

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.

CUTBERT, 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. "Aboukir," 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 Evelyn 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.
Thur.,	" 4.	Dr. Herringham and Mr. Lockwood on duty. Final Examination Conjoint Board (Midwifery) begins.
Fri.,	" 5.	First Examination Conjoint Board (Practical Pharmacy). 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.

WE print on p. 103 an account of the new Resident Medical Officers' Quarters, which have been completed in time for the April changes in the Junior Staff. Old St. Bartholomew's men who have held house appointments in the past will note with approbation the handsome quarters which have been prepared for their successors. The rest of the Out-patient and Casualty Block is gradually advancing towards completion, and should be ready for use in six months' time. No official announcement has yet been made as to the opening ceremony, but it is safe to suppose that this will be in keeping with the size and importance of the work accomplished, and no less imposing than the laying of the Foundation Stone on July 6th, 1904, by His Majesty the King.

The XV are to be sincerely congratulated on the splendid fight they made against the London Hospital on February 26th, too late for comment in our last issue. It is most unfortunate that the Deities who arrange these little matters should so persistently turn their backs upon us when the Cup is in sight, but ill-luck is considered by the best authorities to run a self-limiting course, and hard work without tangible reward is perhaps the most honourable form of labour.

AMERICAN researches on the weight of the soul suggest possibilities in other directions. Could the intellect be measured in the same terms, examiners might thus determine the victim's grasp of the branch of leech-craft or other lore under discussion. Reduced to a scientific process, examinations could no longer be accused of favouring the fortunate, and leaving the equally deserving, but less lucky, examinee to gnash his teeth over a six-months' Pink 'Un.

THE Calendar for this month has a meagre aspect, suggestive only of the dull routine of work and of the recurrent nightmare of examinations. The Easter vacation, to many of us merely an academic mockery, is of course responsible for this, for the Hospital, unlike the Medical School, knows no holiday. But the time is coming when, for once at least, this column will offer something more than trite reflections, ponderous *facitiae*, and worn-out figures of speech for the amusement of its long-suffering readers. We refer to the time—now not far distant—when a special number of the JOURNAL will celebrate in prose and picture the opening of the new buildings, and the beginning of a new epoch in the history of St. Bartholomew's.

To those, then, whom Easter disperses throughout England, or beyond, we wish a pleasant holiday, as amid the ring of trowels and the scent of CHCl_3 we conjure up the salt breeze and the newly turned plough-land, and listen, in fancy, to the homing kine or the rhythm of distant breakers.

Clinical Lecture on a Case of Lymphadenoma (Hodgkin's Disease) with Chylothorax.

Delivered by J. A. ORMEROD, M.D., at the Hospital, January 25th, 1907.

THE case is that of a boy, æt. 13, who was admitted to Matthew Ward on November 30th, 1906.

The most noticeable features on admission were:—Anæmia; enlarged glands in the right side of the neck; a greatly enlarged spleen; an effusion into the right pleura; fever (temperature about 101° ; pulse about 116).

More in detail, his case was as follows: His maternal grandfather was said to have died of phthisis; this was all the family history of importance. The boy himself had had "pneumonia" at the age of two, and since then had been subject to cough. A "lump" in the right side of his neck was noticed by his mother when he was seven years old. In August, 1904 (*i.e.* when he was eleven years old), this lump got larger, and the right side of his neck became more swollen. Six months before admission he had been seen in the surgery, and the presence of enlarged cervical glands made out (by Mr. Ball). Two months before admission he had begun to lose flesh, and for three weeks his breath had been short, and he had had headache.

The enlargement of the spleen apparently was not made out till he came here, but he says that his abdomen felt "stiff" for a week before he came in, and that he had pain there the day before admission.

There was an obvious swelling of the right side of the neck due to a mass of glands behind the sterno-mastoid. These were not fixed, and the skin was movable over them; they were rather firm, but not actually hard. A few more could be felt in the anterior triangle. There were a few enlarged glands on the other side of the neck, but no large mass as on the right. Enlarged glands could also be felt in both supra-clavicular fossæ and in the axillæ, particularly in the right axilla.

The heart's apex-beat was an inch outside the nipple line in the fifth interspace; there was no murmur. The right side of the chest was dull below the level of the fourth rib in front and laterally, and below the middle of the scapula behind; and over this dull area the vocal resonance was absent, and the breathing sounds heard feebly, if at all. There was prolonged and harsh expiration under the right clavicle. In the abdomen the spleen was felt as a large firm mass, movable on respiration, and extending downwards to the pubes, and to the right beyond the middle line. The notch could be felt very plainly just below the umbilicus. The rest of the abdomen was resonant; the liver could not be felt. There was no œdema of the legs; the urine was normal.

The very great enlargement of the spleen, coupled with the anæmia, suggested to me at first a diagnosis of

leucæmia splenica. But this was negated by an examination of the blood, which showed that there was no excess of white corpuscles.

Examination of the blood made in the pathological laboratory (soon after admission), by Dr. Thursfield:

Red corpuscles	3,380,000
White	5,000
Hæmoglobin	65 per cent.
Colour index	'9

Differential count of white corpuscles:

Polymorphonuclear	71 per cent.	= 3550
Lymphocytes	14	= 700
Large mononuclear	13.5	= 670
Eosinophils	1.5	= 75

Much polychromatism of red cells, and four normoblasts seen in counting 200 white cells.

During the first fortnight of his stay in the hospital it was found that his temperature was normal in the early hours of the day, but mounted to 100° or 101° in the afternoon; his pulse-rate was usually 120 or more, his respiration-rate 28 to 32.

He was shown at medical consultations on December 6th, and two opinions were there expressed concerning him:

(1) That the disease was tuberculous. In support of this view was urged:—The family history and the previous history of cough; the general aspect of the patient and the fever; the presence of a pleural effusion (the exact nature of which we did not then know), and the presence of certain suspicious signs (bronchial breathing and high-pitched resonance) at the right apex. Against it was urged the size of the spleen, which seemed too great for tuberculous enlargement.

(2) The other view put forward was that the disease was lymphadenoma (Hodgkin's disease).

So far as I remember the possibility of a splenic anæmia was not discussed. I suppose it was thought that this would not account for the enlarged glands.

It was suggested that further steps might be taken to settle the point. For instance, that the opsonic index for tubercle bacilli should be determined; that tuberculin (old) might be administered; that a gland might be excised and examined microscopically. But the boy hitherto has hardly been well enough to allow the excision of a gland for diagnostic purposes. Again, the administration of tuberculin did not seem to me likely to lead to any certain results, seeing that he already had rises of temperature of rather an irregular type. However, the opsonic index for tubercle has been determined and found to be high, viz. 1.2. This is, I presume, against the diagnosis of tubercle, so far as it goes.

But now another feature of the disease came to our knowledge, which to me was totally unexpected, and which is certainly unusual. The right pleura was explored, and a stringy yellowish turbid fluid was drawn off and sent to

the pathological laboratory. This, after careful examination, was reported to be chyle. This is the report (December 6th, 1906):

Fluid slightly yellow; consistency of thin milk (chyliform). Sp. gr. 1017; alkaline reaction. A fibrinous clot of small size formed in the fluid on standing. Shaken with ether much fat dissolves, leaving a clear opalescent fluid, of the usual pleural effusion type. Films show fat globules, multitudinous small refractile bodies showing active Brownian movement, and a few large mononuclear cells, and a few endothelial cells. No bacteria seen in films. Cultivation gave no growth.

The fluid represents a true chylous effusion.

The pleura was aspirated (December 14th) and two and three quarter pints fluid removed, with the result that the apex beat came into the nipple line, the line of dullness sank to the fifth rib, and the breathing sounds improved. But in a week the chest was rapidly filling again, and by December 25th there was dullness right up to the clavicle, and he had to be aspirated again, one and a half pints being removed on December 26th, and two and a half pints the following day. The operation was not well borne this time, and gave rise to a distressing cough. And again the fluid reaccumulated, so that by January 7th the apex-beat was an inch outside the nipple, and there was dullness all over the front of the chest, and up to the spine of the scapula behind. His temperature, however, was rather lower, and, except for the repeated pleural effusion, his general condition remained fairly satisfactory.

Another blood count was made (January 8th) but it did not materially differ from the first; there were slightly fewer red cells, and also slightly fewer whites.

He was shown at a meeting of the Hunterian Society held in the Library of the Hospital on January 9th, 1907. I did not get much encouragement then, for a distinguished member of the Society gave it as his opinion that the case would terminate fatally within three weeks.

The main practical question was what to do with this effusion which kept on reaccumulating? I resolved this time to let it alone unless I was driven to remove it by increasing dyspnoea or other urgent symptom. Nothing much happened till one day (January 14th), the boy informed me that he "felt very much better"; and, sure enough, soon after this the signs of effusion began rapidly to improve, so that during the third week in January the dullness stood at the nipple line, and on January 21st it was at the sixth rib in front and at the lower angle of the scapula behind, while feeble respiratory sounds could be heard even below this level. It was evident also that the spleen was smaller, for now it reached to the middle line, and not beyond it as at first, the notch was felt below and to the left of the umbilicus, and the organ could not be traced down to the pubes.

My impression also is that the glands in the neck are smaller than on admission, though of this it is difficult to be sure.

This is the state in which you have seen him to-day. Whether this improvement will last it is too early to say; I should like to think it will. I should like to think also that it is due to treatment. The treatment so far has been very simple. Liquor arsenicalis was begun on December 21st in three-minim doses three times a day, and has been increased up to seven and a half minims. The effusion, as I have already told you, has been twice aspirated, but has each time recurred, though eventually it has disappeared spontaneously.

I will make my comments as brief as I can.

First, what is the disease from which the boy suffers? I suppose that the diagnosis of lymphadenoma best covers the facts of the glandular and splenic enlargement, the fever, and the anæmia. But it must be admitted that the spleen is unusually large, being in this respect much more like what we see in splenic leucæmia or splenic anæmia.

Secondly, how can the lymphadenoma have produced the chylous effusion? Let us remember that all milky-looking effusions are not chyle. Some may not even be fatty; others, though they contain fat, contain it only in the form of distinct globules, or of cells which are undergoing fatty degeneration, and not in the form of a fine emulsion like chyle. However, we have here the authority of a skilled pathologist for saying that the effusion was true chyle.

An effusion of chyle may be produced by rupture of the lacteals (into the peritoneum), and by a rupture of the thoracic duct or an obstruction of the thoracic duct or by both combined. And, obviously, an enlargement of a gland in the neighbourhood of the duct from lymphadenoma might easily produce an obstruction of the duct, and such an obstruction might conceivably cause regurgitation of chyle through the pleural lymphatics into the pleural sac.

Why not, then, into the peritoneum as well? It is difficult to say; but in Dr. Turney's* case of chylous hydrothorax and ascites, where the duct was not ruptured, there were two pints of fluid in the right pleura and only four ounces in the peritoneum, not enough, that is, to cause signs of ascites. So here we cannot say that there was no peritoneal effusion. Still, the very rapid refilling in this case does suggest to me a direct communication between the thoracic duct and the pleura, and it is, indeed, stated that a rupture of the thoracic duct is a very usual consequence of simple obstruction. And if we may suppose a valvular opening we can see that the pumping action of respiration would cause a rapid accumulation of fluid in the pleura; further, that if the chest got full and the pumping action, therefore, stopped, and the obstruction were at the same time diminished, the rupture might have a chance to heal, and the fluid be subsequently absorbed. But this is mere speculation.

And why should the effusion be into the right pleura

* *Trans. Path. Soc.*, vol. xlv, 1893.

rather than the left? That is an anatomical question. You will see, on referring to the sections of the chest figured in *Quain's Anatomy* (vol. iii, part 4, pp. 170-173, tenth edition), that in the greater part of its course the thoracic duct lies much nearer the right pleural cavity than the left, not that it is situated far to the right of the middle line, but because the left pleura is fenced off from it by the other contents of the mediastinum, viz. the aorta and the œsophagus.

Gardening.

Being the fourth of the series of articles on the Recreations of Medical Men.

SO many people have written already of gardening, some of them brilliantly, and some without much knowledge, that it might seem almost superfluous to consider the subject once again were it not that new readers want new matter fresh from the press, and have not the time, or the knowledge, or the inclination to hunt up the good things of the past.

In writing of gardens one may adopt the literary and sentimental style, or one may give a practical account of one's own garden, but, although the former may suit those who are not specially interested, the true amateur of the subject prefers the latter, for, next to seeing another man's garden, he loves to hear or to read of what the other is doing, of the flowers he likes best to cultivate, of the new things he is growing, and so on.

It is not enough to be "fond of flowers" to become a gardener. Plenty of people are fond of flowers, but do not belong to the class from which gardeners are drawn. Mankind in general can be arranged in two groups; the group of those who enjoy the company of people, and the other group of those who are thing lovers, or enjoy the company of things. As a rule the division is a sharp one. The thing-lovers take up some branch of natural history or natural science, as, for instance, horticulture, or they become collectors, while the lovers of people find all such matters dull. They want company; they feel more at home in societies and clubs; they play billiards or golf; they join debating societies, or they go into Parliament, pursuits which are, in general, unattractive to the real lover of things.

As a hobby the cultivation of a garden presents many attractions, and it is convenient for medical men because the garden usually adjoins the house, and is available for spare moments of time, and can be looked at every day. Those who are not fortunate enough to live in the country must pursue their hobby under difficulties at a week-end cottage or by renting a country garden, or, at the worst, they can occupy themselves with bacteriology, which, after all, is a branch of gardening carried on in small glass

houses upon plants requiring no more daylight than is present even in a city.

A large number of medical men pursue gardening as a hobby. A former Physician to St. Bartholomew's was a great cultivator and hybridiser of orchids, certain of which came to maturity only after his death. Our late Treasurer's name is a household word in the domain of horticulture, and many others could be mentioned. The late Sir Michael Foster was as renowned for iris culture as for the teaching of physiology, and he has enriched British gardens with many choice new species and varieties. The writer was privileged to visit his garden a few years ago, and there, among many highly interesting things, he was shown some dry-looking flower-pots in which were seeds of iris obtained by hybridisation, which had actually been eleven years in a dormant state, but were yet expected to grow, and a recent writer has told us how he saw the same thing there, and more, namely, some young plants which had actually sprung up after that lapse of time. Who, then, shall say that gardening does not teach the virtue of patience; but, in fact, the patience of the gardener is life-long. It has been said that the gardener can never tire of life nor wish to die, because there is always something cherished in his garden which is due to bloom in the next coming spring, and which he must eagerly desire to live to see.

Among the many interesting papers read at the conference of the Royal Horticultural Society on Hybridisation in 1899, there was one of extreme interest by M. Paul Chappellier on the creation of an improved saffron crocus, in which the writer outlined his sustained efforts for over fifty years, and described his ultimate success in producing a crocus in which the saffron-bearing organs or stigmas had been multiplied from the usual three to fifty in each flower. The difficulties overcome in this case were enormous, largely because the saffron crocus is generally seedless, and it was only by advertising widely that he was prepared to pay five francs a seed that M. Chappellier succeeded in obtaining his first material for the ultimate evolution of his new form of flower. He also searched through the Grecian Archipelago to find a possible parent with which to mate the almost universally sterile saffron crocus, and thus fully deserved the success attained in the end.

The gardener who is compelled to earn his daily bread in London, and can only visit his country garden occasionally, must limit himself to the cultivation of such plants as can take care of themselves. In my own case circumstances of that kind have determined the choice of bulbous plants for particular attention. These mostly complete their growth and die down before the droughts of summer arrive to necessitate the use of the watering can. They are at their best at Easter and Whitsuntide, when an extra day or two can be spared to enjoy them, and they lend themselves to the processes of cross-fertilisation without being so easily

multiplied as to become tiresome, for in the case of the narcissus the time required for a seedling to grow to maturity is seven or eight years.

My own garden is a piece of ground in Wiltshire, a few miles from Bath. It faces south, and lies on the side of a hill so steep that the garden is terraced into three portions at different levels to keep the soil in place. It is surrounded by a wall which affords privacy for Sunday digging, and it is sheltered and sunny, while the view from it stretches over miles of country to where the north-west shoulder of Salisbury Plain rises up like a wall, with the white horse of Westbury carved upon its steep sides. In this peaceful retreat I have cultivated narcissi since 1897, and the seeds sown in 1898, 1899, 1900 are now blooming, some of them this year for the first time.

In general the narcissus does not readily form seed unless hand fertilised, although a few of the commoner kinds are fairly disposed to do so; while, on the other hand, some of the choicer kinds appear to be completely infertile, no matter how carefully they may be pollinised.

Thus, I have never succeeded in obtaining ripe seed of *Gloria Mundi*, a very handsome form of narcissus with a deep orange cup, which one might expect to be a parent of choice forms. Fortunately some of the best modern kinds do bear seed if properly pollinised on a warm sunny day, and many workers in different parts of the country are engaged in raising daffodil seedlings, in spite of the number of years which are required before the satisfaction of a bloom can be attained. By sowing seed steadily year by year until the first seven or eight years have passed by, one may reap the reward of a regular annual crop of new seedlings coming into bloom as each spring comes round. The pleasures of anticipation play a large part in seed raising, and realisation is often a disappointment. If, after the careful tending of the young plants for so many years, the final result should give even three or four individuals worth keeping out of every hundred brought to maturity, the grower may count himself satisfied, if not lucky.

Hyacinths may also be raised from seed quite easily. I have a strain of home-grown hyacinths raised entirely in the open ground from seed sown in 1899, which are, in all respects, as fine as the imported Dutch hyacinths. In this first English-grown strain little or no tendency to variation is apparent, but a new generation of seedlings from them is under cultivation, and in due time may show some interesting deviations from the original Dutch type.

Crocuses also may be raised from seed without difficulty—that is to say the purple form, for the yellow crocus is barren to all intents and purposes, and has been in cultivation so long that its exact origin is not known. This curious habit of seedlessness in plants long cultivated is instanced again in the banana, which has been cultivated from time immemorial, and is also seedless. With me the purple crocus springs up abundantly from seed, and I now

have in my garden none but seedlings of my own raising, and these have sported into many colours—purple, mauve, lavender-striped, and pure white.

The less well-known *Crocus Imperati*, which blooms a month before its cousins, and *Crocus speciosus*, an autumn-blooming kind flowering profusely in October, as though in token of the coming spring, are well worth growing in a sheltered garden. Both of these species of crocus sow themselves freely and flourish in my garden, coming up even in the footpaths.

I ought, perhaps, to mention the nature of the soil. It is highly artificial, as is the soil of all old gardens. It is of oolite or chalky basis, but contains many traces of human occupation, such as buttons, rusty nails, pipe stems, broken glass, ashes and clinkers, but, last and not least, old bones, and whatever may have been the habits of some previous occupier to account for the abundance of broken bottles, at least one may feel grateful to him for having buried in the soil such a quantity of bones, which continually turn up under the spade, and doubtless contribute not a little to the fertility of the ground.

At one time I planted a large number of giant snowdrops from Asia Minor (*Galanthus Elvesti*), but they became attacked by a fungoid disease which, in the course of two or three years, killed them all off; now, however, their place has been taken by a race of seedlings from the original bulbs, which have gradually reached maturity, and are able to thrive in the same soil as that in which their parents perished. Some of these seedlings are just as fine as the imported stock, but have changed the time of their flowering, for whereas the giant snowdrop blooms before the English snowdrop, these seedlings are distinctly later. I hope in time by gradual selection to acquire a good stock of the best of these seedling forms, but this particular snowdrop does not increase very rapidly at the root, being a great seeder, and propagating itself more in that way than by offshoots from the bulbs. The disease which killed off these imported snowdrop bulbs generally behaves as a saprophytic organism (*Botrytis cinerea*), but has a tendency to invade the snowdrop and the tulip under certain conditions.

An interesting paper on "Snowdrop Disease" will be found in the *Journal of the Royal Horticultural Society* for August, 1907, by Mr. J. Massee.

In gardening, the most attractive part of all is that of the raising of new varieties by a process of selection or by hybridising. Both of these quite distinct methods lead to good results, and are worthy of consideration at far greater length than is possible in this place. A few instances, however, may be given. Thus the Shirley poppy now so universally used for decoration, and so much admired for its delicate shades of pink, yellow, and white, has arisen in quite recent times from the crimson field poppy by a careful selection carried on year after year by the Rev. W.

Wilks. It is said that the Shirley poppy took its origin from a single flower which had the peculiarity of having no black spot at the base of the petals, as is the case with the typical bloom, and that the offspring of that flower, carefully and continually selected by destroying all which showed any sign of reversion to the original type, has ultimately broken into its present form. So, too, the sweet pea of to-day has changed profoundly from that of twenty years ago, so that seed can now be bought to give flowers of any one of a score or more of tints, all the varieties having been obtained without hybridisation by careful seed selection and isolation of varieties of the original sweet pea of the last generation, with its parti-coloured purple or red and white blossoms. In neither of these instances has there been any hybridising or crossing of separate species, but all the work has been done within the limits of the one species by a careful selection of the individuals which most closely approached the grower's preconceived ideal, and by raising seed from the best only of the approved examples.

Mr. L. Bailey tells us in one of his books that a new type of bean or tomato can be produced by a skilful grower in three or four years by selection, and he actually records an instance in which a seed dealer gave an order for a special type of dwarf French bean to a grower, and received it precisely in accordance with the specification in about that time.

In addition to variations derived from selection of seedlings there is another method by which new varieties can be obtained, and that is by bud variation. It is well known that changes may occur in growing plants in certain of their leaf buds or flower buds, and these changes may lead to the acquisition of new forms, if they are observed and propagated. Many of the cut-leaved, coloured or variegated varieties of ornamental plants were originally found as sports on a branch or shoot. A classical example of a new variety obtained by bud variation is that of the nectarine, which originated from the peach, as a sport in that manner. So too many garden roses have sprung into being in this way. L. H. Bailey, whose books on horticulture are worthy of a special place in all gardeners' libraries, quotes the following very interesting case of bud sports in a cultivated rose. He says that E. Walker, of Indiana, obtained a number of sports of the *Perle des jardins*, which is a golden-yellow rose. The first was a double silvery pink rose which he sold as a new variety for fifty dollars. The second was a white *Perle* originating in a plant sold to a neighbour. This neighbour complained that it was not true to name because the flower was not of the proper colour, but the nurseryman recognised its true nature and bought it back from his customer, and propagated it as a new rose. Almost simultaneously other observers recorded the same sport in other specimens of the same rose, one having been noticed in another part of America, one in England, and one in Germany, showing that *Perle des*

jardins was, at that time, a rose with a remarkable tendency towards bud variation, and we may add that the variations were not merely of the colour of the petals, but also of the form of the blossom.

Among Narcissi a white form known by the name of *Lady Godiva* is stated to be a bud variation of a yellow and well-known form named *Barrii conspicuus*. The sport happened to occur under the observation of an expert, and being recognised and isolated it is found to be constant in character, and has given rise to a new market variety.

Bud variations of greater or less merit are continually arising, and doubtless many of them fail to attract proper notice and disappear again; but the observant gardener should always be on the look out for such opportunities, and should seize them for propagation when found.

The hybridising of distinct species may be distinguished from the crossing of different varieties of one and the same species. Among Narcissi many of the choicest forms have been obtained from crosses between two distinct forms, the long trumpet daffodil on the one side, and the short crowned poet's narcissus on the other. This cross gives a race of medium-crowned narcissi, of which there are to-day hundreds of varieties in gardens, and every year a few new ones are added, while others are discarded. The number of varieties yielded by this primary cross is enormous, because both parents vary, and transmit their variability. Of the trumpet daffodil there are yellow, white, and bicolor varieties, and all these colours are reproduced in their offspring. Moreover, the resultant hybrids differ according as the one or the other of the parents is made the seed-bearer. Other species of narcissus have been pressed into service by the hybridisers, as for example, the Polyanthus narcissus, with its clustered heads of bloom, and the tiny *Narcissus triandrus*, which has a singular potency in impressing its characteristic form on the offspring obtained from its pollen when crossed with its larger congeners, and it is interesting to note that its small size has but little effect in reducing the size of the resultant hybrids. Many of these trumpet and *triandrus* hybrids are of singular beauty, but unhappily they are very delicate, and though I have raised and bloomed several pure white snowdrop-like gems by means of this cross they have generally died after affording one a glimpse of their beauty for one or two years only.

H. L. J.

Recent Additions to the Library.

- A System of Medicine. Vol. II (Part 2, Tropical Diseases and Animal Parasites). Edited by Thomas Clifford Allbutt, M.D., and Humphry Davy Rolleston, M.D.
Gall-stones and Diseases of the Bile-Ducts. By J. Bland-Sutton, F.R.C.S.
Ligaments: their Nature and Morphology. (Third edition.) By J. Bland-Sutton, F.R.C.S.
Clinical Studies in Syphilis. By Arthur H. Ward, F.R.C.S.

The New Resident Medical Officers' Quarters.

THE first part of the new Out-patient and Casualty Block, namely, that facing on to Giltspur Street, is now completed, and by the time this number of the JOURNAL is published it will be occupied and in use. This portion of the new buildings contains the New Quarters for the Resident Medical Officers, together with common rooms and dining hall for students, and quarters for the midwifery clerks. It communicates with the ground floor of the Medical School buildings by a covered way at the point formerly occupied by the School Registrar's room.

The New Resident Medical Officers' Quarters form a striking contrast to the cramped and dingy rooms of the old quarters. Situated on the first, second, and third floors, and, in almost every instance, overlooking Giltspur Street, they are well lit, airy, and easily accessible. The furniture has been chosen with great care, and is not only comfortable and handsome, but also of the very best quality. The kitchen and service accommodation is admirable, and the mess arrangements are being organised by a committee of the resident officers. From every point of view these quarters are the best equipped of any hospital in London.

To enter more into particulars, the Resident Staff Quarters consist of a dining-room and a common room, both on the first floor, and of fifteen sets of rooms. There are seven bath-rooms, all supplied with hot and cold water, and one on each floor provided also with a shower bath. On the site of the old "Plough" tavern, with an entrance in Windmill Court, and communicating with the quarters, is a self-contained series of rooms for the Lady Superintendent and five maids. This, although part of the main building, is a complete house in itself.

The Officers' dining-room is furnished in mahogany, with an oval table to seat twenty, hide-covered chairs stamped with the hospital crest, a sideboard, and a carving table. A beautiful Turkey carpet has been provided, and there is a private service lift from the kitchens above. The Officers' common room is at the same end of the first floor corridor.

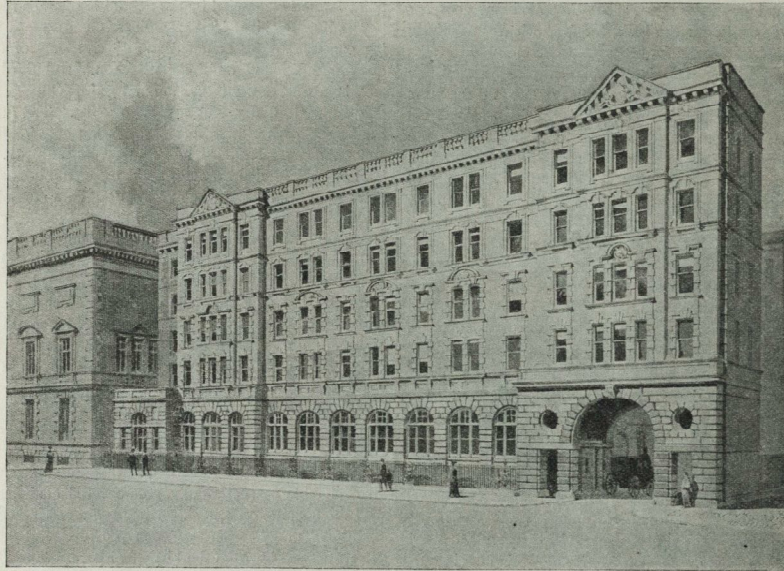
The fifteen sitting rooms are each furnished with oblong oak table, double-spring club arm chair, desk chair, three small chairs, single pedestal writing table, glazed bookcase with cupboard underneath, etc. Each bedroom contains hospital pattern bed, marble-topped wash-hand-stand with mirror above and boot cupboard beneath, chest of drawers, large wardrobe, etc.

There are eight bedrooms and a common room on the third and fourth floors for the use of the midwifery clerks. These bedrooms are furnished exactly like those of the resident staff, except for the omission of the wardrobes.

Electric light is installed throughout the building, the sitting-rooms having each two lamps, the bedrooms one. Lights and coals are now provided free, which was not the

case in the old quarters. A complete system of telephones is shortly to be installed, which should be a great advantage.

The kitchens are on the top floor, and communicate by means of lifts with the officers' dining room and with the Luncheon Hall. They are fitted with the most modern equipment, and the cooking is by steam and gas. The kitchen, larders, pantries, etc., have walls of glazed tiles with rounded corners, and they are light and well ventilated. On this floor are also rooms for the four resident men-servants, and an office for the caterer.



VIEW OF NEW BUILDINGS FROM GILTSPUR STREET.

We have now described in considerable detail the main features of the new quarters. It must be apparent to all that they have been built and furnished with the greatest generosity, care, and foresight, and the present Resident Staff, and those who will follow them, owe a debt of gratitude to the Governors and the other Hospital authorities for all that they have done. Before leaving this subject we should add that a squash racket court is to be built for the resident officers near the site of the old Out-patient Department. This, in addition to the flat roof of the new buildings (which is easily accessible from the fourth floor) will provide opportunities for exercise and fresh air for those

who, by the nature of their work, are so little able to obtain them in the ordinary way.

No less consideration has been spent upon the Students' Union Rooms on the ground floor and basement of the first portion of the new buildings. We shall describe these more fully in a future number of the JOURNAL, but, briefly stated, they consist of a large common room—the Abernethian Room—and a smaller room leading out of it, both situated on the ground floor, and in the basement a very large Luncheon and Dining Hall, 75 feet long by

26 feet wide, with scullery and store-room adjoining, and alcoves suitable for tea-tables behind the supporting pillars.

These rooms have large windows, and walls of light-coloured glazed tiles, and, when completely furnished and decorated, they should be very bright and comfortable.

St. Bartholomew's men have now a further just cause for pride; and we scarcely know whom to congratulate most—ourselves on all these good things that have been prepared for us and our heirs for ever, or the authorities on this handsome fulfilment of their promises.

Corneal Ulcers: their Varieties and Treatment.

An Abstract of a Paper read before the Abernethian Society.

By PERCY DUNN, F.R.C.S.,
Ophthalmic Surgeon to the West London Hospital.

THE transparency of the cornea is an absolute necessity in the perfect fulfilment of its function. When we come to reflect of what the cornea is mainly composed, namely, connective tissue, and to recall the appearance of connective tissue, as it generally comes under our notice, it seems to be one of the most marvellous details in our organism that a tissue ordinarily so opaque could be evolved in this case into one possessing the most perfect transparency. In this connection we may recall the solicitude with which a photographer must ever regard the handling and the condition of his camera lens, and how that the faintest trace of dust, or an almost microscopical scratch upon its surface will tend to render impossible the production of perfect negatives. Thus, from this point of view, all lesions of the cornea, especially those which disturb the integrity of its substance, must be a matter of solicitude to the ophthalmic surgeon. But, having regard to the importance of the cornea in the maintenance of perfect vision, Nature, I think, has been rather hard upon humanity in not making better provision for the repair of corneal lesions. I have no fault to find with her system of repairs so far as the eye is concerned generally. When, for example, vitreous is lost, fluid is supplied to take its place which serves all the purposes of vitreous. But when corneal tissue has been destroyed or damaged the defect is made good by a clumsy piece of workmanship, which everyone can recognise as cicatricial tissue, which is destructive to vision, and to the cosmetic appearance of the eye.

It is impossible to approach the discussion of lesions of the cornea without briefly recalling the special features of the anatomy and physiology of the structure.

The cornea consists of the following layers, from without inwards:

(a) The anterior epithelium. It is interesting to note that, as long as this layer maintains its normal integrity no micro-organisms can penetrate its surface. It has, however, been stated that an exception to this rule should be made in the case of the gonococcus; this micro-organism is supposed to have the power of disintegrating the normal epithelium, and thus of gaining entrance to the substance of the cornea.

The second layer consists of (b) the anterior elastic lamina, otherwise known as Bowman's membrane—a thin homogeneous structure, devoid of cells, which is intimately

connected with the next layer—the stroma. Here it may be pointed out that, while the epithelial layer is always reproduced intact after injury, Bowman's membrane, on the other hand, is the first layer to exhibit inability to repair itself; having once been destroyed, it is never restored.

