dyce, M.D., LL.D., F.R.C.P. "A Clinical Lecture on Portal Cirrhosis of the Liver," *Lancet*, February 9th.
- Elimsie, Reginald C., M.S. (Lond.), F.R.C.S. Erasmus Wilson Lecture on "Injury and Deformity of the Epiphysis of the Head of the Femur: *Casa Vara*," *Lancet*, February 16th.
- Fletcher, H. Morley, M.D., F.R.C.P. (with H. Betham Robinson, M.S., F.R.C.S.). "A Case of Idiopathic Dilatation of the Rectum and of the Colon as far as the Hepatic Flexure," *British Medical Journal*, February 16th.
- Jones, H. Lewis, M.D., F.R.C.P. "The Treatment of Rodent Ulcer by Zinc Ions," *British Medical Journal*, February 16th.
- Paton, E. Percy, M.D., M.S., F.R.C.S. "Transplantation of the Ureter into the Bladder for Uretero-Vaginal Fistula," *British Medical Journal*, January 19th.
- Pratt, Eldon, M.D., M.R.C.S. "A Case of Cancer of the Oesophagus of Unusual Type," *Lancet*, February 16th.
- Rawling, Louis R., M.B., B.C., F.R.C.S. "A Case of Sarcoma of the Scapula in a Child aged Four Years, with Notes on Sarcoma of the Bones of Young Children in General," *Lancet*, February 9th.
- Standage, R. F., M.R.C.S., L.R.C.P., Capt. I.M.S. "Clinical Notes on Fifteen Cases of Early Extra-Uterine Gestation, Hematocole, and Hematosalpinx," *Journal of Obstetrics and Gynaecology of the British Empire*, December, 1906.
- West, Samuel, M.D., F.R.C.P., and Clarke, T. Wood, M.D. "Idiopathic Cyanosis due to Sulph-Haemoglobinemia (Enterogenous Cyanosis)," *Lancet*, February 2nd.

Correspondence.

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

DEAR SIR,—During the past year or so stringent vaccination laws have been passed, affecting immigrants to various parts of the American Continent and the West Indies. Several shipping companies have endeavoured to make their suggestions do the extra work involved without any extra pay, including the filling in of certificates and counterfoils, and in many cases have refrained from giving any hint of this to intending ship surgeons.

Before a qualified man signs the Articles of any ship going to North, Central, or South America he should carefully inquire what extra work is expected of him, apart from the health and sanitation of the ship itself, otherwise he may find that he has been badly taken in, or have disagreeable experiences as others have done.

I am, Sir,

Yours very truly,

H. N. ROBINSON, M.R.C.S., etc.

JUNIOR CONSTITUTIONAL CLUB,
LONDON, W.

8th February, 1907.

Indian Medical Service.

Major B. G. Seton, I.M.S., is placed on special duty under orders of the Director-General of the I.M.S., on December 15th, 1906.

Capt. G. H. I. Whale, M.B., I.M.S., is permitted to resign the service from November 30th, 1906.

Capt. A. F. Stevens, I.M.S., officiating civil surgeon, is transferred from Hooghly to Shahabad, Bengal, on November 17th, 1906.

Capt. R. F. Baird, I.M.S., officiating deputy sanitary commissioner, first circle, on being relieved, reverts as officiating civil surgeon, and will be employed on special duty at Agra, United Provinces of Agra and Oudh, December 15th, 1906.

Major B. G. Seton, I.M.S., is appointed to officiate as Secretary to the Director-General, I.M.S., December 22nd, 1906.

Capt. F. F. Connor, I.M.S., received charge of Purulla Gaol, Bengal, on November 22nd, 1906.

Major E. V. Hugo, I.M.S., made over charge of duties of superintendent of Lyalpore District Gaol, Punjab, to Capt. M. Cory, I.M.S., on December 3rd, and took over charge of Dera Ghazi Khan Gaol, North-West Frontier Province, on December 7th, 1906.

Examinations.

UNIVERSITY OF LONDON.

Preliminary Scientific (Part I).

Whole Examination.—C. T. Neve, H. K. V. Soltan, and C. H. Thomas.

Chemistry and Physics.—H. E. Robinson, C. K. Sylvester, J. Tremble, and W. B. Wilson.

Chemistry only.—A. C. L. O. Bilderbeck, F. R. Todd, R. E. S. Waddington, V. D. C. Wakeford, and E. W. Whiting.

Physics only.—A. J. Clarke and G. A. Hooton.

Biology only.—F. W. Kealey.

Preliminary Scientific (Part II).—E. N. Snowden and J. W. Trevelyan.

Intermediate M.B. Examination.—W. Blaydes, T. K. Boney, K. Bremer, A. P. Fry, R. Pearce, A. P. Phillips, and H. G. Smith.

A. P. Fry received the mark of distinction in Anatomy and in Physiology.

CONJOINT BOARD.