The third layer is (c) the stroma. This consists of a laminated ground substance, composed of fine fibres of connective tissue, united by a cement substance into flat bundles. Between the bundles open spaces of varying size exist, which form the lymph spaces. These spaces are connected with one another by numerous minute canals, by which is constituted a complete system of hollow passages—otherwise lymph passages—permeating the cornea in every direction. I desire to direct particular attention to this feature of the corneal tissue, a feature which, having regard to the fact that the cornea is an avascular structure, is of extreme importance as affecting its nutrition. As a matter of fact, the nutrition of the cornea entirely depends upon the integrity of its lymph canalicular system, and thus it is that, in the treatment of its diseases, the first duty of the ophthalmic surgeon should be to ensure, as far as possible, every measure being taken to maintain and increase the lymph supply upon which the nutrition of the structure depends. Within the lymph spaces are contained two varieties of cells—called the corneal corpuscles—those which are mobile, and those which are non-mobile. The former consist of white blood cells, which travel about in the lymph canals, and which, in the healthy cornea, are present in very small numbers. But directly the cornea is subjected to any disturbance of the integrity of its surface then the cells at once escape in large amount from the network of vessels in the limbus, and, making their way into the cornea, proceed with all haste to the seat of the lesion, as is apparent by the formation of the opaque area, with which, under the circumstances, we are all familiar. Undoubtedly the action of the leucocytes is a defensive one, designed for the purpose of protecting the cornea from the destructive effects of the invasion of pathogenic organisms, which the injury to the anterior epithelial layer has rendered possible.

The fourth layer is (d) Descemet's membrane. This homogeneous hyaloid membrane forms the posterior boundary of the cornea, and is of special interest, inasmuch as it offers the greatest resistance to any morbid process by which the cornea may be attacked. It is very resistant to chemical reagents, as well as to pathological processes. When the cornea has suppurated, this delicate, though resistant, membrane may for a long time survive the disintegrating effects of toxins and pus organisms. It may be seen bulging forward through the base of a deep ulcer, like a transparent cyst, intact and unbeaten, in the midst of destruction everywhere.

The last layer of the cornea (e) is the posterior epithelial

layer, a single row of flattened cells which covers the posterior surface of Descemet's membrane. Leber has shown that the function of the posterior epithelium is to prevent and oppose the filtration of the aqueous into the cornea.

I now propose to offer some few general remarks regarding ulcers of the cornea, and afterwards to proceed to the classification, varieties, symptoms, and treatment of the disease.

Speaking generally, and excluding the purely traumatic cases, ulcers of the cornea must always be deemed to indicate a systemic condition of malnutrition. Hence among the upper classes the disease is rare in every form. Lactation is a fertile source of corneal ulcers, owing to the demands which it makes upon the general nutrition of the mother. Weaning, of course, is absolutely imperative in these cases. Such eye affections are useful as warnings of the prevailing depressed nutrition, and the recognition of the cause forms a safeguard to the patient, by which most probably more serious illnesses are averted.

Ulcers of the cornea, again, are well known as occurring during the convalescent period of certain of the exanthemata. Having regard to the special means by which the nutrition of the cornea is maintained, there is nothing surprising in the fact that disintegration of its surface should ensue when the general nutrition of the body fails. And here, while upon this subject, it will be convenient to refer to what I regard as a most important detail as bearing upon the treatment of diseases of the cornea generally. Being an avascular structure, the cornea is practically dependent upon its lymph-supply for nutrition. Again, the channels along which the lymph passes are merely cellular spaces in the corneal stroma, the movement of the lymph probably depending upon capillary attraction. Obviously then every care in the treatment of diseases of the cornea should be taken to facilitate the movement or circulation of the lymph, and nothing done to prevent or retard it. Thus it is that I have come to the conclusion that cold causes stasis of the lymph, while heat assists in causing the lymph to move more freely. To formulate this belief concisely I would say, heat assists, while cold depresses or even arrests the nutrition of the cornea. Thus, cold applications in every form should be excluded from the treatment of ocular diseases, and especially so from the treatment of every variety of disease in which the cornea is involved. This principle is one to which I have given practical adherence for many years in the treatment of my cases with the most satisfactory results.

I am disposed to believe that all corneal ulcers have primarily a traumatic origin. Minute abrasions, for example, of the epithelium commonly occur from foreign bodies.

If we accept this view of the origin of ulcers of the cornea then we have a rational and scientific basis upon which to formulate both our classification and treatment of the disease.

Thus for all practical purposes corneal ulcers may be divided into simple and complicated, and the latter into vascular and infective or septic. Simple ulcers may be described as those in which the ulceration is unaccompanied by any distinguishing feature, such as vascularity, hypopyon, sloughing, etc. This form is most commonly seen among weakly, underfed, school children, and is usually easily amenable to treatment. The case of the vascular ulcer is different. It is distinguished by a leash of vessels, presumably those of repair, running from the limbus across the cornea to the lesion. These vessels while coursing over the cornea naturally disturb the nutrition of the epithelium beneath them, and thus opacity is the general result. The opacity so remaining has been compared to a "snail track." These ulcers are always chronic, and in early times were regarded as very intractable to treatment. But, as I shall show when the question of treatment comes to be discussed, nothing is easier than to deal with them in a manner which is neither heroic nor barbarous.

The worst form of complicated ulcers are those which are due to an infective origin. Here the ophthalmic surgeon may be confronted with a condition fraught with the gravest danger, not only to the vision, but even to the integrity of the eye as a whole. Such ulcers are for the most part traceable to a direct injury to the cornea, of which a history is obtainable. The most prominent feature in the early stages of a septic ulcer is the intense pain by which it is accompanied. This pain is different from photophobia, for it is persistent even when the eye is covered by the lids.

Romer has pointed out that in more than half of the accidental wounds of the cornea an infective ulcer results. If this be the case the question may be asked—Why should this high proportion of infected wounds exist? Would the general surgeon be satisfied with his treatment of accidental wounds if upwards of 50 per cent. of them suppurated? It might, however, be thought that one cannot reason from the general to the particular in such a case as this; in other words, that it is impossible to compare the sterilisation of a wound of the soft parts with the sterilisation of a wound of the cornea. True, one cannot use germicides sufficiently powerful to sterilise either the conjunctival sac or an infected cornea. Nevertheless, we can rely upon the next most important alternative, namely, that of mechanically removing all septic infection by resorting to thorough douching, and the mechanical removal by such means of infective material from an eye, owing to the structures being more superficial, is an easier matter than that of securing sterilisation of a wound of the soft parts, consequent upon the recesses present in the latter, and the generally deeper character of the lesion. I am, therefore, not disposed to think that Romer's conclusion as to the frequency of the infection of accidental wounds

of the cornea should be regarded as illustrating a condition which is unavoidable.

The general signs of a corneal ulcer are conjunctival and ciliary injection of the globe, lachrimation, and photophobia. There is, however, nothing constant in any or either of these symptoms. The photophobia may be absent, the injection of the globe scarcely discernible, and the lachrimation almost nil. Perhaps the most varying symptom is that of photophobia.

Superficial abrasions of the epithelium are generally very painful, and entirely, I suppose, because the ciliary nerve endings are lying exposed in the lesion, just as Hilton in his valuable book on *Rest and Pain*, now but little known and read, explained the acute painfulness of many ulcers of the soft parts. He ascribed the pain to the exposure of the sensory nerves to the irritation and pressure of the dressings.

But the toxin is answerable for another symptom by which septic ulcers are invariably accompanied. I allude to the so-called hypopyon, concerning which a few remarks are necessary in this regard. Hypopyon, of course, is not pus, as its name would imply, but merely a collection of leucocytes at the bottom of the anterior chamber, which have escaped from the vessels of the iris and ciliary body. What has led to the exudation of the leucocytes? In other words, what is the pathology of hypopyon? There can be little doubt that the toxin created by the pathogenic micro-organism is absorbed from the surface of the ulcer, and is conveyed through the lymph channels to Descemet's membrane, and so into the anterior chamber. The aqueous thus charged with toxin, acts as an irritant upon the vessels of the iris, causing the leucocytes to escape, while at the same time the aqueous becomes albuminous. The proofs that the exudation which is known as hypopyon is not pus are several. In the first place under favourable conditions it is readily absorbed. It was a favourite saying of the late Sir William Savory that "pus as pus" is never absorbed. Again the contents of the anterior chamber in a non-perforating septic ulcer of the cornea is sterile, as has been amply demonstrated.

We now come to the all important question of treatment. If in the first place we remember that a corneal ulcer is a wound, and as such demands the observance of the principles of wound treatment, we have a rational basis upon which to act in this regard. For example, the cardinal features to be observed are rest to the affected eye, anti-septic cleanliness, and the use of remedies calculated to promote both local and general nutrition.

Rest is secured by the application of a pad and bandage to the eye. General nutrition is promoted by the administration of iron and quinine, and, as far as circumstances will permit, a generous diet; local nutrition is increased by hot fomentations and the instillation of either a mydriatic or myotic as the case may demand, while anti-septic cleanli-

ness is obtained by the resort to the same principles which, with certain modifications, govern the treatment of wounds generally.

So much for the general details of the treatment of this disease. I now come to the particular or special.

First, the vascular ulcer. In earlier days this was always regarded as an intractable form of the disease. All local treatment not infrequently failed to cure, and then there was only one method left which, however, seldom proved to be unsuccessful. I allude to the use of a seton. But in these days of aseptic wounds the mere idea of such a method is repulsive. I do not know to what extent this loathsome method is still resorted to, but for the credit of our art the hope may be expressed that it has metaphorically been relegated to the lumber room of obsolete remedies, there to be lost sight of and forgotten as a relic of ancient times. Vascular ulcers, as I have for many years repeatedly proved, are readily amenable to treatment with eserine.

Lastly, I come to the septic ulcer, by far the most serious variety of the disease. As I have already observed, the predominating accessory features thereof are acute persistent pain and hypopyon. Whenever such a case presents itself the following method of treatment should be adopted:—The patient should be placed in the recumbent position on a couch, cocaine instilled into the affected eye, a spring stop speculum inserted between the lids, and the conjunctival sac thoroughly douched for ten minutes or more with a warm solution of 1 in 2000 chinisol. Then a few drops of a solution of eserine, of the strength of half a grain to the ounce of water, may be instilled, and a hot fomentation of chinisol gauze applied and covered with a pad and bandage. The patient should next be admitted to the ward, the fomentations changed every two hours, and the eserine drops and the chinisol douching repeated thrice daily. In addition iron and strychnine internally is indicated, as well as, of course, a full diet. If the case is seen in an early stage a few days of the above treatment will effect much improvement; the pain will have been relieved, the hypopyon absorbed, and the infective character of the ulcer arrested, while the injection of the globe will have become manifestly less.

Commonly, however, it happens that the disease has made considerable progress before the patient is seen. The central part of the cornea may be in a sloughing condition, and the hypopyon may occupy a third of the anterior chamber. The general rule is that if the hypopyon is larger than this absorption never takes place, and when this is the case further measures of treatment are necessary. The patient should be placed under a general anaesthetic, a spring stop speculum inserted between the lids of the affected eye, and a free paracentesis of the anterior chamber performed by means of a Graefe's knife, the incision being made on the outer side for preference,

in a line with the horizontal axis. Sometimes the hypopyon is of fibrinous consistence, and in such a case the plan is a good one to pass a pair of iris forceps through the wound and extract the more solid portions. The subsequent treatment of the case is that which has already been described.

I place sole reliance upon the strict antiseptic measures above delineated, and thus it is that I never find it necessary to resort to the actual cautery, a procedure which is so commonly recommended and used: for, in order to destroy the infection, the cautery must be applied with that freedom which adds not only to the destruction of the corneal tissue, but also to the density and extent of the leucoma which subsequently results.

When is a mydriatic, and when is a myotic indicated in the treatment of ulcers of the cornea? For the most part a mydriatic, in the form of atropine, two grains to the ounce of water, is used in the simple form of the discase, while a myotic, in the form of eserine, half a grain to the ounce of water, should always be employed in the case of all vascular and septic ulcers, as well as for those situated at the corneal margin at which, from any cause, perforation is threatening, or has taken place. Possibly the utility of eserine, which is not universally admitted in the treatment of corneal ulcers, is partly due to the fact that the drug reduces the tension of the globe. It possesses, also, some antiseptic action, and, for some reason which I cannot explain, appears to act as a specific in bringing about the healing of the secondary ulceration of the cornea, which occurs in neglected cases of purulent conjunctivitis in infancy.

Obituary.

EDGAR LEONARD FARNCOMBE, M.A., M.B.,
B.Ch.(Oxon.), M.R.C.S., L.R.C.P.

It is with great regret that we announce the death of Edgar Leonard Farncombe, which took place on March 6th at his residence, Fairlea, Chudleigh, S. Devon, from pneumonia after five days' illness.

Farncombe was the youngest son of Richard Farncombe, M.R.C.S., L.S.A., of Balsall Heath, near Birmingham. He was educated at Malvern, St. John's College, Oxford, and St. Bartholomew's Hospital. He took the degree of B.A., with Honours in Physiology, in the Final Honour School of Natural Science, and he qualified as M.R.C.S. and L.R.C.P. in 1902. In 1903 he took his M.A. degree and passed the examinations for the M.B., B.Ch.

While at St. Bartholomew's he held the posts of House-Surgeon to Mr. Langton in 1902-3, and Extern Midwifery Assistant in 1903. Subsequently he acted as Resident Clinical Assistant at St. Luke's Hospital, and Clinical

Assistant in the Throat Department of St. Bartholomew's Hospital.

Throughout his whole career at Bart.'s Farncombe endeared himself to many by his thoroughness, straightforwardness, and cheery manner. As House Surgeon he was so keen himself that he infused keenness into his Dressers, and they one and all were devoted to him, for he gave a large part of his time to both helping and teaching them.

In January, 1906, he married the eldest daughter of Mr. J. B. Manby, of Birmingham, and settled in practice at Chudleigh, where, as was absolutely characteristic of him, he converted what had been local opposition into a most amicable partnership. At Chudleigh he was as universally liked and respected as he had been at school, college, and hospital.

His untimely and sudden death, at the early age of thirty-one, came as a great shock to every one, and will be mourned by his many friends; by them his memory will be the more treasured by reason of that devotion to his profession which, without doubt, cost him his life. His friends, both at Bart.'s and elsewhere, realise that they have lost one who was unswerving in his loyalty as a friend, and impossible to replace as a companion.

H. E. G. B.

The Abernethian Society.

On February 28th Mr. H. Percy Dunn read a paper on "Corneal Ulcers and their Treatment," which we publish elsewhere.

On March 7th Mr. L. T. Burra read a paper on "Angio-Neurotic Oedema." After dealing fully with the aetiology, pathology, and treatment of the disease, Mr. Burra enumerated nine factors which had been stated as predisposing and exciting causes. In speaking of the pathology of the condition he referred to the diminished carbonaceous metabolism, and to the lymphagogue theories, and described the treatment based upon them. Mr. Burra read the notes of two cases recently in Matthew ward.

In the discussion which followed, reference was made to a great many cases recently seen at the Hospital, Messrs. Ball, le Brocq, Roberts, Newton Davis, McDonagh, Cunningham, Stidston, Dixon, Stansfeld, and Mead taking part.

The annual general meeting was held on March 14th, Mr. W. Girling Ball (President) in the chair.

The annual report was read and adopted. The President read a letter from the Students' Union Council asking the Society to change its financial year from April to March to October to September. Alterations in the laws of the Society to enable this to be done were proposed and carried.

It was enacted that the honorary secretaries should be *ex officio* the vice-presidents of the following year, and that one of these officers should, from October to March as secretary, and from April to September as vice-president, have charge of the finances of the Society.

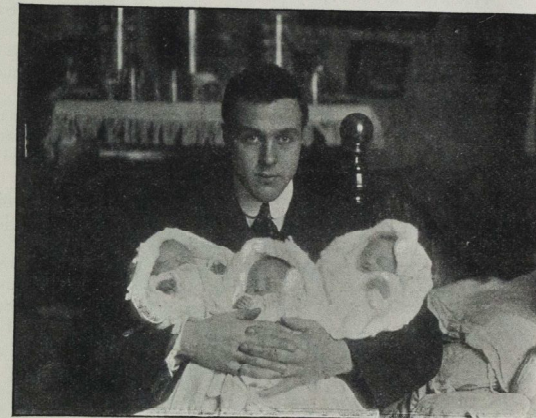
The election of officers for the ensuing year was declared as follows:

Presidents.—Messrs. J. G. Gibb and R. V. Favell.
Vice-Presidents.—Messrs. G. H. H. Almond and J. R. H. Turton.
Hon. Secretaries.—Messrs. S. Dixon and A. J. W. Cunningham.
Additional Committeemen.—Messrs. E. D. Whitehead Reid and A. L. Moreton.

The King's Bounty.

ON January 21st, 1907, triplets were born on the District.

The labour was a straightforward one. The liquor amnii was discharged at 11 a.m., January 21st. The first child (a female) was born at 10.45 p.m. the same day, presenting by the breech. A second female (vertex presentation) and a male (also vertex) followed it in rapid succession. The placenta and membranes were spontaneously expelled at 10.50 p.m., after the birth of the third child. Labour lasted for 11 hours 50 minutes.



The infants at birth were well formed, vigorous, and, though small, apparently full-time children. They weighed 3 lbs. 10 oz., 2 lbs., and 3 lbs. 4 oz., respectively. There were two distinct placentae. Two cords, whose vessels anastomosed *inter se*, were attached to the first, while the second placenta bore the third cord. The total weight of placentae and membranes was 2 lbs. 12 oz.

When the case was discharged by the Hospital the children were sound and well.* The King's Bounty was applied for on behalf of Mrs. R—. His Majesty, finding on inquiry that the case was a suitable one, and the children living and in good health, directed the sum of £3 to be forwarded to the mother.

The last case of triplets on the District was recorded in 1901. A few facts in reference to twin and triplet births in

* Since the above was written one has died.

the area served by St. Bartholomew's since January 1st, 1888, may be of interest:

Total number of births attended by the Hospital 33,019.
Number of triplet births 7, of which 11 were male, 10 female, children.

Number of twin births 414.

Incidence of triplet deliveries on the District 1 in 4657.

Incidence of twin deliveries on the District 1 in 7976.

The first record of births on the District was made in 1867, during which year 576 took place.

For the last twenty years they have averaged 1650.95 per annum. The first case of triplets, of which the Hospital has any record, was in 1870 (all females).

By the kindness of Mr. D. M. Stone, the Midwifery Clerk in attendance on the case, we are enabled to reproduce a photo of himself with the three babies in question. Copies of the above and other photographs may be obtained from Mr. Stone, who is selling them at 3d. each for the benefit of the parents.

Recent Papers by Bartholomew's Men.

Myers, B. E., M.D.Édin., M.R.C.S.Éng., L.R.C.P.Lond., and Still, G. F., M.D.Cantab., F.R.C.P.Lond. "On White-Wine Whey in Infant Feeding," *Lancet*, January 12th, 1907.

Myers, B. E., M.D.Édin., M.R.C.S.Éng. "A Note on the Continuous Use of Oxygen in a Case of Broncho-pneumonia in a Cardiac Subject," *Lancet*, February 9th, 1907.

Power, D'Arcy, M.B.Oxon., F.R.C.S. "The Symptoms, Treatment, and Sequelæ of Non-malignant Duodenal Ulcer," Fifteenth International Medical Congress, Lisbon, April, 1906.

Nixon, J. A., M.B.Cantab., M.R.C.P.Lond. "Guy de Chauliac, a New MS., including the 'Practica Astrolabii,'" *Janus*, January, 1907.

The Students' Union Annual Report and Balance-sheet.

THE Annual Report of the Students' Union Council was read at the Annual General Meeting on Tuesday, March 12th, by the Senior Secretary, and will be published as usual in next edition of the *Year Book*.

Meanwhile, there are certain points in the Report and Balance-sheet which seem worthy of immediate comment in the *JOURNAL*, especially as this number is destined to be sent to all old Bartholomew's men, whether they are subscribers or not.

In the first place it is satisfactory to find that the Students' Union, under the able acting-Presidency of Dr. Morley Fletcher, has completed another year of successful work, and for the first time in its history has a substantial balance to its credit at the bank. Last year a deficit of £27 had to be paid off; now the Union is £51 18s. 9d. to the good. This is excellent. Next to the enthusiastic support of its members a sound financial position is the most valuable asset which the Students' Union can possess.

In thanking the Governors for allowing the Great Hall to be used as a temporary Common Room the Union was able to congratulate itself on the forthcoming completion of its new quarters in the Out-patient Block. Another cause for congratulation were the improvements which are being made in the Winchmore Hill Ground, under the direction of Mr. Bruce Clarke, and which will add greatly to its appearance.

Referring to the events of the past year the Report noted the emphatic success of the last Annual Dance, and paid a

tribute to the Editors and the Publication Committee of the *JOURNAL* for the popularity which it has attained and for the handsome profit which it has handed over to the Treasurers of the Union as a result of the year's working. The undoubted value of the *Year Book* was also alluded to, and acknowledgments were made to Messrs. Hogarth and Burra for the admirable work which they had done in the production of the first two editions.

The Report next included a brief critical *résumé* of the past season's work of each of the affiliated clubs. This was obviously appreciated by the meeting, and we foresee from this publicity much advantage to the various athletic clubs of the Hospital.

As was pointed out in the reading of the Report the general result of the past athletic year has been satisfactory. Although we have not been so successful as we had hoped to be in securing the coveted Inter-Hospital trophies, the past season has shown, in almost every instance, an increased enthusiasm and a general improvement in the standard of play.

With a little more life and a little more serious effort at combination, our clubs, individually and collectively, should have a brilliant record for publication at the General Meeting in March, 1908.

We have long owned the best pavilion and ground of all the hospitals in London. We now have excellent accommodation for students within the Hospital itself; and we have, further, a representative Students' Union Council working loyally with the Hospital authorities for our well being—professional, social, and athletic. It only rests with ourselves—the great body of present Bart's men—to make the best use of these opportunities.

The Students' Union.

BALANCE-SHEET, 1905-1906.

		£	s.	d.			£	s.	d.	£	s.	d.
To Members' Subscriptions	...	499	10	0	By Grants to Clubs—							
„ Grant from School	...	100	0	0	Abernethian	...	30	14	4			
„ JOURNAL Fund	...	300	0	0	Association	...	15	11	3			
„ Profit on Entertainment	...	7	10	4	Athletic	...	27	9	1			
„ Carried over from Secretary's Balance Sheet	...	15	7	0	Cricketer	...	19	17	8			
					Hockey	...	10	8	0			
					Lectures	...	16	9	10			
					Musical	...	20	0	0			
					Rugby	...	21	16	3			
					Shooting	...	10	6	9			
					Swimming	...	3	0	8			
					Tennis	...	10	16	9			
										188	10	7
					„ Transferred to Maintenance and Reserve	...	734	3	3			
										£922	13	10
Balance at Bank	...									£51	18s.	9d.

Correct, November 24th, 1906.

H. E. G. BOYLE.
J. H. DRYSDALE.
L. B. RAWLING.

Report of Abernethian Society.

THE Abernethian Society has held twenty meetings during the past session, the three addresses having been delivered by Mr. Lockwood, Dr. Norman Moore, and Dr. Tooth. Four Clinical Evenings have been held, and, owing to better organisation, have proved a greater success than others held in recent years. There has been a slight increase in attendance at meetings, and a considerable increase in the number of new members admitted during the session.

Through the courtesy of the School Committee the meetings have been held in the Library, but the Society hope that next October will see the Abernethian Room in the new buildings available.

Reviews.

PUBLIC HEALTH LEGISLATION AND MODEL BYE-LAWS. Specially prepared for the Diploma of Public Health by MARTIN ELLIOTT, Barrister-at-Law, and GILBERT ELLIOTT, M.R.C.S., D.P.H., 2nd Edition. Pp. xii-182. Crown 8vo. 5s. net. (London: H. K. Lewis.)

It is little more than six months since we wrote a very favourable review of the first edition of this handy little book, and we find no reason to alter our opinion. A concise summary of the Public Health (London) Act, 1891, has been added, but, in the case of the requirements for "underground rooms," no mention is made of the conditions of occupancy—a very important point in practice.

THE ESSENTIALS OF HISTOLOGY. By E. A. SCHÄFER. 7th Edition. (Longmans, Green, and Co.) 10s. 6d. net.

Early in his career the medical student uses a text-book on histology in order to become sufficiently proficient to pass an examination in physiology. For this purpose this book is excellent. The illustrations are well chosen and admirably reproduced. The innovation of printing them in coloured ink undoubtedly helps the reader to appreciate what he sees. The letterpress is clear and concise, and the description of each tissue is good. In this edition the additions to the chapters on cytology and the central nervous system will greatly aid the student.

Certain human tissues show slight histological differences from those of most other mammals, and the usefulness of this book, as far as human pathology is concerned, would be much increased if mention were made of such differences. In particular we may refer to the account of the mammary gland on p. 248. This, although accurately describing the condition found in other mammals, is not borne out by the sections of human breasts figured.

In this direction the present edition is more complete than the last in that some twenty odd additional plates showing normal human tissues have been added.

ST. BARTHOLOMEW'S HOSPITAL REPORTS. Vol. xliii. (1906.) (Smith, Elder and Co.) Price to subscribers 6s., to non-subscribers 8s. 6d.

This volume of the *Hospital Reports* contains the usual store of good things, illustrated by ten plates and four other figures. One wishes that the day consisted of 124 hours, that fewer of the interesting cases reported might be missed while they are actually in the Hospital. Of the 103 microscopic specimens added this year to the museum, two transposed hearts, two cases of endocarditis due to the influenza bacillus, a ruptured dissecting aneurism from a boy, a specimen of chloroma with secondary growths, and a dermoid cyst extruded from the rectum, are of special interest.

The Clubs.

STUDENTS' UNION.

The fourth Annual General Meeting of the Students' Union was held in the Great Hall on March 12th, Dr. Morley Fletcher presiding.

The minutes of the last General Meeting were read and adopted. Mr. Miles then read the Annual Report, and moved its adoption, which was seconded by Mr. Girling Ball.

Dr. Morley Fletcher, in supporting the motion, referred to the regrettable absence in Persia of the President, Dr. Herringham, and suggested that, on his return, he be invited to give a special lecture on the subject of his tour. He commented on the satisfactory nature of the Report, and hoped the suggestion of resuscitating the Rowing Club would meet with an energetic response. The approaching entry into the new quarters would be the beginning of a new era in the history of the Union, and he hoped that the traditions of the old would be carried with them into the new. The motion was put to the meeting, and unanimously carried.

Mr. Gask submitted an exceedingly satisfactory and gratifying Balance-sheet, showing the financial condition of the Union to be stronger than ever before.

A vote of thanks was proposed to Dr. Drysdale, Mr. Rawling, and Mr. Boyle for their arduous work in auditing the accounts, and carried with acclamation.

Dr. Herringham, on the nomination of the Medical School Committee, was again elected President for the coming year.

The Chairman announced that Mr. Trevor Davies had been appointed Senior Secretary for the ensuing year.

The results of the recent Council election were read by Mr. L. T. Burra on behalf of the tellers, Messrs. Burra, Jamison, and Treweby. Constituency A.—G. F. Page (Conjoint), H. D. Gillies (Cambridge University), S. Dixon (Cambridge University), H. T. H. Butt (Cambridge University), Newton Davis (London University).

Constituency B.—R. von Braun (Conjoint), E. N. Snowden (London University).

Constituency C.—H. M. Coombs, F. J. Gordon, W. B. Griffin.

Constituency D.—Not yet elected.

The proceedings closed with a hearty vote of thanks to Dr. Fletcher for presiding over the meeting.

As this meeting is only held annually it is remarkable how few students take the trouble to be present, a proportion of not more than a fifth of our total numbers putting in an appearance! It is hoped that, in future, men will take a greater interest in the management of their own affairs, and will make a point of turning up on these occasions, if only to encourage those who give so much of their time and energy to the work of the Students' Union. We had thought that the carelessness which has been so long a feature of Bart's men had disappeared with the formation of our Union. We hope that, once out of this rut, we shall never again slip back into it, but that we shall put more and more enthusiasm and whole-hearted interest into affairs connected with a school so ancient and so glorious as our own.

RUGBY FOOTBALL CLUB.

HOSPITAL RUGBY CUP TIE.

ST. BART'S v. LONDON.

This match was played at Richmond on February 26th, resulting in a win for London by 15 points to *nil*. From start to finish it was a splendid game, marked by fine footwork on the part of both packs and good tackling by the three-quarters. Bart's won the toss, and played with the wind behind them. At first the game was confined to the forwards, the London pack usually getting the ball in the scrums, but their three-quarters made little use of it. Coombes broke away round the blind side of the scrum, passing to Richards, who in turn gave to Gibson. The latter ran well, but was tackled by Lindsay. The Bart's forwards played magnificently after this, holding the London eight well in the scrums, and beating them in footwork. Monteith lead several rushes by the London forwards, but Ferguson kicked well. On several occasions Gibson and Oulton broke away, lack of pace alone preventing a score. Though the

game was mostly in the London half, the Bart.'s three-quarters could not score, Lindsay playing well at full-back for London. From a run by the London three-quarters Ferguson only just pulled his man down outside the line, but from the ensuing scrum one of the London forwards got over the line and scored, Gibson converting the place kick.

The game was played at a great pace after this, Ferguson kicking splendidly at full-back, and Oulton tackling well in the three-quarter line. Though Coombes did some good things at half-back, Bart.'s were being beaten there by Heale, who was in great form. Grandage dribbled the ball into the London "25," and, though we had most of the game, we could not score. Half-time arrived with London leading by 1 goal to nil.

The second half produced some splendid football, the forwards on both sides playing grandly. Trewby got away from touch and gained yards, but was not backed up. Gibson put in two fine runs, but was collared close to the London line, where several scrums took place, but fine work by the London forwards took the ball to half-way. Monteith broke away and kicked across. The ball was taken to our goal line, and, from a scrum, one of the London forwards got over the try being converted. The third goal came from Monteith, who ran in unopposed. Coombes put in a grand run at the finish, beating several opponents, but spoilt the effort by not passing before being collared. The match ended in a win for London by 3 goals to nil, a result which rather flattered the winners, who were not fifteen points better on the day's play.

The Bart.'s forwards played splendidly, and it would be hard to individualise. Grandage, Trewby, and Follitt were always prominent, but the others all did fine work. We were beaten at half, though Coombes did many good things. Of the three-quarters Gibson put in several fine runs, and, with a little more pace, would have scored. Oulton tackled well and did some hard work, but he had few chances. Lee was rather slow, and Bilderbeck had little to do. Ferguson, at back, played a plucky game, and his kicking was usually an excellent length. He stopped several rushes of the London forwards in great style, though he should have saved the third try.

It was a fine game to watch, and showed that Bart.'s at last possess an evenly balanced side which can play good football when the occasion demands.

New Preparation.

We have received from the Vervo Company, of 9, Mincing Lane, E.C., a sample of Vervo Malted Tea. We were favourably impressed by several trials of this blend, which to the naked eye appears to consist of a mixture of the two substances in about equal parts.

Correspondence.

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

"MACKENZIE'S."

DEAR SIR,—In the last number of the JOURNAL I observed with pleasure that the Medical School Committee had agreed to the request that the new Students' Common Room should be called "The Abernethian Room."

May I express the hope that the Medical School Committee will permit the new quarters for midwifery clerks to retain the name "Mackenzie's"? So many of us have recollections, pleasant in the main, and at any rate vivid, of the time when we figured on the district as Dr. Mackenzie, that I venture to think the perpetuation of the name would be appreciated by Bartholomew's men, past, present, and to come.

Yours faithfully,
H. J. GAUVAIN.

March 9th, 1907.

New Addresses.

AMSLER, A. M., 39, High Street, Eton, Windsor. Telephone: 345 Windsor.

MYERS, BERNARD, 93, Priory Road, West Hampstead, W. Telephone 1128 Hampstead, as before.

KOBBS, C. H. D., 22, Avenue Road, Grantham.

SMITHSON, Major A. E., R.A.M.C., Military Hospital, Harrismith, O.R.C.

Births.

BEATH.—On 8th March, at Barnard House, Bath, the wife of David Leslie Beath, M.R.C.S., of a son.

BOWLBY.—On 26th February, at 24, Manchester Square, W., the wife of Anthony Alfred Bowlby, C.M.G., of a son.

FLETCHER.—On 8th March, at 98, Harley Street, W., the wife of Herbert Morley Fletcher, M.D., of a daughter.

MAXWELL.—At Tainan, Formosa, on 10th February, the wife of James L. Maxwell, M.D., of a daughter (Hilda Elizabeth).

PENNEFATHER.—On the 16th of March, at Deanhurst, Harrow, the wife of Claud Maxwell Pennefather, M.B., of a son.

Deaths.

FAKNCUMBE.—On 6th March, at Fairlea, Chudleigh, S. Devon, Edgar Leonard Farncombe, M.A., M.B., B.Ch.(Oxon.), M.R.C.S., L.R.C.P., of pneumonia, in his 32nd year.

FISHER.—On 10th March, at Shere, Guildford, Surrey, of pneumonia, Charles Fisher, M.D., D.P.H., elder son of George and Mary Ann Fisher, of Shere, Surrey, aged 30.

SYMPSON.—On 25th March, at Saunderrites, Charterhouse, Godalming, within a fortnight of his 15th birthday, Reginald Hilary Mansel, younger son of E. Mansel Symptom, M.D., Deloraine Court, Lincoln, of acute appendicitis.

Acknowledgments.

British Journal of Nursing, The Broadway, L'Echo Médical du Nord, Giornale della Reale Società Italiana d'Igiene, Guy's Hospital Gazette, Health Resort, The Hospital, International Journal of Surgery, Journal of Laryngology, Rhinology, and Otology, London Hospital Gazette, Magazine of the Royal Free Hospital, Medical Review, Middlesex Hospital Journal, Le Mois Médico-Chirurgical, New York State Journal of Medicine, Nursing Times, The Practitioner, St. George's Hospital Gazette, St. Mary's Hospital Gazette, St. Thomas's Hospital Gazette, The Stethoscope, The Student, Union Magazine, 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: 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. 8.]

MAY, 1907.

[PRICE SIXPENCE.]

St. Bartholomew's Hospital Journal,

MAY 1st, 1907.

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

Calendar.

- Wed., May 1.—Clinical Lecture, 2.45 p.m. Mr. Harrison Cripps.
 Thur., " 2.—Primary F.R.C.S. Examination begins.
 Fri., " 3.—Clinical Lecture, 1 p.m. Dr. Norman Moore.
 Dr. Ormerod and Mr. Bowlby on duty.
 Sat., " 4.—C.C. v. Wanderers, at Winchmore Hill.
 Mon., " 6.—Examination for M.B., B.S.Lond. begins.
 Special Subject Lecture, 1 p.m. Dr. Ormerod.
 Tues., " 7.—Dr. Herringham and Mr. Lockwood on duty.
 Wed., " 8.—VIEW DAY.
 Fri., " 10.—Clinical Lecture, 1 p.m. Dr. West.
 Dr. Tooth and Mr. D'Arcy Power on duty.
 Sat., " 11.—C.C. v. Virginia Water, at Virginia Water.
 Mon., " 13.—Special Subject Lecture, 1 p.m. Dr. Garrod.
 Third Examination, Society of Apothecaries (Surgery) begins.
 Tues., " 14.—Dr. Norman Moore and Mr. Cripps on duty.
 Wed., " 15.—Clinical Lecture, 2.45 p.m. Mr. Bruce Clarke.
 Fri., " 17.—Clinical Lecture, 1 p.m. Dr. Ormerod.
 Dr. West and Mr. Bruce Clarke on duty.
 Mon., " 20.—BANK HOLIDAY.
 Third Examination, Society of Apothecaries (Medicine, Forensic Medicine, and Midwifery) begins.
 Tues., " 21.—Dr. Ormerod and Mr. Bowlby on duty.
 Wed., " 22.—Clinical Lecture, 2.45 p.m. Mr. Bruce Clarke.
 Fri., " 24.—Clinical Lecture, 1 p.m. Dr. Herringham.
 Dr. Herringham and Mr. Lockwood on duty.
 Examination for Matthews Duncan Medal.
 Final F.R.C.S. Examination begins.
 Sat., " 25.—C.C. v. Southgate, at Southgate.
 Mon., " 27.—Special Subject Lecture, 1 p.m. Dr. Lewis Jones.
 Examination for Lawrence Scholarship begins.
 Tues., " 28.—Dr. Tooth and Mr. D'Arcy Power on duty.
 Wed., " 29.—Clinical Lecture, 2.45 p.m. Mr. Bowlby.
 Fri., " 31.—Clinical Lecture, 1 p.m. Dr. Tooth.
 Dr. Norman Moore and Mr. Cripps on duty.

Editorial Notes.

VIEW DAY is almost upon us. In accordance with the unalterable custom of the Hospital, it is fixed for the second Wednesday of this month, that is to say, the 8th of May. This year's ceremony should attract an even larger gathering of visitors than usual. The new Resident Staff Quarters and Students' Rooms have already settled down into full occupation, and our visitors will, no doubt, wish to include these in their survey of the Hospital. We hope that many old Bart.'s men will take this opportunity of inspecting the progress of the new buildings, and of seeing for themselves the excellence of those parts which are already completed. The last few months have seen rapid advances in the building of the new Surgery and Dispensary, and we understand that, so far as the builders are concerned, the entire block will be finished in June.

We have always heard that View Day is a serious matter for the flower vendors of Covent Garden Market, who find themselves suddenly invaded at break of day by an unexpected crowd of purchasers. The floral decorations of the twenty-eight wards are a heavy drain upon their resources. If the entire Junior Staff also decides to turn its new quarters into a series of rose-bowers on this occasion, we imagine that there will be little left in Covent Garden but vegetables by the time the regular customers arrive.

THE Annual Past and Present cricket and tennis matches have been arranged to take place on Wednesday, June 19th, at Winchmore Hill. The Students' Union especially hope that as many Bart.'s men of past years as possible will come to the ground on that day, as endeavours are being made to ensure a great success for this fixture. Will any of those who wish to play for the Past in the cricket match please send in their names to Mr. H. E. G. Boyle, 4, Tenby Mansions, Nottingham Street, W.; and those who wish to represent the Past at tennis to Mr. R. T. Crawford, St. Bartholomew's Hospital, E.C.? The Past and Present

fixure is more than a mere social gathering of those immediately connected with the Hospital: it is the best opportunity for old students to renew former friendships and to keep in touch with the present generation of Bart.'s men.

* * *

WE are glad to hear that the Hospital Rowing Club has been revived. It ought never to have ceased to exist. St. Bartholomew's, of all hospitals, ought to be able to put a first-class boat on the river every season. During the past few years we have been particularly rich in University oarsmen, and it has been a matter for great regret that circumstances have prevented them from representing the Hospital, if not at Henley, at least in the Inter-Hospital Boat Race. We need only mention Messrs. Etherington Smith, J. E. Payne, H. D. Gillies, C. H. S. Taylor, and M. Donaldson, all Cambridge blues, to show the wealth of rowing talent that we have had at St. Bartholomew's during the last five years alone.

* * *

Now that a preliminary meeting has been held, under the chairmanship of Mr. R. B. Etherington-Smith, and the club has been launched once more, we shall expect great things of our rowing representatives. The Students' Union Council has welcomed the proposed revival of the Rowing Club, and is prepared to support it in every possible way. We understand that there is every prospect of a St. Bartholomew's four competing at Henley. It should be possible eventually to put an eight on the river; though that is perhaps too much to expect this summer.

* * *

THE new Abernethian Room on the ground floor of the first portion of the Hospital extension is now furnished and decorated. It is handsome, light, and comfortable—long tables run down the centre of the room, and there is a good supply of arm-chairs and cushioned benches. Abernethy's chair occupies a prominent position against the centre of one of the walls, and his portrait hangs over the fireplace. The smaller room, leading out of the Abernethian Room, is not quite ready for occupation. It will be used for writing and reading, and for committee meetings.

* * *

THE Dining Hall on the floor below has already proved a great success. It combines the functions of the old College Hall and the old tea-room; and it is always well patronised at lunch time. Here, as in the Resident Officers' Quarters, the catering and service have been improved. The white uniforms of the waiters look very neat and clean. The new arrangements are in every way a pleasant contrast to the old state of affairs, and there is no reason why they should not remain so.

* * *

THE College now occupies the old Resident Staff Quarters, which have been renovated and cleaned up for this purpose during the Easter vacation. The furniture has

all been sterilised, and the chairs, sofas, etc., have been re-covered. The JOURNAL office, we are proud to state, has shared in the general polishing and purification, and now looks positively radiant in its new coat of paint. Indeed, the Editor could hardly tear himself away from it after he had leant against the mantelpiece on his return from an enforced holiday.

* * *

THE entrance to the new buildings from the Hospital Square, just to the left of the Medical School doorway, is not quite finished. In order to make room for this passage part of the seating accommodation of the Medical Theatre has had to be sacrificed. The effect of this upon the Theatre does not add to the latter's appearance, and we cannot congratulate the workmen on the result of their labours. As it stands at present the Medical Theatre is an eyesore. We hope that something better will be contrived in the near future.

* * *

MUCH speculation, chiefly of a humorous kind, has been indulged in, as to the nature of the unfinished inscription over this entrance to the new buildings. Two letters only have as yet been sketched, and they are in the centre of the blank space. These letters are "TL." We have been asked to offer a prize for the correct wording of the rest of the inscription. We are pleased to announce, therefore, that the first reader who sends us the missing words will be suitably rewarded. "Out-patient Department" and "Sancti Bartholomei" have already been suggested *ad nauseam*, and our Acrostic Editor begs us to state that he has no further use for them. The visiting and teaching staffs are debarred from this competition.

* * *

WE were pleased to see Dr. Herringham back again amongst us a few weeks ago, after his six months' tour in India. The Students' Union Council, to mention only one of the many departments of hospital work with which Dr. Herringham is prominently associated, is very glad to have him once more at the helm. We hope to prevail upon him to give us an account of some of his experiences in the East for publication in the JOURNAL. Mr. HARMER, whose appointment to the post of Surgeon to the Throat Department we announced last month, has also returned to England, and we learn with pleasure that he is restored to health. We congratulate St. Bartholomew's no less than himself on his speedy return to work. The new and extended Throat Department in the Out-patient Block should prove an excellent field for his great abilities.

* * *

THE following Scholarships have recently been awarded: Senior Scholarship, A. P. Fry; Junior Scholarships (Anatomy and Biology) R. G. Hill, C. D. Kerr, and J. W. Trevan (eq.). The Kirkes' Gold Medal and Scholarship has been awarded to G. T. Burke. We congratulate these gentlemen on their success.

Notes on some Old Books in the Library of the East Sussex Medico-Chirurgical Society, Hastings.

From a Paper read to the Society, February 19th, 1907, by HUBERT STANLEY, M.B.

THE library of this Society, like most others of any age, contains a large number of works from whose ancient covers the dust is perhaps seldom shaken, and whose time-stained pages seldom see the light of day.

It so happens that these old books have a champion of their own, for there is in the library a copy of a pamphlet written in the sixteenth century containing some lines supposed to be spoken by an old book—

"As some delight most to behold
Eche new devyse and gyse,
So some in works of fathers old
Their studies exercise,
Perusing with all diligence
Books written long before,
Wherein they learn experience
To heal both sick and sore.
Wherefore, all those that use me right
I shall increase their fame,
And vile abusers all my might
Shall be to do them shame."

Of these old works it is impossible to mention more than a few, but among them there is perhaps none more curious and quaint than one which belonged to Dr. Greenhill, our founder, the *Regimen Sanitatis Salernitanum* or *The Flos Medicinæ*. This Latin poem was addressed by the School of Salerno to Robert of Normandy, son of William the Conqueror, so that it is over 800 years old. Of it there have been over one hundred and sixty editions; the one in the library is by Sir Alexander Croke, D.C.L., published at Oxford in 1830. It contains extensive commentaries, and an English translation, published in 1607, called *The Englishman's Doctor*, or *The School of Salerno*, or *Physical Observations for the perfect Preserving of the Body of Man in continual Health*. There are also numerous quaint woodcuts from German editions printed in the sixteenth century.

The city of Salerno is noteworthy as having been the earliest school in Christian Europe devoted exclusively to medicine. Its attainments may not appear to us very great: still it was a pure medical school, and marks a stage in the history of medicine. Of course the monasteries had been the homes of medical as well as of all other learning, and there was a Benedictine monastery close to Salerno founded by St. Benedict himself. It is certain, however, that the School of Salerno was a purely secular and distinct foundation.

Its physicians had become famous by the ninth century. It was then known as the "Civitas Hippocratis," and had

the custody of the body of St. Matthew, whose effigy appears on its seal.

It was originally a Roman colony, and after many vicissitudes was conquered by the Normans about 1075. It was famous as a health resort, and William the Conqueror is said to have gone there for a "cure."

The school received a charter about 1230, and had full power to grant diplomas. The curriculum was five years, with a three years' preliminary course in logic. Nor were they then admitted until they had acted as assistant for one year. The modern student is apt to complain bitterly of his heavy burdens, but apparently his predecessor of 700 years ago had something to groan about. I may here just mention that there is in the library an old Latin Dictionary of Medicine, a most portentous work, and in it some one has written the names of nine other similar horrors, which it was desirable the student should consult. Perhaps the modern student is lucky after all!

As in modern schools the licentiate undertook to observe certain rules. A physician was to visit his patient twice a day, and at night if necessary. He was not to receive more than half a tarena daily (a tarena was 4s.), nor to undertake a cure for a fixed sum, nor to keep an apothecary's shop.

These and other details are the constitutions of the University of Salerno, and they are the most ancient in Europe. Among its famous physicians was one named Nicolaus, who wrote a book called *The Antidotarium*, which was considered the very acme of medical knowledge. Others wrote upon diet, urine, and of course phlebotomy.

The School even had its lady doctors, for one Abella wrote *De atra bile, et de Natura Seminis Humani*; and there were works by other ladies—*De Crisibus*, *De Febre Pestilenti*, *De Curatione Vulnerum*, *De Unguentis*, *De Febribus*, *De Urinis*, and *De Embryone*.

The poem is addressed in its opening lines to England's king, *i.e.* to Robert of Normandy. Of course he was never actually king, but he ought to have been, and no doubt would have been if he had not gone crusading, and so given his brother the chance of playing the part of Jacob in his absence. He was certainly regarded as king on the Continent, and one writer calls him "Rodbertus Rex Anglorum."

The poem is to be regarded as addressed to an unlearned laity, and not as a professional document. It begins with some general rules for the preservation of health—

"The Salern School doth by these lines impart
All health to England's king, and doth advise
From care to keep his head, from wrath his heart.
Drink not much wine, sup light and soon arise,
When meat is gone, long sitting breedeth smart,
And after noon still waking keep your eyes.
When moved you find yourself to nature's needs
Forbear them not, for that much danger breeds.
Use three physicians still, first Dr. Diet,
Next Dr. Merryman, and Dr. Quiet."

A large part of the poem is made up of directions as to diet. Thus—

"To keep good diet you should never feed
Until you find your stomach clean and void
Of former eaten meats, for that do breed
Repletion, and will cause you soon be cloyed."

And again—

"They that in physic will prescribe you food,
Six things must note, we here in order touch;
First, what it is, and then for what 'tis good,
And when, and where, how often, and how much.
Who note not this, it cannot be withstood,
They hurt, not heal, yet are too many such."

Then there are directions as to your house—

"Yet for your lodging rooms give this direction
In houses where you mind to take your dwelling,
That near the same there be no evil scents
That come of puddle-waters, or excrements.
Let air be clear, and light, and free from faults
That come of secret passages and vaults."

Of course there is much about the use of herbs, among the chief of which seems to be sage.

I believe nuts are considered of much importance by vegetarians, but our poet tells us in a line in the Latin original—

"Unica nux prodest, nocet altera, tertia mors est."

Nor does he believe in tectotalers, for he says—

"Some to drink only water are assigned
But such by our consent shall drink alone,
For water and small beer we make no question,
Are enemies to health and good digestion.
And Horace in some lines of his rehearses
That water drinkers never make good verses."

Living as we do in an age in which "bone setters," "cancer cures," "osteopaths," and other quacks and impostors are rampant, it is of some interest to note the forms which quackery took nearly 400 years ago. There is in the library a copy of a very curious pamphlet written in 1564 by one John Halle, chyrurgeon, who was a violent hater of the fraternity just mentioned. It is called *An Historiall Expostulation against the Boastlye Abusers, both of Chyrurgerie and Physicke, in our tyme, with a goodlye Doctrine necessary to be marked and followed by all true Chyrurgions*. The methods of quackery seem much the same as now, only a little more crude, in proportion as the populace was, if possible, a little more gullible. The quacks of the day were a herd of low bred ignorant scoundrels, and John Halle exposes their urinoscopical examinations, their netarious practices, their combination of magic, divination, and physic. He fairly boils with rage as he thinks of them. He calls them the very "caterpillers of the profession." He says they run about the country like "pedlars, tinkers, ratte catchers, and very vaccaboundes." He used to tackle them personally, and show them up, e.g. he tells of one William a shoemaker, who came into Kent pretending to cure all manner of sore eyes.

In one case which the said William was to cure he asked what was the cause of the infirmity? 'He said he could not tell, but that he would heal it he doubted not. Then I asked him whether he were a surgeon or physician? and he answered, "No, he was a shoemaker, but he could heal all manner of sore eyes." I asked him where he learnt that? He said that was no matter. "Well," sayde I, "seeing that you heal sore eyes, what is an eye, whereof is it made, of what members or partes is it composed?" and he said he knew not that. Then I asked him if a man were worthy to be a shoemaker or so called that knew not how or whereof a shoe was made? He answered, "No, he was not worthy." "Then," sayde I, "how dare you work upon such a precious and intricate member of man as is the eye, seeing that you know not the nature thereof, or why, or by what means it doth see more than a man's nose or his hand doth?" He answered that, though he could not tell all this, yet could he heal all manner of sore eyes; and so on with many more of the same sort.

Then there is "the goodlye doctrine, for the behaviour of a true chyrurgien to his patient, and of one chyrurgien to another," which he says he put into verse that it might be easy to learn and "apte to be remembered." It is a really a model of professional conduct—

"Hark and draw near ye younge studentes,
Your eares loke ye unclose;
The worthy art chyrurgerie,
That practise do propose.

And marke what the greate masters saye,
That here before have wroughte,
And did to their disciples leave
In wrytinge what they taughte.

When thou art calde at any time
A patient to see,
And dost perceive the cure too greate
And ponderous for thee.

See that thou laye disdayne aside
And pride of thine own skill,
And think no shame counsell to take
But rather with good wyll.

Get one or two of experie men
To help thee in that need;
And make them partakers wyth thee
In that work to proceede.

But one thing note when two or more
Together joynead be.
About the paynfull patient
See that ye doe agree.

See that no discorde do arise
And be at no debate,
For that shall sore discomforte hym
That is in sycke estate.

With one consent uniformlye
Comforte the wounded man,
But unto some good frende of hys
Expresse all that you can.

And let them know the daunger greate
That like is to succede;
Prognosticatinge wittilye,
And in convenient spede.

See that for goule or covetise
Ye take no thing in hande,
Which incurable for to be
Ye doe well to understand.

Looke of thyselfe in anywise
Thou make nor praise nor boaste,
For that shall turne to thy dispraise
When thou doste use it most.

See thou dispraise none other man
His error tho' thou knowe
For sure another for thy plague
Shall thee like curtsye show."

There is a great deal more, but these seemed to me to be the best verses.

The library contains a copy of a celebrated work, *Frcind's History of Physic from Galen to the beginning of the Sixteenth Century*. It was written about 1723, and was described by Dr. N. Moore recently as the best history of physic in the English language. We have a still more comprehensive work which belonged to Dr. Greenhill, called *The History of Medicine, Surgery, and Anatomy from the Creation of the World to the Nineteenth Century*, by Hamilton, published 1831.

The mention of Galen just now reminds me of the picture of him in mezzotint which hangs in the library. It is, I think, a very good engraving. The engraver is J. Faber, sen., who was celebrated as an engraver in the eighteenth century; and the artist is Reubens, who did it, it says, *Ex marmore antiquo*. It has the following inscription:

"A most excellent physician, born at Pergamos in Asia. He was a great improver of the Hippocratic system of physic, and the beginner of that method of practice called Galenic, used from his time. He is said to have been author of 200 volumes, which were burnt in the Temple of Peace. He is numbered by Cardan among the twelve most subtle wits of the world. He was of a weak and crazy constitution, yet by temperance preserved his life to a great age. He died about the middle of the second century."

The librarian at the British Medical Association told me that the early copies of the *Medical Times and Gazette*, of which we have a set, are much sought after; and every library likes to have a copy of another valuable work which we have, *Munk's Roll of the Royal College of Physicians*. This work is a biographical account of the Fellows, Members, and Licentiates of the College from the date of its receiving a charter in 1518 to the beginning of the eighteenth century. The first six on the list were called the "elects," but only one, T. Linacre, can be mentioned here. He was the founder of the College, and was ordained late in life, this union of the church and medicine being rather common at the time. He was buried in St. Paul's Cathedral, and a monument was erected to him thirty-three years later by Caius, the founder of Caius College, Cambridge.

There are of course scores of famous names on this Roll, but time will only allow to mention a few. One is Sir T. Browne, whose portrait was recently given us by Miss

Greenhill, and the best edition of whose famous work the *Religio Medici* was edited by Dr. Greenhill. Some passages in this work are perhaps as fine as anything in the language. Thus he is talking of spirits, and alludes to that Great Spirit, which he says—

"Dispels the mists of hell, the clouds of horror, fear, sorrow, and despair, and preserves the region of the mind in serenity. Whatsoever feels not the warm gale and gentle ventilation of this spirit, though I feel his pulse, I dare not say he lives. For truly without this to me there is no heat under the tropic, nor any light though I dwell in the body of the sun."

Then also in Munk's Roll there is the famous Dr. R. Mead, who lived about 1720, and whose works we have. He was the very prince of physicians, a brilliant linguist, and patron of all the arts. So sought after was he that he used to visit two coffee houses, one in the City and one in the west, merely to give his opinion on written cases without seeing the patient. His practice is said to have reached £7000 a year, which was enormous at the then value of money, and he had besides two fortunes left him. In his house at Great Ormond Street he had a gallery, which contained a unique collection of statues, coins, gems, prints, rare manuscripts, and nearly 7000 volumes. At his death his pictures alone were sold for £3500. His mansion was a grand museum; his charity and hospitality were unbounded. He entertained the most famous men of the day, both English and foreigners. Often he was the only man present who knew their languages. He kept a second table for his humbler dependents, and he used to drive down to his country seat near Windsor with six horses. Guy's Hospital practically owes its existence to him, for it was he who persuaded Guy to leave his fortune for its foundation. In short, his career is described in this book as the most brilliant of professional and literary reputation, of personal honour, wealth, and notoriety which ever fell in combination to the lot of any medical man in any age or country.

There is Radcliffe, who gave such splendid endowments to Oxford University, and about whom the story is told that he was called to attend King William in 1699, and that when the king showed him his emaciated body and his swollen legs, and asked him what he thought of them, said, "I would not have your Majesty's two legs for your Majesty's three kingdoms," which little joke cost him his patient!

There are the Chamberlens, famous for the invention of the obstetric forceps, described as "a noble instrument, which has saved more lives than any other mechanical invention ever made," and which may perhaps also be occasionally a boon to the worn-out waiting practitioner, but was also said recently to be the cause of four fifths of the gynecological cases.

There were several Chamberlens, but the instrument was probably invented by Peter Chamberlen, an eccentric

individual who died in 1682. It was long kept secret by the family, and was not published to the world till 1733. In 1815 there was found under a trap-door in a series of closets built over the porch of Peter Chamberlen's house, a cabinet containing with coins, fans, trinkets, gloves, spectacles, and letters a set of obstetric instruments. These are now in possession of the Royal Medical and Chirurgical Society. In the ninth volume of the 'Transactions' of that Society, which are in our library, there is an account of these instruments, from which it seems that the evolution of the forceps in Peter Chamberlen's mind was as follows:

First he made a simple vectis with a fenestrum. Then he gave the idea of uniting two of these instruments by a joint, which makes each blade serve as a fulcrum for the other, instead of making a fulcrum of the soft parts of the mother, and which gives power of drawing the head forward. This idea is at first accomplished by a pivot, which being rivetted makes the instrument useless. Then he goes to work again, and he fixes a pivot in one vectis only, which projecting is to be received into a corresponding hole in the other blade after they had been applied separately. Everyone knows that it is not always easy to get the blades to lock quite nicely even in the modern instrument, and it must have been still more difficult to get the pivot in this embryo forceps to enter the hole in the other blade.

Chamberlen soon found this, and next produced a lighter instrument with a hole in each blade, through which a tape was passed and then wound round the joint. The instruments are very rough, for Chamberlen was his own mechanic in order to keep his invention secret. At the time secrecy was not considered contemptible even in the profession. Of course the forceps was afterwards perfected by Smellie (whose works are in the library) about 1740. After it came into use the fillet was practically abandoned.

Then last and greatest of all on the list I must just mention William Harvey, because we have in the library a copy of his famous work *Exercitationes Anatomice de Motu Cordis et de Sanguinis Circulo*, published in Rotterdam 1661. This edition was published after his death, for Harvey died on June 3rd, 1657, and his original work was published in 1621. The one we have is the oldest book in the library. It is a little duodecimo volume, and is obliged to be in rather an obscure position owing to its size, though one feels that it of all books in the library ought to have an honourable place.

Of John Hunter's works we possess a good number. In some volumes called the *Transactions of a Medical Society*, which contain a large number of papers by Hunter, there is an account of his first ligature of the femoral artery, written by Sir Everard Home, his brother-in-law. It was in December, 1785. There is a very full account, but I may just say, by way of showing the difference between the original and the modern operation, that Hunter made

an incision five inches long, that he tied the artery at two different spots, at each spot putting two ligatures, that he did not pull the ligatures tight, and that he cleaned the artery from its sheath for about an inch at each spot. The man recovered after a lot of trouble, apparently from suppuration round the ligatures. In a volume called *Surgical Tracts* there is, what I believe to be, an autograph testimonial from Hunter with signature. It has certainly all the appearance of original writing. I do not know if the story about the famous picture of Hunter by Reynolds is well known, but it is said that Reynolds found Hunter, who was irascible and irritable to the last degree, a very bad sitter, and the picture was not getting on, till one day Hunter fell into a reverie. At once Reynolds turned the canvas upside down, sketched in the head where the legs were before, and so got this portrait. The engraving of it by Sharpe is said to be the finest specimen of the engraver's art in the world.

In another volume of these *Surgical Tracts* there is an account of Garthshore's celebrated case of multiple birth. It is an account of a case in which there were five at a birth, and is followed by some other cases, which perhaps require to be taken with a grain or two of salt.

Garthshore was a friend of Hunter, and after his death did a good deal for Mrs. Hunter. He was of the rather fashionable unctuous sort of physician, and on one occasion going in to see Hunter he said, "My de-a-r Mr. Hunter," to which Hunter replied, mocking his tone, "My de-a-r Tom-fool!"

In Millengen's *Curiosities of Medical Experience* there is an account of the experiments by Dr. Beaumont in the celebrated case of St. Martin, who was vivisected by a cannon ball in such a way that digestion could be watched in his stomach.

We are often expected to know things quite outside the professional routine, but the requirements of the following advertisement quoted in this work would, I think, be hard to beat:

"Wanted for a family who have had health a sober, steady person in the capacity of doctor, surgeon, apothecary, and man-midwife. He must occasionally act as butler and dress hair and wig. He will be required sometimes to read prayers, and preach a sermon every Sunday. A good salary will be given."

This was certainly an economical speculation for the use of soul and body.

I beg to thank you for listening to these few scraps from our library, which, in my opinion, has many points of interest, and to conclude with the concluding words of the Salerne School:

"And here the Salerne School doth make an end,
And here I cease to write, but will not cease
To wish you live in health and die in peace.
And you our physic rules who friendly read,
God grant that physic you may never need."

A Case of Gangrenous Ovarian Cyst, with unusual symptoms which simulated Extra-uterine Pregnancy.

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

THIS case presents many points of clinical interest, and illustrates the difficulties which sometimes beset the differential diagnosis of abdominal tumours.

L. W.—, æt. 24, was admitted into the Royal Portsmouth Hospital, on August 8th, 1906. Married. Thin and anemic. One child dead, born one year eight months ago. No abortion or miscarriage. The last period ceased on November 28th, 1905, but since then she has had a vaginal discharge of clots on two occasions, the last three weeks before admission. Noticed abdominal swelling in February, 1906, and this had gradually increased. She had suffered from morning sickness. Breasts enlarged with secretion in each; areolæ darkened. She was confident that she was pregnant, and stated that she had felt foetal movements up to two days before admission. On the night before admission she considered that labour was commencing, and sent for her doctor, who remained with her for some time, but as "the pains went off" he left her. He was called again on the morning of admission, and sent her to the hospital as a case of extra-uterine gestation.

On admission she was suffering from pain over the abdomen, increased by pressure, not recurring at regular intervals. The abdomen was prominent, especially on the left side; extending laterally to the left side was a tumour, apparently solid, dull on percussion, and yielding no fluctuation. The uterus could not be mapped out. Percussion sounds were clear between upper margin of tumour and ensiform cartilage. *Per vaginam*: Uterus normal in size and movable. Os uteri high and not dilated. No tumour to be felt. *Per rectum*: No tumour to be felt.

Immediate operation was decided on. On opening the abdomen a considerable amount of dark fluid was evacuated. Arising from the left side of the pelvis was a round tumour about the size of a small football, almost black in colour, but with glistening surface; smooth and spherical; the pedicle was distinctly twisted. The tumour, a gangrenous ovarian cyst, was removed. The woman made an uneventful recovery, and was discharged well on September 12th.

The specimen was examined by Mr. C. A. S. Ridout, F.R.C.S., pathologist to the Hospital, who kindly furnished the following report:—"The removed structures were the round ligament of the uterus, the greater part of the broad ligament, the left Fallopian tube divided close to the uterus, the left ovary with tumour. The tumour is attached to the outer pole of the ovary by a cord-like band (pre-

sumably the ovario-pelvic ligament), and spread out over its upper surface is the Fallopian tube at its fimbriated end, and merged with it anteriorly is the round ligament of the uterus. The tumour apparently has its origin in the outer portion of the left broad ligament, and has grown upwards (not inwards) as there is a considerable portion of the left broad ligament between it, and the position occupied by the uterus. All the structures, Fallopian tube, round and broad ligaments, and the left ovary are dark and congested, and much thickened."

Remarks.—Extra-uterine gestation may be simulated by a variety of conditions. In this case certitude in diagnosis, which lay between this condition and ovarian tumour, was not easy. The difficulties which surrounded the diagnosis are interesting and instructive. I have reason to believe that they are not exceptional. Meadows (1) performed gastrotomy for what he supposed to be an extra-uterine child, and found a fibro-cystic tumour of the uterus with cancer of the omentum. Lawson Tait (2) relates a very interesting history, in which he mistook multilocular cystic disease of the ovaries for extra-uterine pregnancy. He had previously diagnosed ovarian disease, but the patient misled him by giving a very clear history of pregnancy. He gives the following practical conclusion, viz. that we should place very little confidence in the statements of patients if they are not in harmony with the physical signs.

The chief signs of extra-uterine gestation from the third month are cessation of menses, associated not infrequently with uterine hæmorrhage at irregular intervals; breasts enlarged and contain milk; morning sickness; uterus enlarged, and behind it or on one side there is a fulness which gradually increases in size. In advanced cases the outline of the foetus may be mapped out, and the foetal heart may be heard.

Many of these signs were present in this case, and the outline of the tumour was such that it might have corresponded with the child lying transversely. Against the diagnosis of ectopic gestation were the following.—The character of the pains. No bruit was heard, and most important of all, no retro-uterine fulness existed. In 80 per cent. of a series of cases reported by Professor Ross, of Toronto (3), examination discovered an irregular mass on one side behind the uterus, forcing the cervix upwards and forwards against the pubes, a displacement very strongly diagnostic. In many, the pelvic mass could be felt to break down like blood clots under the examining finger.

The first notice of the twisting of the pedicle with axial rotation of an ovarian tumour was made by Rokitsansky (4), who described it in 1841. He states that it occurs in 13 per cent. of ovarian tumours, yet consequent gangrene is not common; arrest of growth more frequently occurs. Many reasons have been given for this accident, viz. change of position of the body, the filling and emptying of the

bladder, the movement of faeces in the intestines, etc. With such causes at work (5), "it is quite as comprehensible that a tumour hanging freely in the belly should spin round and twist its pedicle, as the fact that a good weather-cock should move in varying directions under the influence of the wind."

Rotation is most common in young subjects; this woman was twenty-four. Thornton (6) states that two of his youngest patients were nineteen, and the majority between twenty and forty-five.

The specimen is preserved in the Museum of the Royal Portsmouth Hospital.

- (1) *Trans. Obstet. Soc. London*, vol. xv, p. 145.
- (2) *Ibid.*, vol. xv, p. 135.
- (3) *Brit. Med. Journal*, November 3rd, 1906.
- (4) *Zeitschrift der k.-k. Gesellschaft der Aerzte in Wien*.
- (5) Bland-Sutton, *Surgical Diseases of the Ovaries*, London, 1896.
- (6) *American Journal of Medical Science*, vol. xxvi.