Final Examination.—The following have completed the whole examination:—A. K. Armstrong, C. J. Armstrong Dash, B. E. A. Batt, G. T. Burke, C. P. Charles, H. E. Flint, J. H. Gurley, C. R. Hoskyn, R. Jamison, J. E. Jones, I. A. Kilby, D. A. H. Moses, R. D. O'Connor, D. G. Pearson, C. T. Raikes, G. L. Ranking, W. Russell Square, H. O. Williams, W. H. Williams.

Diploma of Public Health.—W. D. Betenson, J. H. Hugo, D.S.O.

First Examination, Biology.—J. Dotto (omitted from the list published last month).

R.A.M.C. ENTRANCE.

R. D. O'Connor (10th), J. H. Gurley (16th).

I.M.S. ENTRANCE.

G. Holroyd (6th).

Appointments.

BURRA, L. T., B.A., M.B., B.Ch.(Oxon.), M.R.C.S., L.R.C.P., appointed Junior Assistant Medical Officer to King Edward VII Sanatorium, Midhurst, Sussex.

CHRISTOPHERSON, J. B., M.A., M.D.(Cantab.), M.R.C.P.(Lond.), F.R.C.S.(Eng.), Senior Medical Inspector, Sudan Government, to be Director, Sudan Medical Department.

DAVIES, IVOR J., M.B., B.S.(Lond.), appointed Surgeon to s.s. "Umbilo."

GOULD, H. U., M.B., B.C.(Cantab.), appointed District Medical Officer of the Shaftesbury Union.

SQUARE, W. RUSSELL, M.R.C.S., L.R.C.P., appointed House Physician to the Essex and Colchester Hospital, Colchester.

VALERIE, J., M.R.C.S., L.R.C.P., appointed Medical Officer in charge of troops at Hampton Court Palace Barracks.

New Addresses.

BREWER, ALEC. H., "The Griffins," Tynewydd Road, Barry Dock, South Wales.

CUTHBERT, W. WOOD, 3, Wesley Road, Armley, Leeds.

DODD, J. R., Lieut.-Col. R.A.M.C., East India United Service Club, St. James's Square, S.W.

HAMILTON, W. G., care of Messrs. Grindlay, Groom and Co., Bombay.

HOLROYD, G., 21, Clarence Drive, Harrogate.

HUGO, J. H., Capt. I.M.S., care of Army and Navy Co-operative Society, Ltd., Bombay.

MCDONAGH, Surgeon R. C. F., R.N., I.I.M.S. "Aboulir," 3rd Cruiser Squadron.

MACKAY, E. C., 7, Pevensey Road, St. Leonard's-on-Sea.

ORTON, G. HARRISON, 20, Upper Berkeley Street, Portman Square, W. Telephone: 3538 Mayfair.

POWELL, J. C., 5, Alfred Place West, Thurloe Square, S.W. (instead of as in last Journal). Tel. 26, Kensington.

SPENCER, H. SIMPSON, "Charlemont," 6, Drummond Road, Bourne-mouth East.

STEVENSON, BRUCE, 6, Queen Anne Street, Cavendish Square, W.

VALERIE, J., The Green, Hampton Court, Middlesex.

Births.

ADDISON.—On the 30th January, at Pretty Corner, Northwood, the wife of Christopher Addison, M.D., F.R.C.S., of a daughter.

AUDEN.—On the 21st February, at 54, Bootham, York, the wife of George A. Auden, M.A., M.D.(Cantab.), of a daughter.

HARMER.—On the 8th February, the wife of Douglas Harmer, M.C., F.R.C.S., of 45, Weymouth Street, W., of a son.

MASINA.—On the 15th December last, at Warden Road, Malabar Hill, Bombay, India, the wife of Dr. H. M. Masina, F.R.C.S., of a daughter.

VIRET.—On the 10th February, at 125, Horton Lane, Bradford, the wife of Benjamin Pope Viret, M.B.Lond., M.R.C.S., L.R.C.P., of a daughter.

Marriages.

BREWER—REED.—On the 9th February, at St. Olave's, Woodberry Down, Stoke Newington, London, by the Rev. Wynn Healey, assisted by the Rev. V. B. Lucas, Alexander Hampton Brewer, M.R.C.S.Eng., L.R.C.P.Lond., of "The Griffins," Tynewydd Road, Barry Dock, eldest son of Dr. Hampton Brewer, of Dalston, to Eveline Elizabeth Reed, younger daughter of the late Henry Wilson Reed and of Mrs. Reed, "Glen Roy," Seven Sisters Road, Woodberry Down, London, N.

CRIPPS—RAVOGLI.—On the 2nd February, at the Catholic Church, Spanish Place, W., W. Harrison Cripps, of Glendarnel, Argyllshire, and 2, Stratford Place, W., to Giulia Ravogli (Orfeo), youngest daughter of Michal Ravogli, of Rome, Italy.

CUFFE—HANCOCK.—On the 31st January, at St. Langton's Church, Woodhall Spa, by the Rev. F. Benwell, Major R. Cuffe, V.D., of Woodhall Spa, to Grace Margaret Hancock, eldest daughter of Charles Robert Hancock, Esq., Solicitor, The Uplands, Walmley, near Bristol.