On Fly-fishing.

Being the fifth of the series of articles on the Recreations of Medical Men.

"Fishing is certainly an agreeable diversion and healthy exercise, for, if the angler catch no fish, he enjoys a rural walk, fine air, pleasant shades, the melodious harmony of birds, and the pleasures of the sweetly purring stream, on which he sees swans, herons, ducks, water-horns, coots and other fowl, sporting with their brood, which may be better suited to his constitution, and more delightful to his mind, than the cry of the hounds, or the echo of the horn."—Barton's *Anatomy of Melancholy*.

F the numerous sports which may be enjoyed, perhaps none is so delightful or so suitable for the medical man as fly-fishing; nor, possibly, does any one profession number more votaries in its ranks.

Fishing has been described as the contemplative man's recreation, but this is hardly true of the fly-fisherman, for, rather than contemplation, active observation is of first importance. This, perchance, is the secret of its fascination. Combined with healthful outdoor exercise, not so strenuous as to be harmful to the man who cannot, by the nature of his occupation, be always in hard condition, it calls into action one of the powers we have by education acquired—minute observation.

Fishing, fly-fishing in particular, is a perpetual and charming problem. Rare are the days when a man may haphazard cast his fly on the stream and be rewarded with a record basket; more often he must not only know what flies are on the water, but observe *the fly* the fish are actually taking. Then shall the fisherman, carefully screened from sight, select a place where experience teaches good fish may lie, and present his hook, dressed with its pinch of fur and tiny feathers, in a life-like manner.

What more varied scenery can any man desire for the practice of his favourite sport? At one time Norway, with

its brawling rivers and snow-capped mountains for a background, at another Scotland with its rugged views, a Yorkshire dale, or a south-country chalk-stream, with its rich water-meadows and slow-flowing crystal stream. Here is a choice, indeed, for all natures and all moods.

Within the brief limits of this sketch it is impossible to treat of this king of sports in more than the most general manner. The fly-fisherman's art is divisible into two chief methods—fishing with the wet and with the dry fly. The former is the one more generally employed, and is applicable to all the fishes caught with the fly, while the latter is mainly reserved for trout, and more particularly for those living in slow flowing streams of the clearest water, which, by constant fishing over and abundance of natural surface food, have become so shy and dainty that more refined methods are necessary to accomplish their capture.

Although the application of the dry-fly seems limited, its use is gradually extending, and few are those, who, having once tasted the delights of a good day on the Test, will willingly relinquish this method wherever it is possible to practise it. Wet-fly fishing has been called the "chuck and chance it" method, and not without some truth, at any rate in the case of the beginner, but, when practised by a past-master in the art, it may become as fine an exhibition of dexterity and intuitive knowledge of the whereabouts of fish as any that may be seen on the broad stretches of the Kennet or Itchen.

Wet-fly fishing consists essentially in throwing a fly on the water, allowing it to sink beneath the surface, and there working it with or against the current in imitation of the natural insect in its larval condition, though here many of the old school will disagree and say that it is meant to represent the drowned fly or something else, they know not quite what. Although among wet-fly fishermen there seems to be a divergence of opinion as to what their bait represents, there is no such dispute in the ranks of the dry-fly men. Their ambition is to present to a fish a fly as near an imitation of the natural insect in shade or form, or both together, as the fingers of man can compass. To so present it that it floats gently down over the fish with no more movement than the current and wind give it, sitting lightly on the surface with its wings cocked, as nearly indistinguishable as possible from the natural flies with which it is in company.

Let us take as an example of the sport a typical day on a dry-fly stream. A day in late May, about ten o' the morning, as we arrive at the river side and begin to put together our rod. There is no hurry, for a casual glance at the water shows no feeding fish and no fly. The well-greased line is carefully led through the rings, the tapered nine foot of gut is attached, and then we wait for something to move. There is plenty of sun, a little too much, perhaps, but it is the other side of the water, and so will cast no shadow from ourself or rod upon the stream. A

few fleecy white clouds on the northern horizon give hope that later the glare may be diminished. The eternal downstream wind is blowing, but not so strongly as seriously to interfere with the casting. Around us is a field of half-grown grass, rich and green. Here and there a few ox-eyed daisies lift their yellow eyes and snow white petals, and a Red Admiral hovers over a bunch of king-cups on the bank of a "carrier."

Rousing ourselves from the warm perfection of the hour, we again cast a glance at the water. What is that darkish speck floating down by yonder strip of weed? It is a fly, probably a "dark olive." Let us try to catch it and settle the question. It has passed, too far from the bank! Here is another, and still two more coming down. Now we have got one, with a little stretching, on the rim of the landing-net. We were right, it is a male dark olive with its crimson eyes. But still no fish is moving. There is no thunder in the air, although it is really warm, so we must look more carefully. At last! Under the opposite bank, about thirty yards above, we see a bubble floating down. Let us go and investigate. Crouching down, and keeping away from the bank, we go upstream a dozen yards or two, and then on hands and knees cautiously approach the water. There he is, poised gently about six inches below the surface, just above that little tuft of flags almost growing out of the opposite bank. In this clear water we can nearly see the spots on his side, and his fins and tail are sinuously moving. There! he has risen, and a fly floating down over his head has met its fate, a bubble remaining in its place. He looks about a pound and a half; we must try for this one. Out comes the fly-box, all Halford's new patterns, for we are believers in the exact imitation theory, and a male dark olive is tied on the gut and well paraffined. Now for the cast! He is not very far; about fifteen yards, well up stream; it is not a nice place, and will be worse later on in the season. That big bed of weeds in the centre checks the current already, forming a swifter rush of water beyond, and if the floating line gets caught on those weed-tips just peeping out of the stream it will make the fly "drag" horribly. The remedy is to overcast a bit with a little check at the end, and so leave plenty of slack line beyond the weeds for the current to play with. Then will the fly float safely o'er the fish before the straightening line may whip it from its course.

Still crouching, we pull out line, and make a false cast or two. Now for the real one! It falls about two feet above him but a shade short. Ah! he has it. No! 't was a real fly he chose, floating placidly down just in front of our make-believe. Let us wait a couple of minutes and try again. That's it, just right this time, and he takes it well. Now wait, and count "One—Two—Three," then strike. By Jove! we have him, and merrily he bolts upstream for that rough bit of bank. Hold him! or he will, perhaps, get into a favourite holt of his and break us. There, he

stops! now no mercy, but reel in quickly. He comes down a little, and we bring his head above water as he gets on the top of the weed-bed. Easy till he starts kicking! then pull him over. Now he is our side, and ought to come to the net. Ah! he has seen us, and up he goes again not really tired, but almost nettled in his bewilderment. Steady a bit now and hold him, he is coming back to us. Ware weeds! and gently with the net. Slip it in the water and let him come quietly over it. There we have him at last! One pound eleven ounces, a male, and in good condition, but he would have been nearer two pounds later on. With a fond eye on his glistening spotted side we sit down to light a well-earned pipe.

But Pride goes ever before a Fall. The next fish is in a somewhat difficult position under our own bank. Misjudging the distance we cast too far above and "line" him; he runs upstream like a torpedo, leaving a V-shaped wavelet to indicate his flight. Duns are coming down in plenty, but few fish are moving. The little white clouds have increased in size and are now much nearer. Round the next bend a good fish is rising; in an easy cast, toward the other bank in the channel beyond the weeds; a similar position to our first fish, but nearer. We attempt a cast, but a puff of wind, as the fly is settling, blows it back towards us. Drying the fly well in the air we try another, and again the wind balks us as before. Slightly irritated we make a fresh cast, putting in a little "downward cut," and, perhaps, a little too much force; this time the wind drops, fly and gut coming down with a bang on the still water, and our quarry retires to the bottom and stays there. No trying for him again to-day. It is nearly two o'clock, and only one more trout of decent size do we see moving, but out of casting distance. They will rise no more till later in the day, so for lunch and a look at the morning paper we have thoughtfully placed in our basket.

About half past four a sharp shower, following closely on the heels of a gust of wind, rouses us from our study of the market reports. In a few minutes it is over, and the sun shines forth again. Meanwhile the fish have begun to move, but it is not easy to see what they are feeding on. A few, indeed, are obviously "tailing," *i.e.* grubbing about for shrimps or snails in the weeds, their tails occasionally breaking the surface. But what *are* the fish taking? We can see nothing on the water, but up in the air a few "spinners" gracefully rise and fall. We put on an olive spinner, and determine to try for a fish rising somewhat further up, a few yards from our bank. No, he won't look at it. What *is* the right fly? Ah! is that a black gnat? We tie on one of that killing pattern with its gauzy hackle-point wings. He moves a little as it passes by him, and at the next cast takes it. He comes quickly to the net, but is barely a pound, and so is put tenderly back. A brace more fish come short at the fly and one gets pricked.

Dusk is drawing near so we put on a "cinnamon sedge,"

as some are now flitting about. Quietly we go upstream, and just where a carrier hatch gives on the river we see a good fish take a sedge, which was gently skipping over the surface. Rendered more cautious by our failures we place our fly "just so" at the first attempt. He takes it with a swirl and plunges as he feels the iron. Then upstream with a dash; no, that's not the word! a swift uncontrollable rush. A heavy fish which goes straight into those weeds, luckily not yet very thick, and stops. We tighten on the line, but it gives not an inch; we might be anchored to the bottom. We must put in practice a dodge and "hand-line" him. Dropping the point of our rod straight in his direction we take the line in our hand and gently pull. Steadily increasing the pressure we feel the fish gradually give way. He is clear! and quickly raising the point of the rod we have him in hand, thankful that he is not laughing at us in his freedom, with our fly fast in the weeds. Slowly we tire him, and net a shapely fish just over two pounds and a half.

Turning from the admiration of our prize we see a sight reminding us that the day is run, at least as far as fishing is concerned. A mist is slowly creeping up the valley. Rarely during this hateful presence will fish look at a fly. Regretfully we take down our rod and start our homeward trudge, ready for the ample meal awaiting us. So ends our day! an average one, but we are happy in the feeling that our modest brace have been fairly fished for.

In conclusion we would like to enter a plea for the man who makes a hobby of fly-tying. This accomplishment gives an added interest and pleasure to the sport of fly-fishing. It not only makes a man in a great measure independent of the tackle seller, but gives him an advantage over his less resourceful brethren in the craft. How often has one whiled away some dull evening at a fishing resort by making half a dozen flies of some killing pattern which one had run short of, or in making some little alteration to a standard fly which the prevailing exigencies of light and water seem to require? The exultation which one feels when one's own creation has proved more successful than the shop-made imitation is a full recompense for slight trouble involved in acquiring the art.

T. G. M. H.

Clinical Odds and Ends.

No. X.

By Dr. SAMUEL WEST.

THE FUNCTIONAL FACTOR IN ORGANIC NERVE DISEASE.

THERE is often a functional or hysterical factor in organic nerve disease which may mask or exaggerate the characteristic symptoms of the disease. The converse is of equal importance, viz. that underlying

what may appear to be a typically functional or hysterical affection there is often some organic lesion.

To think that a hysterical patient has nothing the matter is very far from true. It would be much nearer the truth to say that a patient if hysterical is not sound, or that if sound would not be hysterical.

The essence of hysteria is loss of self-control. This may depend upon general ill-health, and be cured when the health is restored. If more than this its natural affinity is with insanity, a grave disease enough.

Many cases of hysteria prove ultimately to be connected with organic disease. The hysterical or functional part may be cured, but the organic part persists. In illustration may be quoted a case of a woman who had never left her bed for many months, and was apparently paraplegic. Her condition was thought to be largely functional. She was encouraged to make an effort. Within a week she was up and walking, and at the end of a month she walked more than a mile. Recovery was, however, never complete, for the early signs of lateral sclerosis became obvious. She had had some real loss of power in the legs, which had been magnified in her own mind until she believed them to be completely paralysed.

In this respect it is that in a case of apparent functional disease the presence of little peculiarities, such as irregularity in the reflexes, in the pupils, or in sensation, become of great diagnostic value.

It is therefore a good rule in practice to come to the diagnosis of hysteria or functional disease with some caution and misgiving, and only after careful deliberation.

HYSTERICAL AND NEUROTIC.

These terms are often used as if they meant the same thing, but they really represent absolutely different conditions.

A neurotic patient is, as the name implies, full of nerves, that is to say, the nerves play an unduly prominent part. A neurotic patient is capable of great nervous effort, feels everything intensely, pleasure and pain, but has often extraordinary power of self-control.

A hysterical patient, on the other hand, is incapable of prolonged effort, is emotional but not deep feeling, and has a greater or less loss of self-control. The two conditions are intrinsically the exact opposite of one another. Yet they are so far related that the nervous over-strain may in the end lead to such nervous exhaustion that the neurotic may lose self-control and become hysterical.

Obituary.

FRANK EVERITT MURRAY, B.A., M.B.,
B.C.CANTAB., F.R.C.S.ENG.

WE have received from South Africa a few particulars of the untimely death of Dr. Frank Murray, which occurred at Graaff Reinet, Cape Colony, on February 1st, and which was recorded in our columns a month or two ago. A number of readers of the JOURNAL, contemporaries of Dr. Murray, have written to us expressing their deep regret at the loss of a valued friend, who was a well-known figure at St. Bartholomew's only a few years ago.

Frank Murray was the youngest son of W. E. Murray, of Rooede Bloem. His early education was conducted in South Africa. Proceeding to St. John's College, Cambridge, in 1894, he took his B.A. degree in the Natural Sciences Tripos in 1897; and soon afterwards entered at St. Bartholomew's Hospital. In 1901 he qualified M.R.C.S., L.R.C.P., and in the same year took his M.B., B.C. degrees. During 1902 he acted as house surgeon to Mr. Langton, and in the following year he became a Fellow of the Royal College of Surgeons. He then returned to South Africa, and after a few months settled down into practice in Graaff Reinet. Here his abilities were soon recognised, not only by the public but by his colleagues. Six months ago he sustained a severe fracture of the thigh whilst engaged in shooting, a pursuit to which he was devoted. This accident kept him in bed for four months, and seriously weakened his constitution. Within a month of returning to work he was attacked with a virulent form of enteric fever, which proved fatal in ten days. His tragic death at the early age of thirty-three came as a great blow to the whole country side. He leaves a widow and two young children. To them and to the other members of his family we offer the sympathy of all those who knew him at St. Bartholomew's. We are indebted to his brother, Dr. G. E. Murray, of Johannesburg, and to his friend Dr. Norman Maclaren, of Carlisle, both old Bart.'s men, for particulars of his career and of his last illness.

Recent Additions to the Library.

The Practice of Pediatrics, in Original Contributions by American and English Authors. Edited by Walter Lester Carr, M.D.
Text-book of Anatomy. (Second and thoroughly revised Edition.) By D. J. Cunningham, F.R.C.S.
Human Embryology and Morphology. (Second Edition, revised and enlarged.) By Arthur Keith, M.D.
The Essentials of Histology, Descriptive and Practical, for the use of Students. (Seventh Edition.) By E. A. Schäfer, F.R.S.
Archives of Neurology, from the Pathological Laboratory of the London County Asylums, Claybury, Essex. Vol. III. Edited by F. W. Mott, M.D.
The Royal Medical and Chirurgical Society of London. Centenary, 1805-1905. By Norman Moore, M.D., and Stephen Paget, F.R.C.S.
A Manual of Diseases of the Nervous System. (Third Edition.) Vol. I. By Sir W. R. Gowers, M.D.

The Darlings of the Gods.

EDITOR'S NOTE.—A frivolous contributor sends us the following *addendum* to our recent article on the new Resident Staff Quarters. We accept no responsibility for his flippant remarks; but, in accordance with the suggestion of our legal adviser, we have insured this column against actions for libel, defamation, or gross misstatement.

FEW further particulars of the new quarters in the Out-patient Block are likely to prove of interest to the readers of the JOURNAL. Firstly, with regard to the bathrooms, each officer is provided with a heliotrope *peignoir*, flowered bath slippers, two cakes of brown Windsor soap, and a currycomb. Scent sprays and vacuum cleaners are not at present installed, but strong representations are being made to the Governors, and there is every prospect that the legitimate wishes of the resident staff will be respected in this matter.

The early morning cup of tea, so long clamoured for by generations of house physicians, is shortly to be provided. Meanwhile there is an American soda fountain on every corridor as a temporary expedient. Owing to the strange perversity of certain hairy members of the House Committee, no hooks for razor strops have been attached to the bedroom window sills. The result of this egregious act of parsimony has been that the resident staff, with one exception, have ceased to shave, and are now to be observed in all stages of hirsute development. The tufted beards and mossy side-whiskers of the senior house surgeons are especially appalling, and are calculated to double the hospital death-rate from septic infection.

Out of compliment to the beauty and comfort of the new dining room, the junior staff no longer breakfast in pyjamas; and at the evening meal court-dress is *de rigueur* for all but the officers on duty. Each house physician takes in his corresponding house surgeon to dinner and attends to his comfort, while a string orchestra plays in the lounge from 8.30 till midnight throughout the season.

With regard to the individual rooms, canaries and musical boxes have been installed, in addition to the telephones and fireplaces mentioned in our last number. The coal-tongs are exact replicas of the original forceps used by Chamberlen *père*, and the other articles of furniture are also symbolical of all that is best in the history of medicine.

Among the many further provisions which have been made for the comfort of the residents should be mentioned the total abolition of the night round. This irksome duty has long been a menace to the integrity of bridge parties; and a sympathetic Treasurer has at last been found to put a stop to a custom at once barbarous and unnecessary.

To avoid *contretemps* on the way to the bathrooms, the maidservants have been provided with gongs, which, by order of the Governors, they are required to sound as they parade the corridors.

It will thus be seen that (with the single glaring exception of the strop hooks) nothing has been omitted which could possibly add to the spiritual or material well-being of the Resident Medical Officers of St. Bartholomew's Hospital.

The Clubs.

STUDENTS' UNION COUNCIL.

A Council Meeting was held on March 21st, 1907, in No. 8, Junior Staff Quarters, Dr. Morley Fletcher presiding.

Present: Mr. Gask; Messrs. W. B. Griffin, H. D. Gillies, S. Dixon, Newton Davis, R. Von Braun, E. N. Snowden, H. M. Coombs, F. J. Gordon, Trevor Davies.

The following officers were elected:

Junior Staff Representative.—Mr. J. G. Gibb.

Vice-President of Council.—Mr. J. G. Gibb.

Junior Secretary of Union.—Mr. H. T. H. Butt.

Representative on Catering Committee.—Mr. R. Von Braun.

Assistant Editor for Athletics.—Mr. W. B. Griffin.

Finance Committee.—Messrs. W. B. Griffin, S. Dixon, H. T. H. Butt, and F. J. Gordon.

Lecture Sub-committee.—Messrs. W. B. Griffin, S. Dixon, and H. D. Gillies.

Year Book Committee.—Messrs. J. E. Hailstone, W. B. Griffin, and H. T. H. Butt.

Picture Sub-committee.—Messrs. H. T. H. Butt, H. M. Coombs, and Trevor Davies.

The "Past v. Present" tennis and cricket matches were fixed for June 19th, 1907.

A Council Meeting was held on April 11th, 1907, in No. 22, New Quarters, Dr. Herringham presiding.

Present: Dr. Morley Fletcher; Messrs. W. B. Griffin, H. D. Gillies, H. M. Coombs, L. F. K. Way, F. J. Gordon, S. Dixon, G. F. Page, Trevor Davies, and H. T. H. Butt.

Several reports were read and adopted, and a report of the inaugural meeting of the revived Rowing Club was read. The revival received full approval from the Council, and the Club was requested to make formal application for readmission to the Union.

The subject of accommodation for correspondence, etc., of the various Secretaries was discussed.

A letter was read from the London University Students' Representative Council asking for a subscription to the new body. Referred to Finance Committee.

The meeting then adjourned.

ASSOCIATION FOOTBALL CLUB.

CUP TIE.

SEMI-FINAL.

St. Bart.'s v. Guv's.

This match was played at Chiswick and drew a good muster of enthusiastic supporters from both the rival hospitals, and it was a pity the game did not afford them more interest. The lack of excitement was chiefly due to both teams being off colour, and the want of inter-hospital cup-tie determination. Man for man Bart.'s were as good as their opponents, but collectively Guy's asserted their superiority on the day's play.

Both Hospitals turned out at full strength, and Guy's, winning the toss, we kicked off with a slight breeze against us. Gordon and Dale worked the ball down the left wing, but were robbed by Bastard in good style, who, by his hustling tactics and sturdy defence, proved a tower of strength to Guy's. The ball was transferred to Greene, who, coming down the right wing, tried a long shot which was cleverly cleared by Way. The game was very evenly contested, and it was not until forty minutes had elapsed that Guy's were able to score. The ball was carried down the right wing and then passed to Denning, and he passed out to Darnett on the left wing, from whose centre Whitley fastened on the ball and scored an easy goal. Bart.'s made strenuous efforts to equalise before the half-time, but were prevented by the sound defence of the Guy's backs. Just before the interval Rimington, in clearing, put the ball through one of the pavilion windows; nothing else of interest occurred, and at half-time Guy's led by 1 goal to nil.

On crossing over Whitley kicked off, and the Guy's forwards pressed on towards our goal, and only failed to score through a good save by Way, who, in doing so, conceded a corner. This was cleared, and a speedy run by Norman and Gordon took the ball to the Guy's goal, but weakness in front of goal was our great fault, indeed, both teams lost one or two good chances through hesitation at the critical moment.

Following a rush by the Guy's right wing Rimington was nearly put *hors de combat* by a severe kick on the ankle from one of his own side; however, after a short time he was able to resume, and we looked very much like scoring, especially when the referee gave a penalty kick in our favour for handling within the area by one of the opposing backs. Hutt was elected to take the kick, and we had the mortification of seeing him place the ball just within reach of the goal-keeper, who effected a magnificent save. There was no further score, and we thus suffered defeat by 1 goal to nil. Both goal-keepers are to be complimented on the skillful way in which they guarded their charges. Team:

L. F. K. Way (goal); F. L. Nash-Worthing, H. Rimington (backs); C. R. Woodruff, A. Miles, C. N. B. Hutt (half-backs); E. K. Evans, A. E. Cullen, N. F. Norman, F. J. Gordon, W. E. Dale (forwards).

REVIEW OF THE SEASON.

Although not successful in winning the Cup-tie, we have had a very satisfactory season, and can register 11 wins to 6 losses, with a total of 68 goals to 45.

A number of our out-matches were scratched (none by ourselves), partly owing to the inclemency of the weather, and partly to other unforeseen circumstances.

All members of the Club have proved themselves worthy of the traditions of the Hospital, by their energy and enthusiastic support, and are much to be congratulated.

HOCKEY CLUB.

FINAL OF THE CUP.

St. Bart.'s v. GUV'S.

The final of the Inter-Hospital Cup was played at Blackheath, on Thursday, March 14th. We started off against the sun, and had our fair share of the game, one run on the right wing nearly resulting in a goal. After a good deal of play in the centre of the field Guy's managed to get away and score a goal, which Postlethwaite had no chance of stopping. Our forwards with the exception of Robinson, who had had luck two or three times in not scoring, were off their day, and did not seem to get going. They were

hustled a good deal by the Guy's halves. At half-time Guy's led by a goal to nil, and there seemed no reason why we should not score. Page was playing a magnificent game, doing the work of the whole half-back line, and relieving the pressure time after time. The Guy's right wing got the ball and rushed it down the field; and, out of a *metre*, in which Phillips had his knee injured, they scored their second and final goal. In spite of many efforts we were unable to score, although two or three shots came within inches of doing so.

Page played the best game by far on the field, whilst Viner at back and Robinson at centre forward also showed good form, but the latter was hustled off his feet by the opposing centre half.

St. Bart.'s v. LONDON.

This match was played at Richmond on February 28th, and we won easily by 3 goals to 1. We scored 2 goals in the first half through Lewis and Griffin, and afterwards Sylvester added a third point. We pressed for the greater part of the second half, but could not score again. Aveling scored the only goal for London, who played the four half game, and the result was a complete baffling of our forwards, who seemed absolutely off their game, and never got going. The backs and Postlethwaite in goal played sterling games, and could always be depended on to pull up any opposing rushes.

St. Bart.'s v. WOOLWICH GARRISON.

Played at Woolwich on March 2nd, and we lost by 7 goals to 1. The play of our side was deplorable, and, as the score shows, we seldom had a look in. Our solitary point was scored by Gaskell, who followed up a shot from the edge of the circle. Viner, who got somewhat damaged, played a good game, and Lewis put in a lot of work in the second half.

CRICKET PROSPECTS, 1907.

Prospects for the coming season are good, although there is still a sad deficiency in bowling; this was particularly noticeable toward the end of last season. We hope to find some cunning bowler of the fast type among the Freshmen who will strengthen the Hospital in this department. Most of last year's men will be available, and there should be no lack of good bats if only they will find their form early, which can only be done by frequent visits to the nets at Winchmore Hill. W. B. Griffin has been re-elected captain. All Freshmen who wish to play cricket this year are asked to communicate with the secretaries, C. Noon or A. J. W. Cunningham.

CRICKET FIXTURES FOR MAY.

Sat.	4th...1st XI v. Wanderers C.C.	Winchmore Hill.
"	"...2nd XI v. Southgate 2nd XI	Southgate.
"	11th...1st XI v. Virginia Water C.C.	Virginia Water.
"	"...2nd XI v. Streatham	Winchmore Hill.
Wed.	15th...1st XI v. Enfield C.C.	"
"	"...2nd XI v. St. Thos.'s Hosp. 2nd XI	Chiswick.
Sat.	25th...1st XI v. Southgate C.C.	Southgate.
"	"...2nd XI v. Southgate 2nd XI	Winchmore Hill.

ATHLETICS CLUB.

The Sports have been provisionally arranged to take place at Winchmore Hill on Wednesday, May 29th.

LAWN TENNIS CLUB.

We have not yet received the Lawn Tennis Fixtures for this season; but, as will be seen from the Editorial Notes, the Past and Present matches have been arranged for Wednesday, June 19th. Freshmen and others who wish to play lawn tennis this year are requested to send in their names to the Hon. Secretary, Mr. R. T. Crawford.

Reviews.

FIRST LINES IN MIDWIFERY. By G. ERNEST HERMAN, M.B., F.R.C.P. New edition. Pp. 222, with 83 illustrations. (London: Cassell & Co.)

This is the fourth edition of Dr. Herman's admirable introduction to the practical study of normal labour. Since this little book was first published in 1891 each edition has had to be reprinted several times, and the success which it has achieved among medical students and midwives has been well deserved. In this edition the text has been revised, ten new pages have been added, and two fresh illustrations (on p. 44) have been introduced. The book retains its former shape, and the bulk is not perceptibly increased. The horizontal lettering on the back of the cover is an improvement. The additional diagrams illustrate the difference between occipito-anterior and occipito-posterior presentations when the head presents at the brim. The fresh pages include a short notice of puerperal insanity, in which emphasis is laid on the prevention of this complication by treating its earliest manifestation, viz. inability to sleep and inability to eat. The regulations of the Central Midwives' Board are now included, together with explanatory comments and suggestions, which are clear, concise, and helpful. We note that Dr. Herman recommends biniodide as the best routine antiseptic, and that he advises the use of a pewter vaginal tube. This edition will certainly maintain the popularity and the value of *First Lines in Midwifery*, and we commend it to the notice of every midwifery clerk at the beginning of his appointment.

A TEXT-BOOK OF OPHTHALMIC OPERATIONS. By HAROLD CRIMSDALE, M.D., F.R.C.S., and ELMORE BREWERTON, F.R.C.S. Illustrated. (London: Kegan Paul, Trench, Trübner & Co., Ltd.) Price 12s. net.

We believe this to be a thoroughly useful reference-book and a complete manual of the recognised ophthalmic operations of recent years. So far as we know, beyond a small and incomplete guide to a course of ophthalmic operative surgery by one of the authors, this is the first book published in England which deals exclusively with this branch of ophthalmology.

Each chapter is prefaced by a review and brief criticism of the operations, which are then dealt with separately, a list of authorities being appended. We congratulate the authors on reducing such a mass of individualised operative surgery into so handy a compass.

If we have any criticisms to make they are, first, that in our opinion the preliminary review of each chapter should, for clearness, be typed differently from the rest of the subject matter; and, secondly, that a diagram of the outer wall of the orbit marked with the lines of resection of bone in Kronlein's operation would help the reader to understand more clearly the stages of this operation.

We recommend this book to all students and practitioners of ophthalmic surgery.

A TREATISE ON MATERIA MEDICA AND THERAPEUTICS. By the late RAKHALDAS GHOSH, I.M.S., Calcutta; edited by C. P. LOKES, M.D., F.R.C.S., Lieut.-Colonel I.M.S. Third edition. Pp. 737. (Calcutta: Hilton & Co.) Price Rs. 5 or 7s. 6d.

We were not familiar with previous editions of this manual, and, in spite of the editor's name, a first glance did not lead us to expect great things of the present edition. The binding is poor, and the paper is of inferior quality; while the sub-title suggests that a rash attempt had been made to condense an enormous range of matter into far too small a compass. A thorough examination of this volume, however, has proved that, although it is a condensation, it is admirably arranged and remarkably clear and readable. The greatest care and ingenuity have obviously been spent upon the preparation and revision of every page. The book is for the most part an accurate and up-to-date epitome of the leading works on materia medica, pharmacy, dispensing, pharmacology, and therapeutics, with many valuable hints on prescribing and the administration of drugs. The amount of information contained in this small volume is extraordinary, and we are not surprised that it has attained considerable popularity in India as a handy reference book for practitioners, students, and dispensing chemists. The section on pharmacology follows the arrangement of Hale White's manual, while that on materia medica and therapeutics is arranged in alphabetical

order, which facilitates rapid reference. The chapters on Serum Therapeutics and Organotherapy, for which we imagine Colonel Lukis is mainly responsible, form a valuable review of two important subjects. Short notes on many of the principal non-official and Oriental remedies are also included. For a book printed in India there are very few typographical errors; were it published in England, in a better binding, we believe it would have as satisfactory a sale over here as it has had in its native country.

THE DIAGNOSIS AND TREATMENT OF INTUSSUSCEPTION. By CHARLES P. B. CLUBBE, F.R.C.S. Pp. 92. (Edinburgh: Young & Pentland.)

Intussusception is but indifferently treated in most text-books on surgery. The author, therefore, has done the student good service in producing this book. His description of the varieties of intussusception differs somewhat from that found in most works, but as it is founded on the cases personally observed by the author it is no less likely to be correct. Particularly useful is the clear distinction drawn between the appearances which mark the onset of intussusception, and those which supervene as dissolution approaches in the absence of treatment, and also the position and relative value of irrigation and laparotomy as methods of reduction. The book concludes with a table of 144 cases, from which the author has drawn his data.

ANTISEPTIC METHODS FOR SURGICAL NURSES AND DRESSERS.

By HAROLD UPCOTT, F.R.C.S. Pp. 51. Illustrated. (London: Baillière, Tindall and Cox.) Price 2s. 6d. net.

There are many books on antiseptics from the surgeon's point of view, but the nurse and dresser have hitherto been neglected. The author explains in simple language the scientific basis of antiseptics, and, besides describing the practical methods generally, mentions many important points of detail which are not self-evident to one lacking a pathological training.

While the title is "antiseptic," the methods are, so far as is at present possible, aseptic. It cannot be said that they lack anything in thoroughness; but it is perhaps a slight exaggeration to prescribe sterilised water and basins for the first hand-washing. Even the author considers tap-water practically sterile.

We have pleasure in drawing the attention of our readers to the recent enlargement of Mr. H. K. Lewis's premises in Gower Street and Gower Place. Lewis's Library has for many years been popular with medical students and medical men; and the additions and improvements that have lately been made should prove a convenience to subscribers when passing through that part of London.

Books for Review.

The following books have been received, in addition to those previously acknowledged and those reviewed in the present number—

Ellis's *Demonstrations of Anatomy*. 12th edition, edited by Addison (Smith Elder).
 Page's *Elements of Physics* (Cassell).
 Meigs and Feindel's *Ties and their Treatment* (Appleton).
 Buchanan's *Manual of Anatomy*. Vol. II (Baillière).
 Herman's *Diseases of Women*. 3rd edition (Cassell).
 Hadley's *Nursing*. 2nd edition (Churchill).
 Cuff's *Lectures on Medicine to Nurses*. 5th edition (Churchill).
 Wells' *Cod Liver Oil in Tuberculosis*. (Sherratt and Hughes.)

Notes and Comments.

A CORRESPONDENT, writing from India, expresses his regret at the scantiness and infrequency of the Indian Medical Service news in the JOURNAL. In the course of his letter he asks, "Would it not be possible to arrange with some Dart's I.M.S. man on leave to take the matter

up and send you the information as it appears in the gazettes or army orders, and to hand it on to someone else just arrived when the former's leave is up? I should be very glad to do my share when my time comes for furlough." We fully agree with his criticism, and are grateful to him for his kind offer for the future. His letter shows that the Service Notes which appear in these columns are read with interest and form a valuable feature of the JOURNAL.

We are particularly fortunate in our R.A.M.C. news, which is sent to us monthly by Captain Clapham. The R.N. news and the I.M.S. news, however, have not appeared of late with the same regularity and completeness. At the present time we have no regular correspondent in the Royal Naval Medical Service, and such scraps of information as have been published in recent issues have been obtained from occasional cuttings from the medical journals. We have been scarcely more fortunate with our I.M.S. news. Captain Warwick Illius, to whom we were indebted for many months for the material for this section, has been unable to keep us posted this year with regular information.

We now appeal to our readers in the Navy and the Indian Army to help us in this matter, in order that our news of St. Bartholomew's men in these branches of His Majesty's service may be complete, accurate, and up-to-date. We shall be very grateful for further offers of assistance. Any officer who can spare the time to supply us with news of promotions, appointments, retirements, and changes of station which come to his knowledge will be conferring a benefit on the JOURNAL, and on those old Bart's men who are his fellow officers. All we ask of our naval and military correspondents is to send us their news for the following number of the JOURNAL before the 22nd of each month, otherwise there may be delay in its publication.

MUCH interest has been excited lately as to the whereabouts of an old artesian well situated upon the Hospital premises; but, in spite of the ancient records of the Hospital stating that the well was in the Square, there was difficulty in localizing it, until Miss Harding (late Sister Darker) referred to the subject to Mr. R. Henslowe Wellington, an old Bart's student, who has in his possession an old engraving by Sands, from a drawing by J. E. Neale, clearly showing the well, fenced round in the Square, opposite the entrance to the Great Hall.

WE are asked to announce that a brooch, which was found in the Great Hall after the Christmas Entertainment early in January last, has not yet been claimed. If the owner will send a description of the brooch to Mr. Valentine Cluse, the Renter's Office, St. Bartholomew's Hospital, it will be returned.

Correspondence.

EARLY ANTISEPTICIS.

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

SIR,—Now that the air is so full of antisepticism, it may not be out of place just to mention what was, perhaps, one of the earliest experiments on the subject.

About the year 1847-8, when I was taking notes of a series of cases at St. Bart.'s for the essay which gained the "Bentley Prize," I observed a number of cases of ulcerated legs in the "Casualty Department." Among these was a specially obstinate one, of an old man with a large ulcer on the leg, which had been treated, year after year, at different hospitals, but never healed. It occurred to me that its obstinacy might be due to exposure to air with its necessary impurity. I therefore well cleaned the wound, and then sealed it up as hermetically as I could, with the result that under this treatment alone it healed. I expect the case is fully reported, with perhaps an illustration, in my Bentley Prize Essay in the St. Bart.'s library.

Your obedient servant,

HORACE DOBELL, M.D.

PARKSTONE HEIGHTS,
 DORSET;
 April 21st, 1907.

Litteræ Humaniores.

THE following two examples of the kind of letters which are frequently sent to members of the junior staff by out-patients are worthy of publication. The originals are in the possession of the Editor; they have not been departed from except in the matter of punctuation. The first letter is from an old lady; the second was brought into a house physician's box in the surgery by an elderly man, who turned out to be the writer of the letter himself, and who was neither deaf nor dumb.

No. 1.

"The Year 1801 I had Typhoid Fever. 2 years after that Heart Trouble showed itself very painful, and suffering from bleeding Piles through constipation more or less; a growth followed called a Fish. March, 1901, operation needed; since that I seem to be very helpless at times: last December, 1905, a very sharp attack of Pneumonia. The Doctor's last words was live in hopes when asked if I should pull through. My cough is the Master."

No. 2.

"Sir, my feelings are as under—

I have no Appetite.
 I have a dry Cough.
 I feel Languid.
 And feel unfit for work.

And I suffer greatly with my Liver; after I eat or drink it comes up in my Throat, and I feel I am going to choak'd, with great pains between my shoulders."

Round the Fountain.

Surgeon.—"What is Acne Rosacea?"
 Student.—"Ordinary acne pustules with an appearance around them like rose leaves—no, I mean petals."

Would-be Facetious Clerk (taking notes).—"Sixteen days old, is he? Does he go to school?"
 Mother (severely).—"No, 'e leaves that to you."

Clerk (reading notes to Physician).—"On the right side of the chest there are numerous Bronchi, which disappear completely on coughing."

Physician.—"Did you notice any difference between the pulses on the two sides?"
 Another Clerk.—"Yes; on the left it is 80, and on the right only 76."

Informative Mother of Surgery infant.—"Yus, slster, I guv 'im the mortified [modified] milk just the syme as wot yer told me to."

New Preparations.

MAW'S STERILIZED LUBRICANT FOR CATHETERS AND SURGICAL INSTRUMENTS.—This preparation is sold in small collapsible metal tubes, each about two inches in length. It is a clear, slightly viscid substance; tasteless, odourless, and colourless; of an oily texture, but not leaving a grease-mark on paper. It is quite free from any antiseptic, and we have found it entirely unirritating to mucous membranes. This preparation may also be used as a lubricant for the surgeon's hands during examination of the vagina, rectum, etc. The tubes are intentionally of small size, with a view to avoiding the contaminations which larger tubes are liable to when used on a number of occasions. The tube-mouths are ingeniously grooved to facilitate the lubrication of a catheter without fingering its distal end. This aseptic lubricant is manufactured by Messrs. Maw, Son, and Sons, of 7-12, Aldersgate Street, London, E.C.

"TABLET" CALCIUM LACTATE.—This is one of the latest products of the firm of Burroughs Wellcome and Co. Each tablet contains five grains (0.324 gm.). Bottles are supplied containing 25 or 100 tablets. The lactate is recommended as the most satisfactory means of administering a calcium salt, being less irritating than the chloride, which has been extensively used of late for the purpose of increasing the coagulability of the blood. The lactate may thus be used in the treatment of internal hæmorrhages (uterine, gastric, intestinal, etc.), of uræmia and allied conditions, and as a preventive and curative measure in hæmophilia. We have found the tablets of calcium lactate to be readily soluble; and their efficacy appears to be equal to that of the chloride.

Royal Army Medical Corps.

Lieut. E. B. Lathbury is confirmed in that rank.

Leave.—The following are or will be shortly home on leave: From India: Lieut.-Col. F. H. Teohena, Major B. J. Inniss, Lieuts. F. H. Noke and L. V. Thurston. From Gibraltar: Major B. W. Longhurst.

India: Lieut.-Col. J. R. Forrest is transferred from Ahmedabad to Meerut.

Lieut.-Col. II. B. Mathias, D.S.O., is transferred to Simla for temporary duty at army headquarters.

Capt. A. O. B. Wroughton to Malapuram.
 Lieut. C. D. M. Holbrooke to Kirk.

South Africa: Major A. E. Smithson on arrival from home is posted to Harri-smith; Capt. M. G. Winder from Pitschkeström to Pretoria.

West Africa:

Major J. Girvin is Senior Medical Officer.
Capt. A. H. Morris returned home on relief by Capt. F. Harvey, who is sanitary officer for the command.

Home postings:

Major St. J. B. Killery to Aldershot.
Capts. M. Swaby to Western Command, F. G. Richards to Netley, and A. L. Scott to Southern Command.

R. D. O'Connor and J. H. Gurley were successful at the last examination for commissions in the Corps.

An exchange is sanctioned between Lieut.-Col. F. P. Nichols (Norwich) and Lieut.-Col. H. W. Austin (Karachi).

Lieut.-Col. F. W. C. Jones is home on leave from India; as is Lieut.-Col. J. R. Dadd.

Surg.-Capt. St. J. B. Killery is transferred from the Royal Horse Guards to the R.A.M.C., and promoted to be Major therein.

Appointments.

CATES, H. J., M.B., B.S.(Lond.), appointed Casualty Officer at the London Temperance Hospital.

CLARKE, H. H., M.A., M.B., B.C.(Cantab.), late Assistant Physician to the Liverpool Hospital for Consumption and Diseases of the Chest, appointed Physician to the same Institution.

DARBY, W. S., M.B., B.C.(Cantab.), appointed Councillor to Harrow Urban District.

FAIRLIE-CLARKE, A. J., M.C.(Cantab.), F.R.C.S.(Eng.), appointed Surgeon to the Horsham Cottage Hospital.

FINZEL, H., M.B., B.S.(Lond.), M.R.C.S., F.R.C.P., appointed Assistant Medical Officer at the Wyke House Asylum.

GROVES, E. W. H., M.D., M.S., B.Sc.(Lond.), F.R.C.S., appointed Surgeon to the Handel Cosham Hospital, Kingswood, Bristol.

HAMMILL, J. M., M.A., M.B., B.Sc., appointed Assistant Inspector of Foods in the Medical Department of the Local Government Board.

JONES, W. B., M.D.(Lond.), appointed Justice of the Peace for the County of Breckonshire.

JORDAN, A. C., B.A., M.D., B.C.(Cantab.), appointed Medical Radiographer to Guy's Hospital.

MOSES, D. A. H., M.R.C.S., L.R.C.P., appointed Surgeon to the s.s. "Achilles" (Holt Line).

NIXON, J. A., M.B.(Cantab.), M.R.C.P., appointed Physician to the Handel Cosham Hospital, Kingswood, Bristol.

FLOWRIGHT, C. T. McL., M.B., B.C.(Cantab.), appointed Surgeon to the West Norfolk and Lynn Hospital.

ROBBS, C. H. D., B.A.(Oxon.), M.B.(Lond.), appointed Medical Officer of Health to Grantham Rural District.

STACK, E. H. E., M.B., B.C.(Cantab.), F.R.C.S., appointed Surgeon to the Handel Cosham Hospital, Kingswood, Bristol.

THOMPSON, GEORGE H., M.R.C.S., L.R.C.P., appointed Honorary Medical Officer to the Devonshire Hospital, Buxton.

New Addresses.

ARNOULD, L. A., Igatpouri, India.

BEATTY, J. B. H., Martles, College Road, Harrow.

BURKA, L. T., King Edward VII Sanatorium, Midhurst, Sussex.

DARBY, W. S., Dunwich, Station Road, Harrow.

DUNN, T. W. N., 5, Beaufort East, Bath.

ELWORTHY, H. S., Treve Cottage, Ebbw Vale, Mon.

FAIRLIE-CLARKE, A. J., Horsham, Sussex.

GAVNER, J. S., Hall Cottage, Earswick, York.

HILLIER, R. J., 387, Hartshill Road, Stoke-upon-Trent.

HURST, W., 172, West Bethune Avenue, Detroit, Michigan, U.S.A.

LATHBURY, E. B., Lieut. R.A.M.C., Military Hospital, Colchester.

MOSS, B. E., London Temperance Hospital, Hampstead Road, N.W.

PUTTOCK, R., Essex House, Chard, Somerset.

WENHAM, H. V., Union Medical College, Peking, N. China.

WHEELER, C. E., 2, Rivercourt Road, Hammersmith, W.

WILKINSON, E. S., Surgeon R.N., H.M.S. "Achilles," care of the Admiralty.

WILLIS, J. K., Cranleigh, Surrey.

WILMOT, Lieut. R. C., R.A.M.C., Fort St. George, Madras.

Births.

HARRISON.—On March 19th, at 104, Marine Parade, Worthing, the wife of Henry Leeds Harrison, M.B., of a daughter.

PANK.—On April 6th, at Hamilton Place, Market Rasen, the wife of Harold W. Pank, M.R.C.S., L.R.C.P., of a daughter.

SEWELL.—On April 2nd, at 3, Dora Road, Wimbledon, the wife of Capt. E. P. Sewell, M.B., B.C., R.A.M.C., of a daughter.

WARREN.—On April 16th, at 15, Lansdowne Crescent, W., the wife of Alfred C. Warren, M.A., M.R.C.S., L.R.C.P., of a son.

Deaths.

HAYE, CLAUDE, M.R.C.S., L.R.C.P., of Riverside House, Thames Street, Weybridge.

JONES, J., M.R.C.S., L.R.C.P., of Newlands Park, Sydenham.

Acknowledgments.

All-India Hospital Assistants' Journal, Annual Report of the Health of Eastbourne, British Journal of Nursing, Echo Medical du Nord, Guy's Hospital Gazette, The Hospital, Journal of Laryngology, Rhinology, and Otology, London Hospital Gazette, Medical Review, Nursing Times, The Practitioner, St. George's Hospital Gazette, St. Thomas's Hospital Gazette, The Broadway, Health Resort.

NOTICE.


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

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

All communications, financial or otherwise, relative to Advertisements ONLY, should be addressed to ADVERTISEMENT MANAGER, The Journal Office, St. Bartholomew's Hospital, E.C. Telephone: 1436, Holborn.

A Cover for binding (black cloth boards with lettering and King Henry VIII Gateway in gilt) can be obtained (price 1s. post free) from MESSRS. ADLARD AND SON, Bartholomew Close. MESSRS. ADLARD have arranged to do the binding, with cut and sprinkled edges, at a cost of 1s. 6d. or carriage paid 2s. 3d.—cover included.

St. Bartholomew's Hospital



JOURNAL.

VOL. XIV.—No. 9.]

JUNE, 1907.

[PRICE SIXPENCE.]

St. Bartholomew's Hospital Journal,

JUNE 1st, 1907.

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

Calendar.

- Mon., June 3.—Special Subject Lecture, 1 p.m. Dr. Ormerod, "Lupus and Lupus Erythematosus."
Tues., " 4.—Dr. West and Mr. Bruce Clarke on duty.
Wed., " 5.—Clinical Lecture, 2.45 p.m. Mr. Bruce Clarke.
Fri., " 7.—Clinical Lecture, 1 p.m. Dr. Norman Moore.
Annual Sports, Winchmore Hill, 2.30 p.m.
Dr. Ormerod and Mr. Bowly on duty.
Mon., " 10.—Special Subject Lecture, 1 p.m. Mr. Cumberbatch. "Demonstration of the Complete Mastoid Operation on the Cadaver."
Third Examination, Society of Apothecaries (Surgery) begins.
Tues., " 11.—Dr. Herringham and Mr. Lockwood on duty.
Wed., " 12.—Clinical Lecture, 2.45 p.m. Mr. Lockwood. "The Clinical Evidence necessary before and after Operations."
Fri., " 14.—Clinical Lecture, 1 p.m. Dr. West. Dr. Tooth and Mr. D'Arcy Power on duty.
Mon., " 17.—Special Subject Lecture, 1 p.m. Dr. Lewis Jones. "The Diagnosis and Treatment of Paralysis of the Upper Extremity."
Third Examination, Society of Apothecaries (Medicine and Midwifery) begins.
Tues., " 18.—Dr. Norman Moore and Mr. Cripps on duty.
Wed., " 19.—*Annual Past v. Present Matches, Winchmore Hill.* Clinical Lecture, 2.45 p.m. Mr. Lockwood. "Colon Bacillus Cystitis."
Fri., " 21.—Clinical Lecture, 1 p.m. Dr. Ormerod. Dr. West and Mr. Bruce Clarke on duty.
Mon., " 24.—Special Subject Lecture, 1 p.m. Mr. Eccles.
Tues., " 25.—Dr. Ormerod and Mr. Bowly on duty.
Wed., " 26.—Clinical Lecture, 2.45 p.m. Mr. D'Arcy Power, "Syphilitic Disease of the Joints."
Thur., " 27.—Second Examination, Conjoint Board (Physiology and Anatomy) begins.
Fri., " 28.—Clinical Lecture, 1 p.m. Dr. Herringham. Dr. Herringham and Mr. Lockwood on duty.

Editorial Notes.

WE are officially informed that the President of the Hospital, His Royal Highness the Prince of Wales, has consented to open the new Out-patient and Casualty Block. At the time of writing, the exact date of the opening ceremony has not yet been decided upon, but we understand, on the best authority, that it will take place during the week beginning July 21st, either on the 22nd, 23rd, or 25th. The work of completing the new buildings is therefore advancing with increased speed, and it is confidently expected that the whole block will be finished in time for His Royal Highness's visit. Much still remains to be done, but the Governors are determined that the next seven weeks shall see the completion of the actual building, even if the final touches in the way of equipment have to be added after the ceremony.

WE propose to devote the greater part of the August number of the JOURNAL to the important events of the preceding week. Its size will be increased, and we shall publish a number of illustrations bearing upon the new buildings and the opening thereof; as was done on the occasion of the laying of the foundation stone by our Patron, His Majesty the King, early in July, 1904. The August issue of the JOURNAL will, therefore, be of special interest. A copy will be sent to every old St. Bartholomew's man, as a souvenir of one of the most important landmarks in the progress of the Hospital, marking a new epoch in its history, and placing it once more at the head of all movements for the scientific relief of the sick poor.

THE Athletic Sports will be held at Winchmore Hill on Friday, June 7th, commencing at 2.30 p.m. The President of the Club is Dr. Norman Moore, and Mrs. Moore has kindly consented to give away the prizes. Tea will be provided on the ground. Trains run from Farringdon

Street at 1.40 and 2.31 p.m., and from King's Cross at 1.44 and 2.35.

* * *

FOR the annual Past v. Present matches—cricket and lawn tennis—"Prince's Red Band" has been engaged, and the Students' Union Council are making a special effort to ensure a successful and largely attended gathering. All students are urged to come themselves and to bring ladies. A special appeal has been sent to the Senior Staff, and we look forward to seeing them on the ground in large numbers. It is hoped that the year 1907 will be memorable, not only for the Prince's visit and the opening of the New Block, but also as the beginning of a new era in the history of the Clubs.

* * *

THERE is still room for more enthusiasm in every constituent part of the Students' Union. The attendances at the Past and Present matches, the Athletic Sports, and the Decennial Dinners are a fair index of the general attitude of Bart.'s men towards their *alma mater*. We hope that the numbers present this year at these fixtures will confirm our belief that every Bart.'s man is waking up to a new interest in, and an increased enthusiasm for, the Hospital in all its departments.

* * *

THE Secretaries of the Students' Union ask us to draw attention to the fact that note-paper, etc., is now provided for the free use of its members in the writing room adjoining the Abernethian Room. This liberal arrangement is on trial for a period of two months. If it is treated with respect, it will be continued; but the least sign of waste or extravagance will result in its withdrawal. We appeal to every gentleman, who avails himself of this privilege, to exercise due economy himself, and to co-operate with the Council in enforcing it on others.

* * *

MR. R. C. ACKLAND has been appointed Dental Surgeon to the Hospital in succession to the late Mr. John Ackery. Mr. Frank Coleman has been appointed to the vacant post of Assistant Dental Surgeon.

* * *

WE are very pleased to find that the request which we published in our "Notes and Comments" of last month, for news of St. Bartholomew's men in the Royal Naval Medical Service, has met with an immediate response from one of the senior members of that Service. We beg to thank Fleet-Surgeon W. Spry for the information he has sent us, showing the practical interest he takes in the Hospital JOURNAL.

* * *

AS we go to press we learn of the recent appointment of our predecessor in office, Mr. R. C. Elmhie, M.S., F.R.C.S., to the post of Assistant Surgeon to the Metropolitan Hospital, upon which we offer him our congratulations.

Some Points in Cerebral Localisation.

By W. LANGDON BROWN, M.D., M.R.C.P.,
Physician to the Metropolitan Hospital.

DURING the past year I have had under my care some cases which illustrate very well certain difficulties in the localisation of cerebral lesions.

The first case was a man of about 30, who was sent to me at the Metropolitan Hospital by Dr. L. U. Young in May, 1905, with the history that, after an attack of what appeared to be influenza, he had been seized with tingling and numbness in the right hand. This was followed by marked loss of memory. Enquiry elicited a history of headache and attacks of vomiting, sometimes thrice a day. Examination revealed neither paralysis, nor loss of tactile sensibility, nor alteration of reflexes. But the left optic disc showed early and definite neuritis. I made the provisional diagnosis of a tumour of the left frontal lobe on the following grounds:—The unilateral character of the optic neuritis suggested that the growth was in the anterior part of the brain; the indefinite character of the localising symptoms pointed to indirect pressure on, rather than a lesion of the sensori-motor region; while the early and severe affection of the mental power was in favour of the frontal lobe being involved.

While in the ward, first under care of Dr. Davies, and later under me, the optic neuritis became intense in both eyes. After treatment with mercury and potassium iodide a great improvement took place: his headache and vomiting ceased, his memory improved, and the optic neuritis became much less marked.

But a few months later he relapsed, and was readmitted in November, 1905. The only additional sign was the exaggeration of the knee-jerks. In December the numbness spread to the right side of the face, and the muscles round the mouth acted weakly on that side. By the end of the month there was numbness of the whole of the right side of the face, and loss of taste on the right side of the tongue. The right orbicularis oculi became paralysed.

Mr. Harmer accordingly trephined over the left frontal lobe, but found nothing abnormal. As the patient's condition was becoming worse, a second operation over the post-parietal region was undertaken at the suggestion of Dr. Grainger Stewart, who thought that the early onset of sensory symptoms indicated this region as the site of the tumour. No better result attended this, however. By this time the patient was aphasic, and he soon became completely hemiplegic. The right arm became firmly flexed, and the right leg was rigid. A large hernia cerebri developed. Ultimately he was sent to the Hackney Infirmary, where he died in December, 1906. By the courtesy of Dr. J. W. Oliver, I had the opportunity of attending the *post-mortem* examination. I was told that some three weeks before death the hernia cerebri had burst, and copious hemorrhage occurred. He managed to infect the wound by pushing his fingers under the bandage, and died of the resulting meningitis. A reddish tumour, the size of a walnut, was found in the posterior cornu of the lateral ventricle, surrounded by a large cyst which had burst, and was doubtless the source of the hemorrhage. The tumour had pressed on the walls of the lateral ventricle. A microscopical section prepared by Mr. E. H. Shaw revealed the fact that it was an angioma containing abundant cholesteatomatous deposit. It, therefore, almost certainly originated in the choroid plexus.

In connection with this case we may note the curious fact that no special disturbance of the visual field could be detected. Mr. Brewerton found merely a progressive diminution as the optic neuritis intensified, and yet the tumour must have pressed on the optic radiation. Also, as the tumour was about the level of the posterior end of the internal capsule, the paralysis might have been expected to have affected the leg before the arm and face. It shows, too, that we must not look upon intellectual processes as simply a function of the frontal lobes. Visual and auditory memories, we know, are stored in the occipital and temporal lobes respectively, and apparently dis-

turbance of one of these may greatly affect the power of memory in general. At the beginning of his illness this patient would start out to work and come home again because he could not remember where he was employed or what his work was. This certainly implies more than a loss of visual memories.

But the importance of one sign in this case shows clearly. Sherrington and Crünbaum's work on cerebral localisation in the anthropoid apes proved that the motor areas are situated entirely in front of the Rolandic fissure. Since then clinical evidence has rapidly accumulated to show that the corresponding sensory areas are grouped just behind the fissure. Thus the "sensori-motor" area of the lower apes is in the higher apes and in man further differentiated. Campbell's histological studies point to the same conclusion. We may conclude that the *earlier sensory symptoms appear the more probably is the lesion to be found behind the fissure of Rolando*. In this case the numbness and tingling of the arm and face preceded the paralysis. Had I attached due weight to this point the loss of memory and the unilateral optic neuritis would not have misled me into localising the tumour so far forward. However, the tumour was so deeply seated as to be quite irremovable by operation.

The second case was a cerebral tumour where the localising signs enabled me to determine the situation of the lesion exactly, but the general signs of intra-cranial growth were entirely missing. From beginning to end this case never had vomiting or optic neuritis, while headache was only an early and transient symptom.

A man of 62 was admitted under my care in March, 1906, with the history that four months before he had had attacks of tingling and numbness in the right side accompanied by slight twitchings. The day before admission the right side had twitched severely, and the speech had been affected. He had become unconscious for three quarters of an hour.

On examination the right pupil was seen to be larger than the left. There were no ocular palsies and no nystagmus. Facial paresis of the upper motor type was present on the right side. The speech response was flexor. The right arm was weak, but the right leg moved well.

Three days after admission he had a fit lasting six minutes without any loss of consciousness, in which the right side of the face and trunk and the right arm twitched, but not the leg. Afterwards much impairment of sensation could be made out along the ulnar border of the right arm and peroneal border of the right leg. Lumbar puncture yielded no fluid. The next day he had another slighter fit, and then for two months had no more. He improved under mercury and potassium iodide.

Then the fits began again. Usually there was no loss of consciousness, the patient trying to control the movements with his left hand. They continued to occur at intervals up to the time of his death in August. The arm gradually became stiffer, and its sensation more impaired. Finally it became quite flexed. The left hand showed tremor. The right leg became stiff, and the plantar response became extensor. There was incontinence of urine and feces.

The lesion was clearly post-parietal from the early impairment of sensation, and, as this was more marked in the arm than in the leg, it was nearer the arm centre than the leg centre. This was also shown by the fact that the Jacksonian epilepsy caused by its growth affected the face, arm, and

trunk before the leg. Beevor has pointed out how easily the motor elements are excited through the sensory side. The lesion was localised fairly confidently just behind the fissure of Rolando opposite the arm centre. But the nature of the lesion was difficult to determine. It could hardly be due to mere vascular occlusion in view of the marked irritative symptoms. Yet it seemed rash to diagnose a tumour in the absence of headache, vomiting, and optic neuritis. However, the *post-mortem* revealed a glio-sarcoma about the size of a hen's egg in the exact situation diagnosed.

The third case showed some unusual and interesting features.

A boy, *æt.* 11, was noticed by his schoolmaster to be much longer than usual over a problem in algebra. He had made three attempts. The first showed some rational effort, the second very little. The third consisted of meaningless repetition of two or three letters. Without further warning he had a fit, and was brought to the hospital. I saw him in the third fit. First there was twitching of the right upper eyelid, then conjugate deviation of the eyes to the right. Next the right sterno-mastoid contracted, and the right side of the face twitched slowly, the mouth being drawn to the right. The right arm then showed movements, followed by clonic spasm of the right leg. Finally a slight clonic spasm occurred in the left leg.

The fit lasted about four minutes. Then the limbs became flaccid, the corneal reflex was present, and there was incontinence of feces. A few minutes later another fit began. Altogether the fits lasted an hour and a half, ceasing after the stomach had been washed out, and forty grains of potassium bromide introduced in dilute solution.

The next day he seemed quite well. He remembered nothing after going into school. No disturbance of movement, sensation, or reflexes could be detected; the optic discs and tympanic membranes were normal. He could write his name, and talked quite sensibly. Two days later he began to vomit. He was drowsy, and complained of headache. His pulse was slow, full, and irregular. He had no control over his sphincters.

Optic neuritis developed, the knee-jerks became exaggerated, and on several occasions the right plantar reflex was extensor. Kernig's sign was well marked. Lumbar puncture yielded about six drachms of clear light yellow fluid, containing about thirty cells per cubic millimetre, almost all lymphocytes. The fluid was sterile.

He became more drowsy; the left pupil became larger than the right; both plantar responses were extensor. Cheyne-Stokes' respiration followed, the pulse was more feeble and irregular, and he died on the twelfth day from the onset. The temperature had been normal throughout.

The *post-mortem* examination revealed a large abscess in the left frontal lobe, which on culture yielded a pure growth of *Streptococcus pyogenes aureus*. No source for the infection could be discovered.

Dr. Grainger Stewart, in his excellent paper on "Tumours of the Frontal Lobes,"* gives the following characteristics:

I. (a) *The general signs of intra-cranial growth.*—These were all present, but are of course equally applicable to meningitis.

(b) *The presence of mental symptoms.*—Mental confusion was undoubtedly present before the fits in this case, but after them the boy was intelligent up to the time that he became unconscious.

(c) *The absence of local signs pertaining to other regions of the brain.*

II. Localising signs.

(a) *Fits* beginning with turning of the head and eyes to the opposite side. These are never ushered in by sensory auras. This accords with the fits here described.

* *Lancet*, November 3rd, 1906.

- (b) Homo-lateral to the tumour.
- (i) *Earlier development and greater intensity of the optic neuritis.*—This was not present in my case.
 - (ii) *A fine vibratory tremor in the extended arm and leg.* This was not observed.
 - (iii) *Local cranial nerve symptoms.*—The only one was the dilatation of the left pupil.
 - (iv) *Local external signs.*—These were absent.
- (c) Contro-lateral to the tumour.
- (i) *Diminution or loss of the epigastric reflexes.*—Two days before death the epigastric reflexes were present and equal.
 - (ii) *Extensor or indefinite plantar response with increase of the deep reflexes.*—This sign was present.
 - (iii) *Hemiparesis.*—This was entirely absent.

It will thus be seen that my case lacked several of the localising signs typical of frontal lesions.

It is curious that with a quickly growing abscess (witness the rapid development of the optic neuritis) no further fits should have occurred, and that there should have been no paresis. This was the first case (though not the last) in which the results of lumbar puncture were definitely misleading. The sterile fluid, with excess of lymphocytes, was suggestive of tuberculous meningitis rather than a streptococcal abscess.

From Sherrington and Grünbaum's observations on the anthropoid apes we know that the motor centre for the eyes is in the frontal cortex, distinctly anterior to and separated from the other motor centres.

We must therefore attach great importance to Jacksonian epilepsy, beginning with conjugate deviation of the eyes from the lesion, and not preceded by a sensory aura as a sign of lesions of the frontal lobe. Had I attached due weight to this sign I should have advised operation, and "there is no other region of the brain with, perhaps, the exception of the cerebellum, in which surgical interference can be advised with a greater prospect of success and with so little danger" (Gainger Stewart).

While writing this I have had another case which bears on some of the points here discussed.

On May 8th, in consultation with Dr. L. U. Young, I saw a boy, set 6, who about ten days before had a sore throat and raised temperature. This was followed by headache of the right parietal region and some photophobia. There was no optic neuritis, aural discharge, or mastoid tenderness; no paralysis or alteration of the reflexes. Widal's reaction was negative. The headache improved for a time after I had seen him, and the temperature fell, but a week later he relapsed, and I took him into the Metropolitan Hospital. When I saw him there he had distinct optic neuritis, a recrudescence of his sore throat, chiefly on the right side, with some tender glands under the jaw on that side, and tenderness along the right sterno-mastoid. There had been no vomiting. His pulse was 120 and his temperature 103°. A blood-count showed 22,000 leucocytes. There was no mastoid tenderness or swelling, and the ear drum was healthy. Kernig's sign was present. I advised exploration of the mastoid, and should nothing be found there, examination of the lateral sinus; for the boy now had evident intra-cranial mischief, and infection

through the throat seemed the probable cause. My colleague, Mr. Curtis, felt that in the absence of any mastoid or aural signs the intra-cranial symptoms pointed to tuberculous meningitis (the more acute symptoms being caused by the throat), and suggested postponement. Lumbar puncture was performed, and yielded sterile fluid containing forty cells per cubic millimetre, nearly all lymphocytes. This certainly favoured the diagnosis of tubercular trouble, but in view of the last case reported here I felt too much reliance could not be placed on it. The temperature assumed a hectic type, and though the throat improved and the glands were subsiding, the tenderness along the sterno-mastoid continued, and the leucocytes increased to 24,000. Mr. Curtis therefore agreed that exploration was advisable. The mastoid cells were perfectly healthy. He then trephined over the lateral sinus and found a large collection of creamy pus deep to the dura mater, and thrombosis of the sinus beginning just about the middle of the trephine wound. He also tied the jugular vein in the neck. The pus was not offensive, and was pneumococcal. At the time of writing the boy is going on well.


This is the second case within three months that I have had where the mastoid cells were healthy, and yet thrombosis of the lateral sinus and an adjacent collection of pus were found. In the earlier one there had been aural discharge, but Mr. Gordon Watson found nothing in the mastoid cells, temporo-sphenoidal lobe, or cerebellum. I felt sure that intra-cranial pus was present, so he went on and stripped off the dura between the two trephine wounds, and found an abscess there outside the thrombosed lateral sinus. From my experience of that case I ventured to urge exploration in the boy, although the ear drum and the mastoid cells were healthy.

It is certainly curious that such a large collection of pus should have caused neither paralytic symptoms, the pulse of compression, or vomiting. Yet the pus was under such pressure that when the dura was incised the pus shot out in a jet three or four inches high.

Among the lessons I have learned from these cases, the following stand out in my mind:

- (i) Early sensory symptoms, such as tingling and numbness or a sensory aura, point to a post-parietal lesion, even though other signs may be against it.
- (ii) Jacksonian epilepsy, beginning in the eyes without sensory aura, is a very valuable sign of a lesion of the frontal lobe.
- (iii) Too much weight must not be laid on lumbar puncture yielding a sterile fluid containing lymphocytes as evidence of tuberculous intra-cranial mischief. Even acute streptococcal and pneumococcal intra-cranial suppuration may be accompanied by this, if the pus be shut off from the spinal cord.