PETRIE—INGLIS.—On the 30th January, at Morningside Parish Church, Edinburgh, by the Very Rev. Norman Macleod, D.D., A.S. Petrie, M.R.C.S., L.R.C.P., son of the late J. H. Petrie, to Sophy Williamina Hope, only daughter of the late William Inglis, Advocate, Edinburgh.

Deaths.

MURRAY.—On February 1st, at Grand Reinet, Cape Colony, Frank Everett Murray, M.B.(Cantab.), F.R.C.S., aged 34 years.

SODEN.—On January 7th, at Fowey, Cornwall, Arnold F. Soden, M.R.C.S., L.R.C.P., aged 33 (not 83, as stated in February issue).

Acknowledgments.

British Journal of Nursing, Durham College of Medicine Gazette, The Eagle, L'Echo Medical du Nord, Giornale della Reale Societa Italiana d'Igiene, Guy's Hospital Gazette, The Health Resort, The Hospital, International Journal of Therapeutics, International Journal of Surgery, Journal of Laryngology, Rhinology, and Otolaryngology, Medical Review, Le Mois Medical-Chirurgical, Nursing Times, Polyclinic, Practitioner, St. George's Hospital Gazette, St. Mary's Hospital Gazette, The Student, The Broadway.

NOTICE.

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

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

All communications, financial or otherwise, relative to Advertisements ONLY, should be addressed to ADVERTISEMENT MANAGER, The 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.

VOL. XIV.—No. 7.]

APRIL, 1907.

[PRICE SIXPENCE.]

St. Bartholomew's Hospital Journal,

APRIL 1st, 1907.

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

Calendar.

Mon., April 1.—Easter Monday.
Second Examination Society of Apothecaries (Anatomy and Physiology) begins.

Tues., " 2.—Final Examination Conjoint Board (Medicine) begins.

Wed., " 3.—First Examination Society of Apothecaries (Biology; Chemistry, including Physics; Materia Medica and Pharmacy) begins.
Dr. Herringham and Mr. Lockwood on duty.

Thur., " 4.—Final Examination Conjoint Board (Midwifery) begins.
First Examination Conjoint Board (Practical Pharmacy).

Fri., " 5.—Final Examination Conjoint Board (Surgery) begins.
Dr. Tooth and Mr. D'Arcy Power on duty.

Sat., " 6.—Oxford Lent Term ends.

Mon., " 8.—Third Examination Society of Apothecaries (Surgery) begins.

Tues., " 9.—Dr. Norman Moore and Mr. Cripps on duty.

Fri., " 12.—Dr. West and Mr. Bruce Clarke on duty.

Mon., " 15.—Third Examination Society of Apothecaries (Medicine, Forensic Medicine, and Midwifery) begins.

Tues., " 16.—Dr. Ormerod and Mr. Bowly on duty.

Wed., " 17.—Oxford Easter Term begins. Cambridge Easter Term begins.

Fri., " 19.—Dr. Herringham and Mr. Lockwood on duty.

Mon., " 22.—Summer Session begins.

Tues., " 23.—Part II of 3rd Examination for the M.B. Cambridge begins.
Dr. Tooth and Mr. D'Arcy Power on duty.

Fri., " 26.—Dr. Norman Moore and Mr. Cripps on duty.

Tues., " 30.—Dr. West and Mr. Bruce Clarke on duty.

Editorial Notes.

EASTER week beginning, this year, at the close of March, we are forced to go to press with the April number several days earlier than usual in order that it may be published at the proper time. This is a little unfortunate, as the present number is destined to have a wider circulation than ordinary issues, and a full month is never too much for the preparation of the JOURNAL. But punctuality is said to be the first virtue of journalism, and in deference to those who set high store by this virtue, we are content to hurry these pages to the printers, metaphorically buttoning them up as they go, and trusting to the good will of our readers to excuse any deficiencies in the final costume.

As we go to press, we hear of quite a number of new appointments, to the recipients of each and all of which we would tender our respectful congratulations. Dr. S. West and Mr. H. J. Waring have been made Examiners, in Medicine and Surgery respectively, to the University of London. May they have mercy in the hour of victory.

MR. W. D. HARMER, whom we hope to welcome back to his old sphere of influence next May, has just been appointed Senior Surgeon to the Throat Department under its new organisation, with Mr. F. A. Rose as his Assistant Surgeon. Mr. S. Scott has recently obtained the office of Aural Surgeon to the Evelina Hospital for Children, and is, in consequence, resigning that of Assistant Surgeon.

WE wish also to heartily congratulate H. L. Whale, retired Captain R.A.M.C., on taking his M.D. degree at Cambridge; Mr. W. Girling Ball on being awarded the Luther Holden Scholarship in Surgery; Mr. W. C. Dale on obtaining the Foster Prize in Practical Anatomy; and Mr. K. G. Hill, who has received the Treasurer's Prize in the same subject.