Sir Thomas Browne.

 SIR THOMAS BROWNE, the old Norwich physician and antiquarian, is well known in these days. For these days, in their restless spirit of universal inquiry, have unearthed one by one the old fossils of literature, have scraped from them their dusty deposit of time, and have hustled so many of the solemn old sages

into a new lease of life, under the youthful disguise of playful coy covers and gold edges, that hardly one has escaped the process of rejuvenescence. Browne is best known as the author of the *Religio Medici*. So highly have modern critics sounded the praises of this little book, so often has it been reprinted of late years, that it has come to be as universally known to-day, as almost any literature of its period. And yet no book could be more remote from the spirit of modern times, not less in tune with the tenor of modern thought. It is a book conceived in dreams, reposing upon the authority of dreams, and addressed to those who put faith in dreams as in the only realities. It is very different from what we should expect from a man of science, even in the age of the seventeenth century, or from a physician of any age whatever.

In contrast with the fancies of the *Religio Medici*, the whimsical speculations of Galen and Cardan sink almost into prosaic platitudes. Many have read the *Religio Medici*, but most, no doubt, have followed the old knight from page to page with an indulgent smile, content to leap over the apparent chaos of oft recurring paragraphs, in which he seems to drift rudderless through some dim nebulousity of meaning among the outskirts and suburbs of sanity. Few perhaps have surrendered their feelings to the fascination of his rhetoric and the charm of his imagery, and fewer have penetrated to the deep subterranean stratum of truth that underlies even his most fanciful flights; for with all his obliquity of mind, and with all the wilful prevarication of his intellect, the old physician had a directness of insight, and an intuitive instinct for the truly vital centre of a problem, that is but rarely found.

Among the fascinating fragments which fell at casual intervals from his busy pen is the *Letter to a Friend upon occasion of the Death of his Intimate Companion*. This letter, beyond most of his writings, reveals the eccentric old author in all the varied elements of his mind; in all his strength, in all his credulity, in all his nobility of mind and sentiment, and in all the incoherence of his diluted insanity. In one passage he cleaves with Vulcan strokes into the very central heart of the problem, and in the next stammers out his nonsense like the fool in *King Lear*. Yet, having read the letter, it is not so easy to say upon which side the laugh lies. We, no doubt, have condescended to humour the old knight, and have followed him with serene temper through his ramblings, but yet, perhaps, not always aware how expressive is the curl of his lip, how merry is the twinkle of his eye.

The letter is addressed to a gentleman upon the death of his dearest friend. Certainly, it contains very little that is likely to have consoled the bereaved person. Sometimes it appears less like the sober statement of the physician than the delirious wanderings of the patient himself. And yet it reveals all the characteristic excellence of the author as a writer of prose; in every page appears that stately dignity

of treatment, that habit of solemn meditation as of some lofty but over-curious spirit, exempt from the accidents of time and death, musing upon the little mutations of man.

The first few lines of the letter strike up with orchestral grandeur that solemn overture which characterises so many of his opening paragraphs, and reflect upon the numbers already gathered among the mighty nations of the dead, and how every hour addeth largely unto that dark society. From this elevation he descends for a moment to the gross field of business. Then comes a brief report upon the present condition of the patient, with a suggestion—surely the quaintest of all suggestions—as to the prognosis. Yes, quaint indeed—but how novel the imagery, how picturesque the language, how delicate the reference to the proximity of the fatal day! Is it that his patient can never again leave his bed? Is it that he cannot survive six months? No, but that "in my sad opinion he is not like to behold a grasshopper, much less to pluck another fig." The old physician is the more certain in this opinion by the sudden appearance of the odd mortal symptom never noticed by Hippocrates. Dying persons, and especially those dying of consumption, lose gradually their own expression of face and come to resemble some other members of their family. The odd mortal symptom is explained with much solemnity. "As we run through a variety of looks before we come to consistent and settled faces, so in the hour of departure we assume once more some cast off usage that we have left behind us."

And now the nature of the disease itself takes a fascinating hold upon the old doctor's mind. It becomes an impetus that sets his quick imagination—always responsive as the plastic surface of a lake to the least impulse of each passing breeze, always electrically alive to that feature, even in the meanest object, which can be made a centre for dream or fancy, or which can sympathetically lend itself to imaginative treatment—travelling far and wide among all ages of man, and in all quarters of the globe.

He marvels in a kind of remote soliloquy at its universal distribution and its deadly nature, how it puzzled Angelus Victorius, how no sigil for the cure of consumption can be found in the whole Archidoxus of Paracelsus, how amulets, spells, and incantations have been used upon it in vain, how not even one sufferer in Galilee applied to our Saviour for relief, whether it is God's purpose to kill, eventually, the whole human race by the agency of this disease, and, if so, how much more readily his purpose could be effected by simply putting out the sun. "I am not so curious," he writes, "to entitle the stars into any concern of his death," thus he takes pains to assure us how clear was his mind from any taint of superstition; but the temptation becomes too strong, and, having put the reader off his guard, he slyly relapses into his real belief. "Yet I could not but take notice that he died when the moon was in motion from the meridian."

At this point the letter runs a kind of cometary course, wanders from its orbit and roams at large through interstellar space. In this erratic passage all things imaginable are boiled down into a kind of divine solution, and except for vague hints about Nox a little more about Chaos with odd observations of Cardan and Scaliger, nothing definite emerges from the nebulous concoction until the author suddenly starts out of his dreams to assure us that "most men are begotten in night, animals in the day." Sir Thomas Browne, bless him, has the power of giving the semblance of commonplace truth to the expression of the most outrageous nonsense. Perhaps, in the total field of English literature, his solitary rival in this faculty of advancing with perfect innocence propositions the most monstrous is Jonathan Swift. In the hands of Swift, no doubt, this was an intentional trick of style, full of subtlety, and part of that infernal machinery by which he levelled his abominable insults at all mankind.

But so artlessly worded are the thunderbolts of the genial old doctor, so unassuming, and delivered with confidence so certain that all the world will believe them, that they might be co-eval with the earliest of human knowledge. "Most men are begotten in the night, animals in the day," and again, "Nothing is more common with infants than to die on the day of their nativity."

We leap a passage (or, perhaps, the passage leaps over us) about Charles V and the death of Antipater at his anniversary feast, and pass on to the very graphic report of the patient's condition:—"I never more lively beheld the starved characters of Dante in any living face; an aruspex might have read a lecture upon him without extenteration, his flesh being so consumed that he might, in a manner, have discerned his bowels without opening of him."

And yet his early death is no surprise to the physician, for the precocity and early growth of his patient's beard made a plain reference to a short life. Again Sir Thomas makes a delightful attempt to disguise his credulity, and listens to assure us that after all the beard is only a distinction of sex, and sign of masculine heat.

His thoughts seem to run (when they ever *do* run in any constant direction) along a tight rope, and the smallest obstacle upsets his equilibrium. A beard, a fish, the tooth of a mummy, the tongue of King Pyrrhus draws him like a load stone out of his course, and becomes the nucleus of a misty disquisition upon things long buried in the night of time or upon things yet to be born. "Hairs which have most amused me have not been in the face or head, but upon the back, and not in men but in children, as I long ago observed in that Endemial distemper of little children in Languedoc called the Morgellons, wherein they critically break out in harsh hairs on their backs, which takes off the unquiet symptoms of the disease, and delivers them from coughs and convulsions." This quaint excursus into the region of beards has left the subject far behind,

and Sir Thomas proceeds to wind along a characteristic serpentine course among diseases ancient and modern back to his patient. He seems to have thought that nearly all diseases in his time were increasing. In his judgment rickets (which he regarded as quite a new disease), smallpox, and the King's evil were spreading every day, "and if Asia, Africa, and America would bring in their list Pandora's box would swell, and there must be a strange pathology." In the meantime the pathology of his own case was a profound puzzle. "Most men expected to find a consumed kell, empty and bladder-like guts, livid lungs, and a withered pericardium in this excrucious corpse."

"Many," he declares, "had wondered that two lobes of his lung had adhered to his side," and then he quotes a case that had come under his own observation of a man who, after a cough of fifty years and with adhesion between all the lobes and the pleura; "broke the rule of Cardan, and died of a stone in the bladder."

He then proceeds to enlarge upon the query of Aristotle—Why oxen do not cough—reflects upon the vanity of the remedies of Atrianus against the coughs of hawks, and discourses upon bronchitis among cetaceous fishes with arguments based upon the tears of crocodiles. Dear old Sir Thomas! Polydore Virgil may have talked nonsense about pleuristics, and Vegetius about the coughs of cattle, but what light from thy old head may have penetrated the problem of pulmonary pathology among cetaceous fishes has left "confusion worse confounded."

Beside the ominous precocity of the beard, his very dreams proclaimed that the spirit was dressing itself for the shades of death. In discussing the dreams of his patient the whimsical old knight finds himself upon a favourite theme. To his mind, not only were they of the greatest prognostic importance, but he believed in an art to produce dreams, and also to interpret them. All who have read his delightful essay "Dreams" will remember his quaint reference to the visions of Cato who doated upon cabbage, and his serious criticism of Daniall's legumenous diet which even Grecian physic could have told him was so unfavourable to quiet sleep.

As to the patient "he was now past the healthful dreams of the sun, moon, and stars in their clarity and proper courses. 'Twas too late to dream of flying, of limpid fountains, smooth waters, white vestments, and fruitful green trees, which are the visions of healthful sleepers, and at good distance from the grave."

A solemn reflection upon the question of why a dream about blindness should be so highly commended by the oneiro-critical verses of Astrampychus and Nicephorus brings the passage to a close.

Although he was unable to effect a cure, the old doctor does what he probably thought to be the next best thing,—generously commends the spirit in which his patient leaves the world, amply satisfied that his disease should

die with himself, nor revive in a posterity to puzzle physic.

How subtle the touch! How delicate the mode of evading the difficulty, by turning the obligation upon the patient himself, and then congratulating the poor creature's common-sense for having adopted the one rational point of view, in resigning himself to death as the only way out of the difficulty and the only means of withdrawing the insult he offers to medicine by presuming to remain alive with an undiscoverable disease, a testimony to the failure of medical resources, and "a puzzle to physic."

As the letter draws to a close the author strikes upon a more solemn chord,—as solemn as anything *can* be from

case, so minute, so curious was his observation, so lively his fancy, and so liberal his imagination, that, if some portion of that brilliance and ingenuity which he devoted to style and language in the service of insoluble riddles had been given to his patient—if a larger part of that lucid mind, which was squandered in airy speculations upon the coughs of fishes and the number of teeth in the head of King Rameses, had been given to a patient examination of the malady, it is certain that he would not have been obliged to leave on record in terms so unqualified the melancholy confession that, after all, the disease was a puzzle to physic.

ARCHER RYLAND.



[From a photograph by D. M. Stone.]

View Day, 1907.

LADY LUDLOW, THE MATRON, THE TREASURER, AND THE CLERK LEAVING THE WEST BLOCK.

Sir Thomas, with his quaint turns, his irrepressible curiosity, and the teeming creativeness of his imaginative spirit. The language and imagery of the closing passages are very fine, rising to something of the grand organ tone of his great contemporary, Jeremy Taylor, in the *Holy Dying*.

"To be dissolved and to be with Christ was his dying ditty, nor was he drawn, like Cacus's oxen, backward with great struggling and reluctance into the grave."

So ends the letter, with the patient; but, sad to reflect, the disease was a puzzle to physic, and also to Sir Thomas Browne.

Perhaps, had the old dreamer been less fascinated by the puzzle of Heaven and Earth and the waters under, the disease would have been less a mystery to him. In any

View Day, 1907.

VIEW DAY this year fell on the earliest possible date, May 8th, and the weather took full advantage of the fact. The day began well, but after a perfect morning the clouds rolled up, and at 12.30 three drops were recorded by the Hospital rain-gauges. About a foot and a half followed in the course of the afternoon, but did not succeed in seriously obstructing the festivities.

Punctually at 2.30 the procession, headed by the beadle, left the committee room for the dispensary. Owing to the pouring rain, Lady Ludlow, carrying, appropriately enough, a shower bouquet of magnificent roses, which the matron presented on behalf of the Hospital, was obliged to wait in the West Block until the Treasurer returned. Our illustra-

tion shows the procession leaving this part of the Hospital. After the Governors had gone the round visitors were admitted to the wards, which all hands had worked hard to make into a truly View Day garden. Tastefully as the walls and tables are always decorated, only our hostesses know the labour which the festivities, with their extra bravery, entail.

As we do not want the windows of the JOURNAL office broken by the others, we will refrain from picking out any particular ward for special comment. In those in which our representative had the privilege of taking tea he observed some exceedingly tasteful colour schemes. The spring flowers—tulips, narcissi, daffodils—formed a great part of the decorations, but elsewhere irises of many hues vied with roses and carnations to urge the claims of summer.

And there were other attractions. One ward boasted an incubator with a seven-months' baby, Martha Fisk, only two days old, but already filled with a great sense of importance at having stolen a march on Father Time. Few could not show a merry urchin or a sunny-haired little maid, making friends with "my doctor's" visitors with the naïve readiness which only a London child can exhibit.

View Day introduces a cheerful note into many a rather weary life. The female patients, especially, greatly appreciate a little company. "I don't wear fine clothes myself," one dear old body explained afterwards (she certainly didn't), "but I do enjoy seeing people dressed smart sometimes."

There was also tea, and plenty of it; but the lady who was heard to say, "I suppose you are quite full now, sister?" was almost certainly referring to the beds.

The various side shows were as usual well patronised, and though the dispensary is still merely a shop, we hope by next year to show our visitors once more how the "wheels go round." The chief attraction was, of course, the new Resident Staff Quarters, which gave the greatest satisfaction to everyone who visited them.

The evening was a little finer, and by 6 o'clock the visitors had departed, and the great anniversary was over.

J. E. H.

The Sport of Collecting.

Being the sixth of the series of articles on the Recreations of Medical Men.



HE sport and pastime of collecting odds and ends is a seductive one, easy of pursuit by the busy practitioner, since any odd moment may be devoted to it, and it may be indulged in both in town and country, in summer and winter, in fair weather or foul.

In the larger towns the leading *bric-a-brac* shops are places whither many resort, and where the prices of pieces of antique furniture or specimens of old china fetch at

least their market value. There are, however, many out-of-the-way corners where it is possible to unearth for next to nothing quite delightful and curious possessions. In the small villages and towns, ransacked as they have been by the ubiquitous dealer, there is less chance of success than formerly unless it happens that a cottage sale is on.

In the halcyon days of twelve or fourteen years ago some friends of ours used to attend the fortnightly sales in the market place of a small north of England town. There good old Chippendale and Sheraton style chairs never fetched more than three and sixpence, and tables and chests of drawers more than a pound. Unfortunately our friends were too communicative, and the sale days became almost a social function, to the great benefit of the dwellers in the country side cottages certainly, but to the speedy extinction of the bargain.

But even last year at a cottage sale in the midlands we secured a really fine oak chest for thirteen shillings, while a grandfather's clock made thirty, and a really fine Hepplewhite chair went, by an oversight of our bidder, to a dealer for four shillings.

The purchase of antiques has quite a sporting element, for, as the fisherman hides behind the reeds when throwing his fly, and the deerstalker crawls warily after his quarry, so the would-be buyer has to use all his craft in unearthing and securing his prize. He has to be careful that he is not taken in by specious reproductions of furniture, china, plate, silver, glass, etc.; he has to learn by experience what is the real value of the article he covets, and must be alive to the many pitfalls which the "child-like and bland" dealer has prepared for his faltering footsteps. He has, moreover, to cultivate, if his profession has not already taught him, a thoroughness of inquiry, a facility of putting awkward and direct questions, and a quickness of diagnosis if he can hope to hold his own with the vendor of the antique.

There are two ways of attaining knowledge: the first, an expensive one, by purchase; the second, the sounder method of learning to swim before jumping into the water. Now, there are many dealers of repute, both large and small, who are scrupulously honest, but there are also others who are the reverse. The following cautionary remarks may help the beginner to hold his own in doubtful circumstances:

Beware the man who knows nothing.—He it is who cannot say whether the doubtful cup and saucer is old Worcester or not. He has been told it is, but "would not like to deceive the gentleman."

Beware the man who knows too much.—He it is who bought the spurious set of Sheraton or Chippendale chairs at the sale of the effects of an "old lady of title in the next county," and who was offered £10 more than he now asked by a dealer, but "he don't 'ave nothing to do with dealers." He has his "reputation to make among his private clients."

Beware the really ignorant—they are few enough—unless you have some knowledge yourself, for with your experience of the first and second of the trio you may reject a really genuine thing from sheer timidity.

Beware the man who is unwilling to state upon his bill that the article bought is genuine; and bear in mind in buying furniture the subtle difference between a piece of the style of Chippendale and a piece of the period of that maker.

Furniture from the actual hands of any renowned maker, china decorated by any of the famous artists engaged by the leading factories of former days, is exceedingly rare, and he who acquires a specimen will either be extraordinarily lucky, or will have to pay a commensurate price.

The tricks of the trade are legion, and increase in scope and cunning every day. Old oak settles, tables, dressers, and cupboards are turned out in enormous quantities, made in many cases of miscellaneous pieces of old oak, both plain and carved; in many cases of entirely new oak, stained and defaced in order to look old.

Some time ago people used to speak of old black oak. As a matter of fact, old oak is a rich dark brown, and any "black oak" lies under the suspicion of the dye pot. And there are many interesting pieces of oak which, though exceedingly rare, are repeatedly seen exposed for sale. Among these are dole cupboards, those curious receptacles for charity bread, whose fronts are composed of open nail work; and monks' benches, whose backs lift up, forming a table out of a settle. These are more often than not entirely made up of oak, ancient or modern, to meet the demand of the times.

Walnut wood furnished the material for furniture of the time of Queen Anne. This is frequently reproduced, and can usually be detected.

Far more difficult to diagnose is the Dutch furniture of the same date, which is not so well made, and which is often palmed off as of English origin. The lightness of this style of furniture rendered it much more liable to injury than the heavier oak, and new legs to chairs, and under-tables to the high chests of drawers of this time are frequently met with.

Too much restoration renders a piece of furniture valueless from a connoisseur's point of view. And here it is well to state that restoration is of two kinds—the legitimate, viz. the restoring of a missing part in strict accordance with the whole, and the tasteless additions to a piece of furniture arising from the brain of the inartistic carpenter. Walnut lends itself, as does elm, particularly to the ravages of the wood-worm, and furniture which would otherwise be worth buying is often made quite valueless by the inroads of this creature.

Mahogany furniture is equally easy to "fake." Chairs, tables, cabinets, etc., are forged wholesale.

Some years ago there was a great demand for mahogany

furniture inlaid with designs, particularly those of the shell and ribbon border. Hundreds of really good but plain old mahogany things were seized and ruthlessly inlaid, to the total destruction of their value. Mahogany is unaffected by worm, but the professional "worm-eater" often disregards this truth, and will turn out specimens duly figured to order.

Forged *China and pottery* is manufactured by the ton. It is well to remember that the maker, unlike the Christian scientist who, while consenting to treat the patient, shirks the final service of the death certificate, does not scruple to forge the mark.

Old cut glass is so expensive to imitate that there are not many forgeries to be found. It is well, however, to be on guard against German cut glass.

Old English wineglasses, with the spiral threads in the stems, are now made so well as almost to defy detection. *Old brass* may be had almost straight from the factory.

Beautiful old *pevter* is turned out daily in Germany, and *Dutch silver* is extensively manufactured in Holland and Belgium; while *Sheffield plate*, quite new, and not from Sheffield, is to be found everywhere, with the approved "Butler's Finish" to complete the illusion. While on this subject it is well to state that there is much genuine Sheffield plate which has been electro-plated to hide Time's wear and tear. Here the purchaser buys the form of the antique article alone, and if he does so with this knowledge, well and good, but, too often, he believes the article to be in its original state, and pays accordingly.

Of *pictures, miniatures, and jewellery* the neophyte should be especially cautious. They are the *aviar* of the collector, and perhaps the picker up of odds and ends had better let them alone. Even experienced dealers are sometimes caught. Not long ago a case containing two miniatures was bought by an amateur at one of the first-class auction rooms in London for about £10. The whole thing, miniatures, well-worn leather case, and battered fastenings, was a clever forgery. Had the purchaser had the needful experience he would have known that he would have had to give twenty times its value, had it been genuine, seeing where he bought it.

There is much modern *French paste*, reproducing old designs, now to be seen in shops. In the reputable places it is sold as such, but in others it is offered as antique, and at the price which really old paste commands to-day.

Perhaps the reader who has got thus far will exclaim, "What can there be left to collect without risk?" The answer is—nothing, for collecting without taking the chances would be poor sport indeed. Despite the number of dealers and amateurs there is still enough left to reward the cautious and him who is not impatient. Well-built pieces of furniture can still be bought for less than the badly-constructed and over-elaborated modern stuff so frequently seen; and, in the place of ill-seasoned wood,

varnish, and plush, one can still get beautifully-made things, well-seasoned and mellowed by age.

And there are still other things which, at present, popular demand has not yet touched.

Pictures on glass of the 18th century are now gradually rising in price, but may be picked up in the country reasonably enough, and they are not at present, so far as we know, reproduced. Needlework pictures are much in demand in the large centres, but may still be purchased for a modest sum in out-of-the-way corners.

Line engravings of the first half of the 19th century are at present not much sought after, but undoubtedly their time will shortly come, and he who can pick up artist's proofs after such masters as Turner, Landseer, and others of that period, should in some years time find that he has got a valuable holding. At present for a shilling or two, or even a few pence, really beautiful engravings of this period may be gleaned from many a portfolio in old book shops and others. The art of line engraving is lost; mechanical reproduction has killed it; but it would be strange indeed if the produce of so much laborious and delicate work were not shortly recognised. There are already signs that such a time is coming, and when it does the collector will find that reproductions will be well-nigh impossible, so that he will be surrounded by fewer difficulties from fraud, though the subject itself presents much material for study before he can trust himself to buy.

It is best to have a method in collecting. Vicarious and ill-considered buying will merely lead to acquiring a mass of articles of but little worth in themselves, and of no relative value to one another. Nor is it wise to buy everything old because it is old. We have seen many antique things which are quite hideous, and about as suitable for a cabinet as a set of false teeth or a case of wax fruit.

We have a friend who has a collection of every appliance for the production and maintenance of light. Among his specimens may be seen tinder boxes, rush light holders, the earliest matches, etc., in endless variety. Another has many sorts of guns and pistols.

One man will content himself with a small collection of a particular sort of china or stone ware, old weights and measures, or *papier maché* boxes. Another, old watches, forgotten children's books, those curious and rare, but even now inexpensive, fairing boxes, or a historical representation of apparatus for telling the time, such as the sun dial, the sand glass, and ancient clocks.

The cultivation of a taste for the antique affords endless amusement, and will often make even the local museum of some interest; and, with this awakened appetite, much information is unknowingly absorbed, till the beginner finds that he is really gaining a sound judgment on which he can rely. Visits to friends, many of whom have objects of interest, and to the shops of reputable dealers, who are always willing to allow a free inspection of all they have,

will teach him more. The day will then come when he feels that he has some confidence in himself, and can set out on his quest with some reasonable hope of reward.

C. W. F.

Local Anæsthesia in Minor Surgery.

By REGINALD JAMISON, M.B., B.Ch. Oxon.

A LOCAL anæsthetic has advantages over a general anæsthetic in two classes of cases: those in which the patient is not in a condition to bear chloroform or ether, from disease of the heart or lungs, or from collapse following, for instance, strangulation of the bowel or general peritonitis; and those in which the operation is of a trivial nature, and not necessary to save the life of the patient. In this latter class the danger of a general anæsthetic, slight though it be when administered by a capable anæsthetist, is not to be forgotten. Further, the preparation which a patient must undergo before receiving a general anæsthetic, and the subsequent recovery therefrom, are full of discomfort.

The cases suitable for local anæsthesia are multitudinous, including operations on the nose, eye, and teeth; operations for the removal of naevi, sebaceous cysts, needles, and other foreign bodies when situated superficially; prepatellar burse, etc.; and for suture of nerves and tendons. These last provide some of the best cases for local anæsthesia. Take, for instance, a man who has sustained a cut on the wrist, which has divided several tendons and possibly nerves. It is an advantage to operate at once, in order to clean the wound before septic infection has occurred, and to unite the divided structures before the natural processes of repair have obscured their outlines. Moreover, the operation is likely to take a considerable time, and therefore the recovery of the patient from a general anæsthetic (since, from the nature of the case, he has undergone no preparation), will be attended with considerable sickness.

Various substances have been used for local anæsthesia, the chief being cocaine, eucaine, novocaine, and stovaine. Cocaine has definite toxic properties, and is less effective than the others: it may therefore be neglected. For mucous membranes the process consists in painting or spraying on a solution of 5 to 10 per cent. eucaine or novocaine, every five minutes, for three or four applications. The mucous membrane is then anæsthetic, but the deeper tissues are not; so that, unless the operation is confined to the surface, the deeper tissues must be anæsthetised by the infiltration methods to be described hereafter.

The passage of the cystoscope and urine separator may be rendered almost painless by injecting $\frac{1}{2}$ to 1 drachm of a 5 per cent. eucaine solution along the urethra with a small glass syringe, and then, after closing the meatus with the

finger and thumb of one hand, working the solution backwards towards the bladder with the other.

For operations involving the skin the painting method is useless. Two methods are used for anæsthetising the skin: A. The solution is injected into the actual area of operation. B. The solution is injected close to the trunks of the sensory nerves which supply the field of operation.

The solutions employed are 5 per cent., or 1 per cent. eucaine or novocaine in normal saline. These solutions can be sterilised by boiling without detriment. Immediately before use 1 part of a 1—1000 solution of adrenalin is added to every 100 parts of these solutions. The adrenalin is used to prevent the anæsthetising agent from being washed away by the blood stream before it has had time to act.

The syringe should contain 10 c.c. It must be sterilisable; all connections must fit accurately and allow no leakage. The needle must be fine, to avoid unnecessary pain on introduction. A syringe which could hardly be improved upon is made by Allen and Hanburys from a model introduced by Mr. B. T. Lang.

Method A is applicable to cases in which the nerves supplying the part to be operated on run in the subcutaneous tissues, and are therefore accessible in its immediate neighbourhood, e.g. sebaceous cysts. After thoroughly sterilising the skin the needle is introduced about one inch above the upper end of the proposed incision, and passed outwards immediately under the skin at right angles to the direction of the sensory nerves of the part. About 2 c.c. are then injected, while the needle is slowly withdrawn; but before it is quite out, the injection is stopped and the needle is turned and passed inwards, and 2 c.c. more are injected as before. By this means a line, equal in length to that of two needles, is anæsthetised with one puncture of the skin. The injection produces an oedematous wheal which quickly blanches as the adrenalin contracts the arterioles. After an interval of two minutes, the needle is again introduced just internal to the extremities of the first wheal, parallel to the direction of the nerves, and again at the ends of these injections; until a line has been marked out, across the upper limits of the field of operation, and down each side. The ends of the lateral lines do not need to be joined up, as no nerves come in from the periphery.

Only the first puncture is felt, because the subsequent injections are made through skin already rendered anæsthetic. The actual injection of the solution is hardly felt if carried out slowly. This series of injections only anæsthetises the skin and the immediate subcutaneous tissue. To render the deeper parts insensitive a second series of injections is made in the line of the first; but the needle is passed in deeply, down to or through the deep fascia as occasion requires, due regard being paid to structures liable to injury. After an interval of fifteen minutes the

part will be completely anæsthetised. Anæsthesia lasts from half an hour to two hours.

Method B is used when nerves enter the operation area in positions which are not accessible by the first method. For instance, for a cut across the wrist or in the palm of the hand it is necessary to get at the median and ulnar nerves. The ulnar nerve is reached as it lies in relation to the internal condyle of the humerus. The needle is introduced through the skin, and passed on until the point reaches the situation of the nerve. 5 c.c. of a 1 per cent. solution are then introduced, and in fifteen or twenty minutes the parts supplied by the ulnar nerve below the site of injection are rendered anæsthetic. The median nerve can be anæsthetised in a similar manner by introducing the needle beside the tendon of the palmaris longus far enough to reach the level of the nerve.

One or other of these methods is applicable to most minor operations. A brief consideration of the nerve supply of the part will enable the surgeon to know which method to employ and where to make the injections. Inflamed tissues can be anæsthetised if the nerves of supply to the affected parts can be reached above the level of the accompanying hyperæmia. Thus, if the hyperæmia of an inflamed finger-nail reaches the first interphalangeal joint, the finger can be anæsthetised by infiltrating a ring round the base of the finger. But if the hyperæmia reaches the metacarpophalangeal joint the ring method of infiltration cannot be employed, as the anæsthetising solution will be carried away by the blood stream before the adrenalin has time to constrict the vessels.

As regards the choice of patients, neurotic men and women are unsuitable, for, although the operation does not cause any pain, they feel the skin outside the area of anæsthesia being touched and pulled upon, and imagine they are suffering acutely. Children usually make good subjects, since they are free from these vain fancies. If they are frightened, their attention should be distracted by someone they know; but often they take a keen interest in the proceedings.

The Peking Union Medical College.



THE Peking Union Medical College in Peking is the outcome of the move in China towards western methods and standards of education.

The training of medical men in China began in the efforts of individual medical men, working under the different Missionary Societies, to train men to act as their dressers, assistants, and anæsthetists; and, with the exception of a Chinese Government school at Tientsin, all the existing medical schools in China are conducted by them. But scattered individual effort has been and is giving way to an organised system.

In Peking a college has been built with accommodation for about 300 students. Towards the cost of this building the Dowager Empress and the Chinese public have contributed. Its first year's entry numbered forty. The upkeep and control of this college are in the hands of a joint board of five Missionary Societies, whose

medical men share the educational work of the college. The course is a five years' one, based on that of the English schools.

Here is an organised medical school, in the heart of educational China; open to all, whatever their religious convictions; conducted by English and American Christians; by which it is empowered to grant Government diplomas to its graduates. In order to maintain a position in the forefront more is needed: more teachers, and these with their time given wholly to the work of the college; increased laboratory equipment; and the erection of a good sized modern hospital. These are immediate necessities.

All this, though costing ridiculously little according to our ideas, involves considerable outlay. The five societies concerned have reached the limit in men and money that they are able to give to this particular work, and so the development essential to ultimate success is checked.

It is with the purpose of removing this check that an effort is being made to introduce a sixth partner into the scheme; and this partner those at work in Peking hope to find in their professional brothers at home. They look to them, because only medical men can understand how much a thorough medical education means. They appeal to them for help, because, whatever differences of opinion may exist as to the value of missionary work, no man, at any rate no medical man, can but approve of the introduction of medical science, with all its benefits, to so vast a number of people at present destitute of anything that can take its place.

The workers in Peking have no hesitation in appealing to the whole medical profession, because, although the College is avowedly Christian, no religious disabilities exist. It is open to all, whatever their religion, and no attempt to compel conformance is made.

The London Medical Missionary Association have given their organisation and support, and are forming the chief executive for the raising of funds and the selection of men. In conjunction with their various committees are at work, formed largely as a result of Mr. H. V. Wenham's energies. These exist now at many of the medical schools in London, Oxford, Cambridge, Edinburgh, Glasgow, and Bristol. Each of them is endeavouring to raise an annual sum towards the maintenance of teaching staff and college, and a lump sum towards the cost of hospital buildings.

St. Bartholomew's has a committee of its own, the secretary of the Students' Christian Association acting as secretary. A certain sum has already been raised, but a wider knowledge of the attempt that is being made will ensure the interest of a wider circle of past and present Dart.'s men, by whom, it is hoped, a sum may be contributed large enough to very materially aid the advancement of medical education and science in China.

Notes on Clinical Pathology.

It is proposed, in this column, to say a few words each month on the examination in the laboratory of material sent from the out-patient room, from the wards or theatres, or from practitioners in London or in the country. The particular points on which stress will be laid are the most satisfactory methods of collecting the material, and the value of the results of the examination.

THE EXAMINATION OF SWABS AND CULTURES FROM THE THROAT.

Material from the throat may be sent to the laboratory in a tube of culture medium already inoculated, with or without films made on slides, or on a sterile cotton-wool swab. The latter should be the invariable method when the material has to be sent by post, for not only is there less possibility of injury, but a direct examination of a smear from the swab can be made, and the diphtheria bacillus sometimes found immediately. When a sterile swab is not

at hand a piece of cotton-wool rolled on the end of a knitting-needle, a hairpin, or a wooden skewer may be used; in extemporising in this way, however, the handle part of the swab should be left at least five or six inches long, as the manipulation of short pieces of wood (matches and such like) in inoculating culture tubes is very awkward. In collecting the material on the cotton-wool several points must be remembered. In the first place no antiseptic must be applied to the throat culture, as a gargle or otherwise, for several hours before the swab is taken. If, however, there is much loose mucous or purulent secretion in the throat, this is best washed away by getting the patient to drink a little hot water, or wiped away with a piece of cotton-wool. In applying the sterile swab to the throat, the object should be, if possible, to detach and pick up a piece of the membrane, or at least to get beneath its edge. The actual removal of a piece of membrane with forceps is the best of all methods.

In making cultures a platinum loop, sterilised in the flame, should be inserted beneath the edge of the membrane, and then gently smeared all over the surface of a tube of serum or of serum agar, care being taken not to scratch or dig into the surface of the medium. An alternative is to remove a piece of membrane, rinse it in water which has been boiled and cooled, and then smear this membrane well over the medium. If the latter method is adopted the diphtheria bacillus, if present, is almost certain to grow abundantly.

The swab having reached the laboratory, films direct from it, and later twenty-four hour cultures, are examined for the diphtheria bacillus; this may be rapidly defined as a gram-staining bacillus, usually found on the slide in clumps, in which the arrangement of the bacilli has been likened to that of the strokes of a Chinese letter. In a young culture, on a suitable medium, a large proportion of the bacilli show, when suitably treated, deeply stained granules at the extremities (Ernst's granules).

These characteristics are not peculiar to the diphtheria bacillus; they belong to a group of organisms (diphtheroids) the members of which can only be differentiated from each other by isolating the organism and subjecting it to further tests, which take some days to complete. In the case of throat diphtheria we cannot afford to wait for these tests; therefore, whenever an organism having the characteristics named above is found in a direct film or in a culture from a throat, it is considered to be the diphtheria bacillus. This method answers very well in practice; for, with the exception of Hoffmann's bacillus, which can usually be recognised easily, diphtheroid organisms other than the true diphtheria bacillus are rare as the predominant organisms in the exudate in a sore throat. The same is true to a rather less extent of the nose, but is untrue of all other parts of the body, where harmless diphtheroid organisms are common.

Throat swabs may be of use in cases other than diphtheria. It is advisable, therefore, in sending one to a laboratory for investigation, to state whether the case is one clinically of diphtheria, of follicular tonsillitis, or of any other recognisable condition.

When organisms other than the diphtheria bacillus are suspected an examination for them should be requested.

The New Motor Ambulance Service.

M. R. REGINALD HARRISON, F.R.C.S., President of the Metropolitan Street Ambulance Association, and an old St. Bartholomew's man, recently sent us some papers relating to the new City of London Motor Ambulance Service, which was recently inaugurated at this Hospital. This Association was founded in 1904, and has already done excellent work in drawing attention to the urgent needs which exist in London for the better organisation of ambulances for street accidents. The Treasurer is Mr. Anthony Bowly, C.M.G., F.R.C.S., and among the members of the Council of the Association we note the name of Sir William Church, Bart., K.C.B., M.D.

It was only fitting that the oldest hospital in the kingdom should be the first to identify itself with a progressive movement such as this on the part of the city which it has served for so many centuries. It is satisfactory also to think that this step has been urged upon the administrative authorities of the City of London by an association whose most prominent members are alumni of St. Bartholomew's.

Until now London has been behind many foreign and provincial cities in the matter of up-to-date street ambulance organisation and equipment; but the full development of the present scheme should place her at the head of all other cities in this respect. From now onwards London is to be provided with an efficient and extremely rapid means of transit for injured persons from the site of the accident to the receiving room of the Hospital.

The first London motor ambulance is now installed in a temporary station at St. Bartholomew's Hospital—a shed built upon the open space near the temporary out-patient rooms. Later it will be permanently housed under the new Pathological Block of the Hospital. The station is already connected up by telephone with a series of call boxes, fifty-two in number, distributed at various places throughout the city, the sites being chosen according to the relative frequency of accidents in the past.

The keys of these call boxes are in charge of the City Police, who, almost to a man, hold first-aid certificates. On the occurrence of an accident the constable on duty

will communicate, *via* the police headquarters, with the ambulance station, and, pending the arrival of the ambulance, will render such simple aid as may be possible or expedient.

On Monday, May 13th, the service was inaugurated. Sir Alfred Newton, Chairman of the City Police Committee, outlined the history of the movement to those present, and explained the general working of the scheme. A call was then received from the police headquarters, and the ambulance started for the site of the supposed accident, returning shortly to the Hospital with the bandaged, but smiling, victim, who was deposited in the Surgery for surgical attention.

The ambulance is an 8 H.P. electro-motor vehicle, containing accommodation for two patients and two attendants, and more than a sufficiency of appliances for first-aid. It appeared in the last Lord Mayor's Show, and subsequently at Olympia. The ambulance staff consists of three trained attendants and three drivers, one of each being on duty for eight hours at a stretch. Immediate attention and rapid and comfortable transit are thus ensured for all persons meeting with accidents within the radius of the City, whether by night or by day. As soon as the ambulance departs for the scene of the accident the house surgeon and dresser on duty will no doubt be warned of its impending return, and a great saving of time will be secured in the prompt and efficient treatment of the case.

The trial trip was most satisfactory. Two more stations are proposed for the eastward parts of the city; and, if the scheme fulfils expectations, it is probable that London will soon have a complete motor ambulance equipment, just as it now has a comprehensive and perfectly organised fire brigade service.

It has been suggested that a senior student should be always on duty at the Hospital, ready to accompany the ambulance to the scene of the accident, and to render immediate skilled attention to the patient. Whether this plan will eventually be adopted by St. Bartholomew's or by other hospitals we cannot predict. On the whole, we are inclined to think that this would be an unnecessary elaboration, and that the gain to the patient would be very small compared with the trouble incurred by the Hospital. The best place for an injured person or the victim of a medical emergency is hospital, and the best thing to do is to get him there as quickly as possible. The rapid transit secured by the new motor vehicles should render anything but the simplest attentions quite unnecessary. The dresser on ambulance duty might no doubt gain valuable experience in the handling and removal of injured persons, and would have opportunities for cultivating equanimity and prompt decision in the midst of excited and officious bystanders; but we foresee many difficulties in the way of keeping a senior student always on the spot, ready to start off with the ambulance at a moment's notice.

The Clubs.

STUDENTS' UNION.

FINANCE COMMITTEE.

A meeting was held on Monday, May 13th, Mr. Gask presiding.

Present: Messrs. Griffin, Dixon, Butt, and Trevor Davics.

The Treasurers reported that after due deliberation they had come to the conclusion that the sum of £40 could be granted to the Rowing Club. This sum was therefore voted.

It was decided, after hearing several estimates, to provide free writing paper for the Abernethian Room for a period of two months in order to gauge the amount used and the manner in which it would be treated.

A vote of £2 4s. was made to provide flowers for the beds at Winchmore Hill.

The Secretary read estimates for the supply of uniform outer covers for the fixture cards of the various clubs, and showed that the estimated saving on the old system per 1000 cards would be about £7. Messrs. Hobbs' estimate was accepted.

The Secretary was instructed to purchase six match-stands for the Abernethian Room, and a supply of matches.

From amongst several estimates for the supply of a band for the Past v. Present match that of "Prince's Red Band," £18, was accepted.

An additional grant of £3 11s. 3d. was made to the Shooting Club.

The question of the insurance of the employés at Winchmore Hill, in view of the new Act, was left in the hands of Mr. Gask for discussion with the Dean of the Medical School.

The meeting then adjourned.

CRICKET CLUB.

ST. BART'S v. SURREY WANDERERS.

This match was played on Saturday, May 4th at Winchmore Hill.

SCORES.

ST. BART'S.	WANDERERS.
W. B. Griffin, l-b-w, b Barker	0
P. A. With, c Bryand, b R. T. Crawford	0
N. F. Norman, c Barker, b Damian	14
C. Noon, c Rose, b R. T. Crawford	0
G. Viner, st Bryand, b Rose	9
A. G. Turner, c and b Bull	11
J. F. Gaskell, st Bryand, b Rose	4
A. J. Cunningham, b Bull	0
C. N. Binney, l-b-w, b Rose	1
E. de Verteuil, b Bull	5
M. Lindsey, not out	0
Extras	14
Total	58

Gaskell 5 wkts. for 05 runs; Cunningham 2 wkts. for 43 runs; Griffin 1 wkt. for 23 runs; Viner 0 wkts. for 11 runs; Turner 0 wkts. for 27 runs; Lindsey 0 wkts. for 4 runs; Norman 0 wkts. for 9 runs.

ST. BART'S v. VIRGINIA WATER.

This match was played on Saturday, May 11th at Virginia Water.

SCORES.

VIRGINIA WATER.	ST. BART'S.
Bishop, b Griffin	2
Stinton, c Griffin, b Gaskell	8
Peate, c Griffin, b Gaskell	18
Gardiner, not out	46
Aries, b Gibson	12
Kindersley, b Gaskell	6
Smith, b Gibson	0
Hill, b Griffin	12
Blaber, b Gaskell	11
Joslyn, b Gibson	4
Harper, c Griffin, b Gibson	0
Extras	7
Total	126

Caesbell 4 wkts for 39 runs; Griffin 0 wkts for 40 runs; Gibson 4 wkts. for 17 runs; Cunningham 0 wkts. for 7 runs; Turner 0 wkts. for 16 runs.

ST. BART'S v. ENFIELD.

This match was played on Wednesday, May 15th, at Winchmore Hill.

SCORES.

ENFIELD.	ST. BART'S.
Rev. C. V. Raynor, c sub, b Cunningham	0
W. Gifford, b Turner	5
R. Pritchard, b Turner	26
W. Savage, c sub, b Turner	26
S. H. Hill, b Cunningham	23
M. Jenkins, b Cunningham	10
A. Hyde, c Viner, b Cunningham	23
A. Minns, b Gibson	8
H. L. Thoms, b Gibson	5
M. Leggatt, not out	2
J. Chambers, c Viner, b Gibson	2
Extras	11
Total	141

Gibson 3 wkts. for 29 runs; Cunningham 4 wkts. for 26 runs; Turner 3 wkts. for 21 runs; Norman 0 wkts. for 30 runs; Viner 0 wkts. for 8 runs; Phillips 0 wkts. for 16 runs.

Correspondence.

CAMBRIDGE GRADUATES' MEDICAL CLUB.

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

DEAR SIR,—May we as secretaries of the above Club draw the attention of any Cambridge Graduates who may be at your Hospital to its existence, and the object of its existence?

The Club was founded in 1883 in order to further the interests of the Medical and Natural Science Schools of the University of Cambridge, and to promote good fellowship amongst its members. It now consists of over 550 members.

Any qualified member of the medical profession who is a graduate of any faculty of the University of Cambridge is eligible for election. A dinner or smoking concert is held once or twice a year in order to give the members an opportunity of meeting one another.

We have ventured to write this letter because we feel that there must be many Cambridge Medical Graduates who would be willing to join the Club, who hitherto perhaps have not been aware of its existence.

We are, yours faithfully,

HUNTER TOD, 111, Harley Street, W.,
LOUIS B. RAWLING, 16, Montagu Street, W.,
Hon. Secs.

Reviews.

THE INTEGRATIVE ACTION OF THE NERVOUS SYSTEM. By CHARLES S. SHERRINGTON, D.Sc., M.D., F.R.S. (London: Archibald Constable and Co.) Price 16s. net.

This volume consists of a series of ten lectures delivered by Professor C. S. Sherrington at Yale University, and are the second series of the Mrs. Hepes Ely Silliman Memorial Lectures. The synaptic nervous system of man and the higher animals, the interaction of reflexes in this system, the evolution and plan of the higher centres, and the control these higher centres have over reflex acts, and the conduct of the individual, form the subject of the course.

The first seven lectures deal almost exclusively with reflex actions as demonstrated by actual experiments on animals, and form an exhaustive epitome of our knowledge of the interactions of reflex arcs. The principle which is most carefully demonstrated is that of the correlation of reflexes about a final common path, and the importance attached to this principle is understood when the author remarks that it seems to lie at the very root of the great psychological process of attention. The contents of these chapters are principally descriptions of actual experiments, and there are very numerous diagrams of myographs of all kinds of reflexes.

In the later chapters of the book the dominance of the brain and the evolution and function of the higher centres are discussed at length. The spatial relation of the brain to the "distance receptors," and the great influence resulting from the stimulation of these receptors on the conduct of the individual are set forth clearly and in an interesting manner. Certain psychological problems are also touched upon, and, though the discussion of these is necessarily short, the importance of experimental psychology to the advance of our knowledge of the physiology of the nervous system is insisted upon. Having traced the integrative action of the nervous system in its highest development—in man—the lectures end with the remark that, as the cerebrum is man's best weapon for extending his dominance over his environment, so it is round the physiological and psychological attributes of this organ that the main interest of biology must ultimately turn.

ELLIS'S DEMONSTRATIONS OF ANATOMY. 12th edition. Revised and edited by CHRISTOPHER ADDISON, M.D., B.S. (London: F.R.C.S. (London: Smith, Elder and Co.) 12s. 6d. net.

In this the twelfth edition Dr. Christopher Addison has succeeded in bringing up to date what was formerly a well-known and valuable text-book. In so doing he has found it necessary to make many additions and alterations, so that the subject matter should follow the ordinary course of students' dissections. At the same time the special features of Ellis's *Demonstrations of Anatomy* have been retained as far as possible, while many new illustrations have been added, and old ones improved by reproducing them in colour.

While we do not anticipate that this revised work will altogether take the place of Cunningham's *Practical Anatomy*, we can confidently recommend it to all students of human anatomy as containing in a single volume a sound and complete guide to dissection.

TICS AND THEIR TREATMENT. By HENRY MEISE and E. FEINDEL, with a preface by Prof. BRISSAUD. Translated and edited by S. A. K. WILSON, M.A., M.B. (London: Sidney Appleton.) Price 9s. net.

Prof. Brissaud prefaces this volume with a lucid survey of the subject from a general point of view, thereby affording an excellent introduction; and the fact that he has lent his name to the work is a sufficient guarantee of its utility.

The first chapter is entitled "The Confessions of a Victim to Tic." It is a remarkable story, and one full of interest and instruction, more especially as the patient was well educated and had a great faculty for self-observation.

The term "tic" has been used in medical literature for many different kinds of muscular contractions, so one naturally turns to read the definition of the term as given by the authors. A definition to be good should be short, and yet include all that is necessary. The latter part is admirably fulfilled, but it is too long, and worse still one has to wait till p. 260 before one finds it.

The chapter on "The Different Tics" is most interesting reading, being a review of the principal sites in which tics are to be encountered. It is of course impossible to mention every possible tic, but as much as possible has been done to give familiar and instructive examples.

The differential diagnosis and treatment are both excellently treated, and it only those who have charge of such cases would follow out with care and patience the principles here set forth there would be more cure, and fewer cases would be given up as hopeless. Dr. Wilson has given us an excellent translation of a book which should be read with interest and profit by many.

GUV'S HOSPITAL REPORTS. Vol. LX, 1906. (London: J. & A. Churchill.)

As is only to be expected this number contains some exceedingly interesting papers. Dr. Haldane's lectures on "Life and Mechanism" are perhaps the most worthy of note, as being a general view of physiology from one who is able to see things from the broad point of view of a philosopher coupled with the detail of a physiologist.

Dr. Bainbridge and Dr. Beddard contribute an article on that never failing source of interest to the physiologist, "Secretion by the Renal Tubules in the Frog." "Mitral Stenosis and Pregnancy," by Dr. French and Mr. Hicks, will be perused with profit by any who have to deal with such cases. The vexed question of "Carcinoma and Gastric Hydrochloric Acid" is ably dealt with by Dr. Palmer, and his "discussion of the results" is most interesting.

Among other papers may be mentioned that of Dr. Louissou on "Vaccines as an Aid to Surgery and Medicine." This paper is of more than ordinary interest to those not in touch with modern pathological work.

Royal Naval Medical Service.

The following changes have taken place since 22nd April, 1907:

Promotion: L. A. Bais, to be Staff-Surgeon, with seniority to date, May 15th, 1907.

Appointments: Fleet-Surgeon A. M. Page, to the "Repulse"; Staff-Surgeon W. J. Codrington, to R.N. Hospital, Haslar; Staff-Surgeon F. H. Nimmo, to the "Essex"; Staff-Surgeon H. Spicer, to the "London."

Brigade of Guards.

Brig-Surg.-Lt.-Col. C. E. Harrison, M.D., F.R.C.S., Grenadier Guards, has been appointed Honorary Surgeon to the King.

Royal Army Medical Corps.

An examination of candidates for not fewer than thirty commissions in the Royal Army Medical Corps will be held on July 25th and following days. Applications to compete should be made to the Secretary, War Office, not later than July 15th, 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 July 29th.

Now that the trooping season is over, a list of Bart's men in India, according to their stations, may be of interest to those serving there.

Peshawar.—Lt.-Col. H. B. Mathias, D.S.O. (temporarily at Headquarters, Simla); Major O. R. A. Julian, C.M.G.; Lieut. C. W. O'Brien.

Rawal Pindi.—Lieuts. C. H. Turner and G. E. Cathcart. Meerut.—Lt.-Col. J. R. Forrest; Major J. B. Anderson; Capt. F. A. H. Clarke; Lieut. W. S. Nealer.

Agua.—Lt.-Cols. J. R. Dodd (home on leave) and H. J. Barratt.

Sialkot.—Lt.-Col. F. H. Treherne (home on leave).

Ambala.—Capt. A. H. Hayes and R. Storr.

Ryebald.—Major B. J. Inniss (home on leave).

Calcutta.—Col. J. G. Harwood.

Mhow.—Lt.-Col. S. Westatt, C.M.G.; Major F. W. Begbie; Leuts. A. A. Meaden, and L. V. Thurston (home on leave).
Kampsee.—Lt.-Col. F. W. C. Jones (home on leave).
Poonah.—Lt.-Col. D. G. Hathaway; Lieuts. F. H. Noke (home on leave) and C. D. M. Holbrooke.
Quetta.—Lieut. M. F. Grant.
Belgamon.—Capt. C. H. Hopkins.
Colaba.—Major H. E. Winter.
Bangalore.—Lt.-Col. W. H. Starr.
Malapuram.—Capt. A. O. B. Wroughton.
Rangoon.—Capt. A. J. W. Wells.
Unposted.—Lt.-Col. F. P. Nichols.

Examinations.

UNIVERSITY OF CAMBRIDGE.

Third M.B. (Part II, Medicine, Surgery, and Midwifery).—The following have now completed the entire examination:—H. Beckton, B. T. Lang, H. F. Marris, C. Tylor, R. F. Young.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Primary Fellowship Examination.—A. L. Candley, G. H. Colt, E. A. Dorrell, A. P. Fry, R. H. Mawhood, G. C. E. Simpson.

CONJOINT BOARD.

Practical Pharmacy. H. S. Berry, H. B. Follit, B. Haigh, G. W. Twigg, J. S. Williamson.

Medicine Surgery, and Midwifery.—The following have now passed in all three subjects and have received the Diplomas L.R.C.P., M.R.C.S.—G. H. Adam, H. J. Biddow, R. C. P. Berryman, M. Fawkes, W. E. L. Fowler, H. McC. Hanschell, W. de M. Hill, A. J. Kendrew, C. Loddiges, A. O'Neill, A. J. Renshaw, C. St. Vincent-Welch, N. H. Walker.

Appointments.

ANDREWS, H. ARTHUR, M.R.C.S., L.R.C.P., elected Chairman of Tonbridge Urban Council, and J.P. for Tonbridge.
 ELSLIE, REGINALD CHEYNE, M.B., M.S.Lond., F.R.C.S., appointed Assistant Surgeon to the Metropolitan Hospital.
 MATTHEWS, Captain E. A. C., M.B., B.C.Cantab., I.M.S. (10th Lancers), appointed Officiating Superintendent, X-ray Institute, Dehra Dun, India.
 THOMPSON, G. H., M.R.C.S., L.R.C.P., appointed Hon. Medical Officer to the Devonshire Hospital, Buxton.

New Addresses.

ATKINSON, S. B., 4, Ewing Street, Bow, E.
 BURD, E. L., Shirehampton, Bristol.
 BURFIELD, J., 49, Prince of Wales' Road, Norwich.
 CLAPHAM, J. T., Capt. R.A.M.C., Landguard Fort, Felixstowe.
 CODRINGTON, W. J., Staff-Surg. R.N., Royal Naval Hospital, Haslar, Gosport.
 COLEMAN, M. W., 129, Castle Hill, Reading.
 COLLINGRIDGE, W. K., The Poplars, Morland, nr. Penrith, Westmoreland.
 COOKE, M. A., 17, Gipsy Hill, Upper Norwood, S.E. Telephone: 1059 Sydenham.
 CORNISH, C. V., 39, Mortlake Road, Kew Gardens.
 COURT, E. P., Horsmonden, Kent.
 McDONAGH, R. C. P., Surg. R.N., I.I.M.S. "Aboukir," Mediterranean.
 McLEAN, W. W. L., The Firs, Nampton, Rugby.
 DOWLING, S. M., Chigwell, Essex.
 HAYES, A. H., Capt. R.A.M.C., Kasauli Club, Kasauli, Simla Hills, Punjab.
 HOLTBY, R., Billericay, Essex.
 INTURN, R. M., Woodside Cottage, Whetstone, N.
 JAMES, A. M. A., King's Cliffe, Wansford, Northants.
 MORLAND, E. C., Arosa, Switzerland.
 VERLING-BROWN, C., Mayflower, Court Road, Sutton.
 WILMOT, R. C., Capt. R.A.M.C., Belgaum, India.

Births.

CAMERON-YOUNG.—On the 14th May, at Brightwell, Woodbridge Road, Ipswich, the wife of A. Cameron-Young, M.R.C.S., of a daughter.
 DRUMMOND-ROBINSON.—On the 12th May, at 17, Seymour Street, Portman Square, London, W., the wife of G. Drummond-Robinson, M.D., of a daughter.
 WHARRY.—On the 13th May, at 52, Ewell Road, Surbiton, the wife of C. J. Wharry, M.D., of a daughter.

Marriage.

RIVIERE—OSLER.—On the 22nd May, at Kosslyn Hill Chapel, Hampstead, Clive Riviere, M.D., son of Briton Riviere, R.A., to Henrietta Maria (Hetty), daughter of Thomas Osler, and granddaughter of the late T. Smith Osler, of Hampstead.

Deaths.

ELGEE.—On the 16th March, at Midland Junction, Swan, West Australia, William Elgee, M.R.C.S., L.R.C.P., J.P., fifth son of the late Major-General Charles Elgee, Royal Welch Fusiliers, in his 41st year.
 JALLAND.—On the 9th May, at Rolleston House, Horncastle, Robert Jalland, M.R.C.S., L.R.C.P., aged 76 years.
 MACREARY.—On the 30th April, at Elmbank, Acton, Jonathan F. C. H. Macreary, F.R.C.S., son of the late William Charles Macreary, aged 57 years.
 MILKSOME.—On the 14th May, at Addlestone, Surrey, John Ruddle Milksome, M.D., aged 66.

Acknowledgments.

Annual Report on the Health of the City of Winchester, British Journal of Nursing, Durham College of Medicine Gazette, The Eagle, Echo Medical du Nord, Giornale della Reale Societa Italiana d'Igiene, Guy's Hospital Gazette, Health Resort, The Hospital, International Journal of Surgery, Journal of Laryngology, Rhinology, and Otology, London Hospital Gazette, Medical Review, Middlesex Hospital Journal, New York State Journal of Medicine, Nursing Times, Practitioner, Report of H.M. Agent and Consul General of the Finances, Administration, and Condition of the Soudan, 1906, St. George's Hospital Gazette, 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. 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. 10.]

JULY, 1907.

[PRICE SIXPENCE.]

St. Bartholomew's Hospital Journal,

JULY 1st, 1907.

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

Calendar.

Mon., July 1.	—Special Subject Lecture, 1 p.m. Dr. Morley Fletcher. Examinations for Shuter Scholarship, Inter M.B. Lond., M.D. & M.S.Lond., D.P.H. Conjoint, and second L.S.A. begin.
Tues., " 2.	—Final examination Medicine, Conjoint, begins. Dr. Tooth and Mr. D'Arcy Power on duty.
Wed., " 3.	—First examination L.S.A. begins. Clinical Lecture, 2.45 p.m. Mr. D'Arcy Power.
Thur., " 4.	—Final examination Midwifery, Conjoint, begins. Abernethian Society Mid-summer Address, 8.30 p.m. Dr. J. A. Ormerod, "Medicine and Mind."
Fri., " 5.	—Clinical Lecture, 1 p.m. Dr. Tooth. Final examination Surgery, Conjoint, begins. Dr. Norman Moore and Mr. Cripps on duty.
Mon., " 8.	—Special Subject Lecture, 1 p.m. Mr. Harmer. Preliminary Scientific Examination, pt. 1, London, begins. Third examination Surgery, L.S.A., begins.
Tues., " 9.	—Junior Scholarship Examination begins. Dr. West and Mr. Bruce Clarke on duty.
Wed., " 10.	—Summer Concert.
Thur., " 11.	—Preliminary Scientific Examination, pt. 2, Lond., begins.
Fri., " 12.	—Dr. Ormerod and Mr. Bowly on duty.
Sat., " 13.	—Summer Session ends.
Mon., " 15.	—Third Examination Medicine and Midwifery, L.S.A., begins. First Examination, Conjoint, begins.
Tues., " 16.	—Dr. Herringham and Mr. Lockwood on duty. Dr. Tooth and Mr. D'Arcy Power on duty.
Fri., " 19.	—Dr. Tooth and Mr. D'Arcy Power on duty.
Tues., " 23.	—Opening of the New Buildings at St. Bartholomew's Hospital by H.R.H. The Prince of Wales. Dr. Norman Moore and Mr. Cripps on duty.
Fri., " 26.	—Dr. West and Mr. Bruce Clarke on duty.
Tues., " 30.	—Dr. Ormerod and Mr. Bowly on duty.

Editorial Notes.

His Royal Highness the Prince of Wales has consented to open the New Out-patient and Casualty Block on the afternoon of Tuesday, July 23rd. The ceremony will begin at half-past three o'clock. The other details of the programme have already been submitted to the Prince for his approval; and we shall publish the official programme as a supplement to this number of the JOURNAL. The major part of the ceremony will be held in the large new Waiting Hall on the ground floor.

SINCE our last number appeared the workmen have been very busy, and much progress has been made with the new buildings. Night shifts have been at work for some weeks past, to the delight of those members of the Resident Staff whose bedrooms face upon this scene of continuous activity. The old shops in West Smithfield, lying between the Medical School frontage and King Henry VIII Gateway, have now been demolished, and a new prospect of the back of the North Block and of the Church of St. Bartholomew-the-Less has been opened up. The site of the new Pathological Block is therefore now ready to be built upon. The new Dispensary and Chemical Department at the south end of the Out-patient Block has been roofed in, this being the last piece of outside construction to be finished.

At the recent International Red Cross Society's Conference the first prize for the best and quickest methods for discovering and lifting the wounded on the battlefield, and for transporting them to the bandaging post, was equally divided between General Melan (Russia) and Lt.-Col. H. G. Hathaway, R.A.M.C. (Great Britain). Lt.-Col. Hathaway's exhibit consisted of a new form of tonga, cavalry stretchers, and saddle crutches. This is a great honour, not only for Lt.-Col. Hathaway and the corps to which he belongs, but also for St. Bartholomew's. We beg to offer him, on behalf of his old Hospital, our congratulations on his success.

DR. O. A. J. COLLINS, a St. Bartholomew's man practising in Bath, sends us an interesting note regarding the recent death of one of the oldest members of this Hospital: "Edwin Skeate—aged 95, born December 12th, 1811, educated at St. Bartholomew's Hospital, and qualified in 1834—died at Bath, April 7th, 1907. He was, I believe, at the Hospital before Holden or Paget. I attended him for some years. He often spoke of the Hospital. The Physicians went round the wards at 7 a.m. in his time." On behalf of our friends the House Physicians, we venture to hope that the present generation of Physicians will not think it their duty to act upon this piece of information, and emulate the appalling example of their predecessors of the early part of the last century. Half past one (reputed) is quite soon enough.

OUR list of examination results for the past month is a long one, and in every way most satisfactory. Out of the 26 successful candidates from the 63 who entered for the Final Fellowship Examination of the College of Surgeons, eleven had received instruction at St. Bartholomew's. This is a fact which speaks more for the surgical education to be obtained at this Hospital, than the most glowing advertisement could do. We congratulate Messrs. Denyer, Paramore, Hepworth, Cripps, Jeans, Ball, Back, Mead, Cumberland, Guiseppi, and Etherington-Smith on their success. We would also offer our congratulations to Messrs. Burke and Cherrett on obtaining Honours in the Final Examination for the M.B., B.S. degrees of the University of London.

FOUR St. Bartholomew's men have quite recently taken their M.D. degrees at the University of Cambridge. Our congratulations are due to Messrs. Hudson, S. L. Young, Micklethwaite, and Hine on attaining this distinction; and to Dr. Finigan on becoming a member of the Royal College of Physicians.

THE inscription over the entrance to the New Buildings from the Hospital Square has now appeared in shining letters of gold. The words are those which begin the first aphorism of Hippocrates—a distinguished foreign physician who died too soon to become a member of this Foundation. The inscription, which is in Greek capitals, refers in well-chosen terms to the shortness of life and the length of art. No candidate in our recent Missing Word Competition was adjudged worthy of a prize. Our Acrostic Editor has retired on a pension.

MR. W. McADAM ECCLES and Mr. Christopher Addison have been re-appointed Examiners in Anatomy for the Primary Examination for the Fellowship of the Royal College of Surgeons. Mr. Addison now returns to us from the Medical School of Charing Cross Hospital, after much valuable service there, on his appointment as Lecturer on

Anatomy to the Medical School of this Hospital. An account of the recent important changes in the administration of the Anatomical Department, among which the most striking is this appointment of a Special Anatomist to the Hospital, will be found in our next issue.

WE have to record with much pleasure three appointments to posts on the Hospital Staff, which were made at the Court of Governors held on June 27th. Mr. G. E. Gask has been elected Assistant Surgeon to the Hospital; Dr. Herbert Williamson has been elected Assistant Physician Accoucheur; and Mr. C. E. West has been elected Assistant Aural Surgeon. All three appointments will give the greatest satisfaction to St. Bartholomew's men, past and present, for each of these new members of the Staff has already made a high reputation for himself, as well for his merits as a teacher, as for his professional abilities.

MR. GASK, as Warden of the College, as Surgical Registrar, and for the past year as Temporary-Assistant Surgeon; Dr. Williamson, as Midwifery Tutor; and Mr. West, as Senior Demonstrator of Anatomy, and Chief Assistant to the Ear Department, have already done excellent service in the Medical School and in the Hospital. We offer our heartiest congratulations to them on their new honours.

WE congratulate Dr. B. Hudson and Dr. H. Pritchard on their recent appointment to the offices of Casualty Physicians to the Hospital.

Awards of Scholarships and Prizes.

LAWRENCE MEDAL AND SCHOLARSHIP.

Medal.—Not awarded.

Scholarship.—C. T. Burke, J. C. Mead, æquales.

BRACKENBURY SCHOLARSHIP IN MEDICINE.

E. A. Cockayne.

BRACKENBURY SCHOLARSHIP IN SURGERY.

P. L. Guiseppi.

MATTHEWS DUNCAN MEDAL AND PRIZE.

Medal.—Not awarded.

Prize.—R. B. Seymour Sewell.

WILLETT MEDAL.

Not awarded.

SKYNNER PRIZE.

P. L. Guiseppi.

BURROWS PRIZE.

A. W. G. Woodford.

WALSHAM PRIZE.

P. L. Guiseppi.

Election to the Council of the Royal College of Surgeons.

THE election to the Council of the Royal College of Surgeons of England will take place on Thursday, July 4th, and every voting paper should be placed in the post not later than Wednesday, July 3rd. Every Fellow whose address is registered at the College, and who is resident within the United Kingdom, should have received a voting paper by the time this issue of the JOURNAL is in his hands. We understand that any Fellow who has not received a voting paper, or who is temporarily resident within the United Kingdom, can secure one if he applies immediately to the Secretary at the College in Lincoln's Inn Fields.

ON this occasion there are four vacancies, and for these there are seven candidates. Three of them are seeking re-election, namely, Mr. Page, of St. Mary's, Mr. Mansell Moullin and Mr. Eve, of the London, all of whom have done good service and will probably be re-elected. For the other seat, rendered vacant by the retirement from the Council of Sir John Tweedy, there are four candidates: one from the Provinces, Mr. Spanton; two from Guy's, Mr. Higgins and Mr. Charters Symonds; and the last, Mr. Bruce Clarke from our own School.

WE earnestly hope to see Mr. Bruce Clarke at the head of the poll.

IT is interesting to note that there are about 1400 Fellows in all. Of these no less than 320 have studied for the Fellowship at St. Bartholomew's Hospital; consequently very nearly one fourth of the Fellows can claim St. Bartholomew's as their School.

THE Council at present has, as already stated in the medical press, three representatives from St. Bartholomew's—Mr. Butlin, Mr. Cripps, and Mr. Bowlby, while the whole number of the Council is 24. It would seem, therefore, that for the 320 Fellows from St. Bartholomew's to have an adequate representation, there might be six St. Bartholomew's Fellows on the Council, and surely to have one more in the person of Mr. Bruce Clarke is not to ask for too many.

WE would again urge that if any Fellow has not as yet voted he should send his voting paper in, marked for Mr. Bruce Clarke, by the next post, so that it may reach the College of Surgeons not later than the evening of July 3rd.

Clinical Odds and Ends.

No. XI.

By Dr. SAMUEL WEST.

SOME POINTS IN CONNECTION WITH PERICARDITIS.

1. PERVERTED PULSE-RESPIRATION RATIO.

AMONG the signs of acute pneumonia there is none more characteristic than the undue rapidity of the respiration-rate compared with the pulse-rate, and in many doubtful cases this really decides the diagnosis. The increased rate is due (1) to the consolidation, which reduces the respiratory capacity of the lung; (2) to the acute congestion of the other parts; (3) to the increased demands on respiration due to the fever; (4) to the stimulation of the respiratory centre by the high fever, and, perhaps, by the direct action of the toxin; (5) and lastly, to the pain on breathing due to the pleurisy.

THE last cause is more important than it might be thought, for, as a deep breath causes pain, compensation is attempted by taking an increased number of shallow breaths.

THAT this is so is shown by the frequency with which perverted pulse-respiration ratio occurs in a simple dry pleurisy with little rise of temperature and no obvious pneumonia, but it is also met with in acute pericarditis where there is no actual pulmonary complication, except that the movements of the chest on respiration increase the præcordial pain.

THERE has been recently in the wards a case of acute pericarditis in a young man where the respiration-rate was never below 50 and at times was above 70, and that with a temperature under 101° and a pulse-rate of 120. Such a respiration-rate in pneumonia would be of fatal omen in an adult, but in this case caused no special distress to the patient or special anxiety to the doctor.

2. LATENT PERICARDITIS.

CHRONIC pericarditis or adherent pericardium is often found post-mortem when there has been nothing to suggest its presence during life.

BUT even acute pericarditis may be latent too. In one group of these cases it is explained by the fact that the part of the pericardium attacked is at the back, so that friction is not audible; but there are symptoms pointing to the heart which make the diagnosis of pericarditis probable, and the subsequent development of friction makes it certain. It is curious how long the pericarditis may sometimes remain localised posteriorly. In a patient whose symptoms led to the diagnosis of acute pericarditis no friction was

heard for three or four days. Then doubtful friction was heard at the apex, and in less than two hours it had spread over the whole præcordium.

Another series of latent cases is met with in gout and granular kidney. Here there may be absolutely no signs or symptoms of any kind suggesting pericarditis. The patients are ill, and seriously ill, in other ways, but with nothing to indicate heart-lesions. In granular kidney the prognosis is very grave, but in gout by no means so serious unless it be associated with granular kidney too.

In acute gout the pericarditis may develop suddenly, produce no symptoms, and disappear quickly, much as the gouty inflammation does in the great toe, for example. It may be that its cause, too, is the same, viz. the deposit of urate of soda in the pericardium just as it occurs in the toe-joint.

In rheumatic fever it sometimes happens that, while convalescence may appear to be progressing satisfactorily, the patient becomes suddenly ill again, wanders in mind, or is actively delirious. The temperature is found raised to 103° or more. The two complications which at once suggest themselves are pericarditis and hyperpyrexia, and so far as the immediate risk is concerned, it is a comfort to find it is pericarditis only.

When pericarditis develops by extension from some inflammatory focus near, it often betrays itself by no cardiac symptoms at all, and is discovered only on physical examination.

In septic or pyæmic cases pericarditis may develop, and even considerable effusion form, with little or nothing to suggest it. This is especially so if the effusion be purulent. Indeed, suppurative pericarditis is more often masked than manifest. It may even cause death, and be discovered as a surprise at the autopsy; although it could not well have been overlooked had there been anything to draw attention to the chest. I have seen this in septicæmia, but the most remarkable instances have occurred after pneumonia. One lad I remember who had had pneumonia, and convalescence appeared to be established, when, while sitting up in bed to take his dinner, he suddenly fell back dead. He was found to have double empyema, half a pint or so of pus in each pleura, with at least another half a pint of pus in his pericardium. Nothing would have been easier of diagnosis had there been anything to suggest it; but the patient seemed to be getting better every day, and the chest was not examined; even the temperature was perfectly normal. This is not a solitary instance in my experience; so that now I never fail to make a routine examination of the chest every few days, both of the heart and lungs, in every case of convalescence from pneumonia, however well the patient appears to be progressing.

The Treasurer's Report for 1906.

THROUGHOUT the courtesy of the Clerk we have lately received a copy of the Treasurer's Report on the affairs of the Royal Hospital of St. Bartholomew for the year 1906. We have read the Report with much care, and we feel sure that some account of the important changes that have already taken place, or are still in progress, in the working and administration of the Hospital, will prove of interest to those readers of the JOURNAL who have not had the privilege of seeing this Report for themselves. The official record of the year's work shows that, under the able guidance of our present Treasurer, many improvements and economies have been effected. The Report itself is a model of construction and lucidity. The progress of the Hospital generally, and of its several departments, is dealt with in a number of concise and emphatic paragraphs. The financial statement, which comprises the second half, is clear and comprehensive, and its details and results are well within the grasp of the average lay mind, unversed in statistical puzzles.

The Report opens with a sympathetic reference to the recent deaths of Sir Sydney Waterlow, Bart., for eighteen years Treasurer; of Mr. W. T. Shaw, one of the Almoners; and of the Rev. Sir Borradaile Savory, Bart., Rector of St. Bartholomew's the Great. The Treasurer also records his appreciation of the assistance given to him in the administration of the Hospital by his colleagues the Almoners, by the various Committees of Management, by the Medical Council, and by the Clerk. The names of the thirty-nine newly-elected Governors are given. These include five ladies, amongst whom we note the names of Mrs. Alfred Willett and Mrs. Herbert Morley Fletcher. The monetary qualification necessary for Governorship has been raised from a donation of £50 to that of £100.

Finance.—The income for the year shows an increase of nearly £4300 over that of 1905; of this increase more than £2800 is accounted for under the head of income from invested property, while donations and legacies (excluding those given to the Rebuilding Fund) account for an increase of over £1500. The ordinary expenditure shows an increase of less than £500, while the excess of expenditure over income is £2638, as against an excess of £6397 in 1905. That there is any balance at all on the wrong side is due to items more of the nature of "capital" than of "annual" charges—to extraordinary expenses in fact.

Reinvestment of funds.—On the advice of the Finance Committee, the Treasurer has reinvested nearly £25,000, formerly standing in Consols, in securities yielding a higher rate of interest.

Estates.—The alterations in the conduct of the Hospital estates, proposed by Lord Ludlow a year ago, have been carried into effect, with considerable financial advantage to

the Hospital. These reforms have resulted in an increase of rental of £1279 per annum, whilst economies in the cost of management of the Hospital properties have produced a saving of £374 a year.

Convalescent home.—Various improvements and additions have been made both withindoors and without; but, nevertheless, owing to wise economies, the expenditure for 1906 shows a decrease of £90 over the previous year, being a reduction of 1s. 3½d. per head per week. The Home was last year reserved for adults only, and arrangements were made by the Visiting Governor's Committee with the Metropolitan Convalescent Institution, whereby the Home at Broadstairs belonging to the latter body became available for the reception of convalescent children from St. Bartholomew's by means of "letters," each costing a guinea, and each entitling a child to three weeks' residence. From May onwards ninety-two children were thus assisted, the cost being defrayed by the Samaritan Fund. One thousand and seventy patients were received at Swanley, and 200 more were otherwise provided with convalescent treatment.

Rebuilding fund and new buildings.—Less than £14,000 were received during the year, bringing the total amount received and promised up to £118,370, exclusive of £6625 subscribed towards the Pathological Block, the Nurses Home, and the *History of St. Bartholomew's Hospital*. The Pathological Block, so urgently needed, and now about to be erected, will cost little short of £50,000 to complete, of which only £3208 had been received on December 31st last. We have already published a short description of the first part of the new Out-patient and Casualty Block now in occupation. To defray the cost of completing the erection and equipment of this Block a considerable sum has still to be obtained. We hope that the publicity which will be associated with the opening ceremony on July 23rd next will not only result in the full amount being contributed, but also in the subscription of a handsome sum towards the Pathological Block and Nurses' Home. With regard to the latter work, the Treasurer gives it as his emphatic opinion that there is immediate and urgent necessity for the provision of a new home for nurses. The existing accommodation is inadequate and uncomfortable. The buildings are scattered throughout the Hospital, and are, in consequence, highly inconvenient, and difficult to conduct with due economy. We may add that Lady Ludlow also has lately taken this matter up, and has organised a Ladies' Committee to inquire into details, and by every possible means to further the early establishment of the new Home.

Patients.—During 1906, 7615 in-patients were treated; the daily average of patients in Hospital was 556. The disproportion between this number and the total number of beds (670) is due to the closure of the east wing (with nearly 200 beds) during nine weeks for sanitation and repairs. Over 126,000 new cases were treated

in the casualty, out-patient, and special departments; including 1115 midwifery cases attended at their own homes. Of the special departments we note that the electrical and ophthalmic received the largest number of patients, viz. 4650 and 3469 respectively; the other departments averaged about 1000. The total attendances among out-patients were nearly 300,000. The Hospital inquiry officer investigated the means and circumstances of 8673 patients, of whom 277 were rejected as being unsuitable for free relief. The Samaritan Fund, the Samaritan Maternity Fund, and the Prisca Coburn Fund for the relief of incurables, did excellent service during 1906.

Staff changes.—The increase in the scope of the work of the Special Departments which will follow the opening of the New Block has led the Governors to augment the Hospital Staff by the appointment of a surgeon and an assistant surgeon to the Throat Department, an assistant aural surgeon, and an assistant physician for diseases of women. The special departments will in future be open four times a week instead of twice only, as at present. This will be to the great advantage not only of the patients, but also of the students. The Nursing Staff has been increased to the extent of thirty additional nurses, which will lessen the hours of duty of both day and night nurses. We take it that this will be a further argument in favour of the immediate reconstruction of the Nurses' Home.

Renovations, improvements, etc.—The ward lavatory arrangements of the east wing were rearranged last year, and the sanitary fittings were renewed, while outside iron staircases were erected at each end of this block, as was also done at the Convalescent Home at Swanley. Each operating theatre has now been provided with an emergency electric lighting outfit. Finally, as stated in previous issues of the JOURNAL, a temporary building has been provided for the Police Motor Ambulance Service on the Hospital premises, pending the allotment of a permanent site in the new buildings; and a racquet court is about to be built for the use of the Resident Staff on the vacant land lying between the new Dispensary and the site of the old Warden's house of Christ's Hospital.

Pædiatric Aphorisms

Humbly after Great Masters, and dedicated, without permission, to Junior House Physicians and others, who have much diagnosis to do, and little time to spend upon it.

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

GENERAL.—1. Screaming and fretfulness occurring in infancy without signs of organic disease commonly signify colic; among the breast-fed it is often due to constipation, otherwise to some kind of

gastro enteritis. But think also of otitis media and scurvy.

2. Remember otitis media when you deal with obscure febrile maladies of infants; for otitis media is common, and at this age lacks local symptoms prior to otorrhœa.

3. In childhood puffiness of the face is more often due to whooping-cough than to nephritis.

4. Subconjunctival hæmorrhage, epistaxis, reported hæmoptysis, bleeding from the bowel—all these are on occasion caused by the strain of whooping-cough.

5. Spontaneous black eyes in infancy are almost invariably due to scurvy.

6. A child wasted, afebrile, and presenting signs of grave bronchitis is likely to be suffering from whooping-cough; for the whoop may cease when the bronchitis is grave, and mothers are reticent in such matters of importance. Be shy of diagnosing acute pulmonary tuberculosis in these cases.

7. Continued fevers which raise the suspicion of typhoid fever yet do not conform to type are commonly not typhoid fever. The alternatives are many, but general tuberculosis the most important.

8. Fever of 104° and upwards, in a disease acute in onset, usually means lobar pneumonia, except in the case of infants below the age of one year; in the latter the malady is often fleeting, and the cause unidentifiable.

9. Retraction of the head in an infant may mean posterior basic meningitis, but may not; for it may continue for a week or two and vanish suddenly; this particularly when there is no tension of the anterior fontanelle.

10. Backwardness in walking is generally due to rickets; but think also of mongolism, cretinism, idiocy, and spinal caries.

11. As in adult life so in childhood syphilis constantly lurks in unexpected quarters. Therefore never neglect to consider it when in the presence of obscure nervous symptoms or dubious tumours or ulcers.

Mouth and throat symptoms.—12. In obscure cases of infant illness examine the fauces; for at this age diphtheria may lack noticeable local symptoms.

Special nasal symptoms.—13. Unilateral nasal discharge suggests a foreign body in the nose.

14. Bilateral nasal discharge suggests coryza, diphtheria, or congenital syphilis.

15. If an infant present throat symptoms, and there be no visible explanation of them, make a digital examination; for retro-pharyngeal abscess is often hard to see, but always easy to feel. Remember also that the common cause of retro-pharyngeal abscess is *not* caries of the spine, but local infection by pyogenic organisms.

16. Mistrust the visual diagnosis of tonsillar exudations; for there is no trustworthy means of excluding diphtheria except bacteriological examination. But always look for the rash of scarlet fever.

17. Acute laryngitis is a common herald of measles; but in this case coryza is an almost constant accompaniment.

18. "Tongue-tie" is feared often, but found almost never; for the *trænum lingue* may be short, and yet long enough.

Lung symptoms.—19. Spitting of phlegm is rare in early childhood except in association with whooping-cough or bronchiectasis; for young subjects swallow it unless it be abundant.

20. When you find the physical signs of consolidation, remember that collapse of the lung is common in early life.

21. Recurrent dry coughs without physical signs are generally due to pharyngeal or tracheal catarrh; and these are often due to adenoid vegetations.

22. Be slow to pronounce for tuberculosis in the case of chronic broncho-pneumonia in young children; for simple broncho-pneumonia may simulate the tuberculous variety in every particular.

23. In childhood bronchial breathing and bronchophony are commonly to be heard over considerable pleural effusions. Therefore remember empyema.

Gastro-intestinal symptoms.—24. Intractable prolapse of the rectum suggests a polyp.

25. Recurrent vomiting with constipation and little fever or none is an ominous conjunction; for it is a common herald of tuberculous meningitis.

26. Both diarrhœa and intussusception lead to the appearance of bright blood in the stools; but in the former case the motion is *fecal*, streaked with blood; in the latter it is pure mucus and blood. Also, diarrhœa commonly attacks hand-fed infants, often of poor physique, but intussusception affects by preference the breast-fed and fat.

Osteal symptoms.—27. In infancy large abscesses of joints are generally pneumococcal, not tuberculous.

28. In infancy extreme tenderness of the extremities, with or without swellings of the lower ends of the femora, generally signifies scurvy.

Nervous symptoms.—29. Symptoms of a sudden paralysis of a limb may be due to—1, injury; 2, epiphysitis; 3, chorea; 4, infantile palsy.

30. Extreme headache and persistent vomiting, when occurring suddenly and associated with high fever, are occasional heralds of lobar pneumonia.

Uro-genital symptoms.—31. Compared with albuminuria nephritis is rare in childhood; for most albuminurias at this age are orthostatic. Therefore examine the urine passed immediately upon rising from bed in the morning.

32. Leucorrhœa, bacteriologically gonococcal, is common in young girls, and very hard to cure. Be slow to suspect a criminal origin for this symptom.

Glandular symptoms.—33. Enlargement of lymphatic glands suggests—1, in the anterior triangle of the neck and

high in it, chronic tonsillitis; lower down, tuberculosis; 2, in the posterior triangle, when acute, German measles; when chronic, *pediculosis capitis*.

Skin symptoms.—34. Whitlows, conjunctivitis, impetigo contagiosa, all these are often caused by auto-inoculation with the pus from an otorrhœa.

35. Many erythmata, especially upon the thorax, are due to the use of irritating liniments.

36. In the case of pustular eruptions think always of scabies and tinea; for infection due to scratching may disguise the lesions of both.

A Quack Doctor.

AMONG the miscellaneous writings of Daniel Defoe occurs a quaint little character sketch with the above title. It records the diverting antics and the inflated utterances of a travelling professor of the healing art, whom the author happened to light upon during his passage through a country village. Defoe's description of this artful impostor, haranguing the open-mouthed rustics, shows a close observation and a keen sense of humour; it would apply with little alteration to the specious promises and the lying protestations of the nostrum-mongers of to-day. Times have changed, and we with them; but the quack doctor of 200 years ago, could he but persuade the powers of darkness to let him revisit this earth and continue his infamous practices, would find little occasion to modify his speech or his stock-in-trade. With the advance of education among the lower classes, the clap-trap of the street corner and the market-place has given place to the more profitable clap-trap of the hand-bill, the hoarding, and the half-penny newspaper—that is all.

The "very eminent and learned mountebank," described by Defoe, undoubtedly lived two centuries too soon. Were he to dwell among us now, such colossal impudence and address, such wealth of vulgar rhetoric, could scarcely fail to make his fortune out of the earnings of the common people. There were, of course, fashionable charlatans in his time, well-dressed rogues who made their thousands out of the credulity of the upper classes. But there was no corresponding opening then for the accumulation of untold wealth by the exercise of a keen insight into the ways and weaknesses of the common herd.

"Sometimes he'd creep in the most vulgar phrases imaginable; by and by he'd soar out of sight and traverse the spacious realms of fustian and bombast. He was, indeed, very sparing of his Latin and Greek, as (God knows) having a very slender stock of those commodities; but then, for hard words and terms, which neither he, nor you, nor I, nor anybody else could understand, he poured them out in such abundance that you'd have sworn he had been

rehearsing some of the occult philosophy of Agrippa or Rosicrucius, or reading a lecture out of Cabala. After the doctor had given such ample indication of the greatest humanity, skill, and erudition, who d'ye think would be so incredulous as not to believe him, or so uncourteous as to refuse to purchase one of his packets? Lest any of us, however, should be too tenacious of our money to part with it on these conditions, he had one other motive which did not fail to do the business; this was by persuading us that there were the seeds of some malignant distemper lurking in every one of our bodies, and that there was nothing in nature could save us but some one or other of his medicines."

Defoe then turns from the more ludicrous side of this spectacle to a serious consideration of "the tragical issue to which these things tended;" of the harmful effects upon simple folk, healthy in body and in mind, of such suggestions of hidden infirmities; as well as of the directly poisonous properties of the medicines themselves. He asserts, with all gravity, "that the quacks contribute more towards keeping us poor than all our national debts, and that to suppress the former would be an infallible means of redeeming the latter."

Coming back again with much zest to the humours of quackery, our author gives us a facetious account of the dreadful effects of Dr. Thornhill's pills, boluses and electuaries upon rats and would-be suicides, and curs that howl at night-time. Like Dr. Robert Hutchison of to-day, Daniel Defoe "had the curiosity to examine several of these medicines in a reverberatory, reducing compounds into their simples by a chymical analysis." Arsenic, wolf's bane, mercury, and hemlock proved to be *sine quibus non* in those days. In the present century we understand that less expensive ingredients are made use of, though some modern proprietary medicines are said to be equally capable of "poisoning to a miracle."

It will be clear to all who read this slight *réchauffé* that the methods of charlatany have changed only in degree during the last two centuries. As long as disease and suffering are with us, so long will human gullibility persist, and so long will the medical impostor fatten upon his willing dupes. The quack of to-day is, in all respects, the direct descendant of the medicaster of bygone times, making use of the same artifices, but on a larger scale, and merely substituting patent medicines and electrical appliances for elixirs and incantations. So far from being defeated by the advance of medical science he has made of it an unwilling confederate, borrowing its catch-words and distorting them so as to serve his own base purposes. In the same way he has corrupted the Press, and enlisted on his side the spread of education. It is a hard saying, but a true one, that the Englishman, for all his vaunted common-sense, is more than ever nowadays the friend of quackery: *qui vult decipi, decipiatur*.

Two Cases of Traumatic Coxa Vara.

By J. G. GIBB, M.B., B.S.

TWO lads, each aged 16, were admitted to Mr. D'Arcy Power's ward on the same day with very similar complaints and histories. Both histories dated back some ten months.

The one lad complained of limping with his left leg in walking. He had given himself a comparatively slight knock in the left side of the small of the back. At the time this gave him no trouble beyond slight pain in the left thigh and a slight limp for a few days. Some two months later it gave him a little pain, so that he sought advice, but was able to continue work. During the last two months before admission there was marked increase in disability and pain.

He stood with an inclination of the body to the left, with some eversion of the left leg, and he walked with a slight limp. The left lower extremity was rotated out, showed shortening of 2½ cm., all of which lay between the iliac crest and the great trochanter. The left great trochanter was some 2 cm. nearer the mid-line than was the right. There was complete absence of movements, active and passive, from the left hip joint except that of adduction. This was unlimited.

The second lad had tripped, and, in falling, knocked his right thigh against a broom handle. For a few days he limped, and, under advice, used a liniment. He was able to get about as usual until some two months before admission, when he began to be lame, and this has since increased. The deformity was similar to that of the first lad's except that the external rotation was extreme, and that he had some slight power of abduction.

Under general anaesthetics the limitation of all the movements was decreased, and, after the breaking down of soft adhesions, the passive movement of external rotation was fully restored, that of abduction almost completely, and those of internal rotation and flexion to about half of the normal.

In each case the radiograph showed separation between the head and neck of the femur along the site of the epiphysal line, with relative displacement upward of the neck and with the shaft.

These two cases are interesting as illustrations of the facts emphasised by Mr. R. C. Elmslie in his Erasmus Wilson Lectures—

1. The association of the adolescent form of coxa vara with some seemingly slight injury.
2. The long interval that may elapse between the injury and the development of any severe disability.
3. The occurrence of a stage in the condition, in which the limitation of movement is far greater than that due to the bony deformity, and is the result of muscular fixation.

Each of these three points is one that we are accustomed to lay stress on in the diagnosis of early tubercular disease of the hip; so that the diagnosis between the two conditions seems more difficult than ever, and more than ever dependent on a radiograph.

I am indebted to Mr. D'Arcy Power for permission to record these two cases.

Past v. Present, 1907.

THIS annual function took place on June 19th, 1907, at Winchmore Hill. After a long spell of miserable weather, the sun emerged in full force for the occasion, thereby causing the attendance to be excellent. The numbers present constituted a record, being well over three hundred, including a large number of the fair sex.

The cricket, as usual, commenced in the morning, but the social affairs did not begin till about 2.30, when there were a large number of people on the ground. Prince's Red Band played a most up-to-date programme excellently from 2.30 to 6, in spite of the fact that the unprecedented attendance deprived them of their full share of tea. The ground about 3.30 was a very gay spectacle in the bright sun, although the majority of people seemed to prefer personal observation of others rather than the criticism of the athletic treats provided. At 4 o'clock a photograph was taken in front of the pavilion of all present on the ground, after which there was a wild rush for tea and strawberries. Sad to say, the latter failed to answer to the demand of late comers, but we understand that the majority present managed to satisfy their wants. Cricket, tennis, gossip, and *lôte-à-lôte* continued till about 6 o'clock, when the band packed up, the cricketers provided a thrilling finish, and the company wandered home to the station.

If we may say one word of regret on a most pleasant recollection, it is that so few *present* students saw their way to attending the function. The occasion takes place only once a year, and is arranged primarily by their own Union for them and their friends; and it is not encouraging to those who arrange the entertainment to find such a paucity of support from the present generation. Everyone was delighted to see so many of the Senior Staff present, as well as the loyalty shown by the Sisters and other members of the Nursing Staff.

The arrangements were in the hands of the Secretaries of the Students' Union, Messrs. S. Trevor Davies and H. T. H. Butt, from whom copies of the photograph taken may be obtained, price 3s. 6d.

"Crutches to Help Cripple Children."

THE LORD MAYOR OF LONDON, Sir William Treloar, Bart., has already done much to brighten the lives of the poor crippled children of this city. Every Christmastide for fourteen years he has raised a fund for supplying hampers to these unfortunates. In this humane task he has been aided by the principal members of the Royal Family, and these Christmas gifts have endeared him and them to the hearts of all the child cripples of London. Many true stories are told of his personal acts of kindness towards these children, whom, amidst the pressing claims of public service and of business, he has chosen to make his special care.

But Sir William Treloar is not content with Christmas hampers. He realises that something more than a small annual gift is needed for the 7000 cripple children of London, and that whatever is done for them should be done also for those other members of the army of suffering and deformity who are scattered throughout the Kingdom. He therefore appeals for £60,000 in order to form an organisation for the rescue and relief of these children, and to provide homes for their reception.

The publication which we have received for review entitled *Crutches to Help Cripple Children* is the first move towards the realization of this scheme. It is a handsomely printed volume of short stories and poems, chiefly by well-known writers, illustrated by reproductions in colours of many excellent pictures. The Honorary Editors are Sir James D. Linton (Art Section), and Sir Douglas Straight (Literary Section). The publishers are Messrs. Bemrose and Sons, Ltd., of Snow Hill, E.C., and the entire profits are to be devoted to the Lord Mayor's Cripples' Fund. The price is one shilling.

The contents of this volume hardly call for detailed criticism on our part. The illustrations that we like best are "Poplars by the Upper Thames," by Alfred Parsons, A.R.A.; "A Freshening Gale," by Thomas Summerscales; and the striking portrait of Lord Roberts by Herkomer. There is also a pretty water-colour sketch of the Fountain in the Square of St. Bartholomew's Hospital during summer time, by Miss Rose Barton. The probationer and the child-patients, and the familiar objects in the background, are true to life, and the colouring is soft and natural. We do not like the illustrated advertisements of the Sandow Curative Institute, and of the Electric Drug Company associated with the name of "Doctor" Walford Bodie. These two advertisements, more especially the latter, are unworthy of a publication for which, in all other respects, we have nothing but praise.

The Eighth Decennial Club Dinner.

THE thirteenth meeting and dinner of the Eighth Decennial Contemporary Club was held on Wednesday evening, June 26th, at Oddenino's Imperial Restaurant.

The Chairman, Dr. L. G. Glover, of Hampstead, was supported by an attendance of sixty members.

Among those present were Captain J. K. S. Fleming from China; Messrs. J. B. Christopherson and N. E. Waterfield from The Soudan; Capt. E. P. Sewell, of the R.A.M.C.; and a representative gathering of members from London and the Provinces.

After the toast of "The King" had been loyally drunk, the chairman proposed the health of the Club. In his speech he gave a brief survey of the recent interesting events in connection with the Hospital and Medical School. He laid especial stress on the importance of the new accommodation for the Special Departments; in future, said he, there will be no going to Vienna and other universities abroad, but all will come to St. Bartholomew's.

A convivial evening followed. The Hon. Secretaries of the Club, Dr. Drysdale and Mr. Waring, were again responsible for the arrangements of an excellent dinner, and much praise is due to them for organising so successful a meeting.

"When all the World was Young."

THAD met her before, somewhere.

It was her first nasal feed, and she seemed agitated. The individual to whom she proposed to minister—a coarse-looking person more than twice her size—was impatient, and this fact did not help to allay her nervousness. The nurse in charge did not take any great interest in the proceedings. She was watching the red man opposite.

"Do you think *sugar* would be good for him?" she asked, with an appealing look in those big blue eyes that had enlisted my sympathies from the outset. I hated to disappoint her, but I replied that I believed its nutritive value was not high in such cases.

Among other difficulties, the tube was not long enough. There was no getting over the fact that she was nonplussed. I thought she was going to cry.

"May I help you?" I asked.

"Do, please!" she said.

I looked round furtively. Nurse had wandered off. I took her in my arms, one dear little hand flung over my shoulder. . . . With the Hungry One's active co-operation we managed it somehow. . . . She kissed me and

scrambled down.

"I must go and find Nurse," she exclaimed.
And with that she toddled out of the Elephant House.
J. E. H.

The Poetaster's Protest.



L*Y* S*H*W, your knowledge of the sane condition
I would not for a moment seem to doubt;
But there's a point which, with your kind permission,
I'd like to have a talk with you about.
It cannot, I feel sure, be your intention
To vex a poet's mind at any time;
But as a sign of lunacy you mention
The tendency to write and speak in rhyme.

The thing has been remarked before, I know it;
I think 'twas Shakespeare first observed the fact—
"The lunatic, the lover, and the poet
"Are of imagination all compact."
But this was never seriously intended,
For Will would always have his little joke!
And I, on whom his mantle has descended,
Cannot admit the truth of what he spoke.

The attitude of friends is not consoling,
They take your view of matters in the main;
They see my "eye in a fine frenzy rolling,"
And put it down to water on the brain!
And when I seek to give "to airy nothings
A local habitation and a name,"
They see my spirit's agonising frothings,
And think delirium tremens is to blame.

Sometimes I rise to heights of inspiration,
To noble thought in lofty language dressed;
'Tis then I hear the base insinuation,
Which says my upper centres are depressed.
My verse, which is, in spite of all detraction,
Quite unsurpassed by Shakespeare in his prime,
Is all attributed to reflex action,
Which makes the poetaster write in rhyme.

If, fired with righteous wrath, I ever venture
Sublime in thundering periods to rage,
I'm told I suffer from acute dementia—
The late maniacal expansive stage.
Or, if a woeful ballad fraught with passion,
Made to my mistress' eyebrows, I relate,
Since your remarks, it seems to be the fashion
To say I'm in the melancholic state.

The accuracy of your observation
In this respect I totally deny!
My brain shows no advanced degeneration,
No softening of the cortex cerebri;
My history of potus must be 5,
Of morphia I've never had a grain,
Nor do I think that any toxic theory
This morbid state of rhyming will explain.

C*Y* S*H*W, I hope I've spoken quite discreetly;
This talk will not have been a waste of time,
If you will only modify completely
Your views on the Pathology of Rhyme.
For rhymes are not produced by lower centres,
The "upper platforms" being out of joint;
They need the subtle brains of skilled inventors:
These verses prove conclusively that point.

Notes on Clinical Pathology.

EXAMINATION OF URINE FOR ORGANISMS.

THE bacteriological examination of the urine in cases of diseases of the urethra, bladder, and kidneys is rapidly becoming of great importance. The organisms most commonly found in the urine are the tubercle bacillus, the gonococcus, and the common organisms of cystitis, bacillus coli communis, proteus vulgaris, and streptococci. The last group are invariable inhabitants of the meatus, so that it is necessary to carefully guard against contamination in collecting the urine; the meatus must be cleaned, a sterilised soft catheter passed, the first portion of the urine rejected, and the rest collected direct into a bottle which has been sterilised by boiling. The memorandum sent to the bacteriologist should state the reaction of the urine when passed, the disease suspected, and particularly whether a search for tubercle bacilli is required.

The urine can be examined by means of films of the centrifugised deposit, or by cultures; but the latter is the only method by which the organisms, other than the tubercle bacillus, can be identified. Unfortunately, there is no certain method of distinguishing between a cystitis and a pyelitis by examination of the urine; but, in the presence of a urinary affection, a constantly low specific gravity, and the presence of an excess of albumen or of casts in the urine, may help in determining that the infection has reached the kidney.

Bacillus coli communis and proteus vulgaris are the commonest organisms in cystitis; the former with acid, the latter with alkaline urine. The infection with bacillus coli, both in the bladder and in the kidney, is much more readily cured than that with proteus. Streptococci, usually of a fecal type, may also occur in cystitis, either alone or as a mixed infection with one of the last-named organisms.

When urine is to be searched for tubercle bacilli, it is as well to collect it with the same care as if a cultivation were required. For the chief organism liable to cause confusion is the smegma bacillus, which resembles the tubercle bacillus, and is often abundant in and around the meatus. A negative result from an examination of urine for tubercle bacilli is always inconclusive, for the organisms are often present in very scanty numbers, and may not be found, even after a very prolonged search. The only certain test is the inoculation of a susceptible animal—for example, the guinea-pig—with the deposit from the urine; but, unfortunately, by this method a considerable period, usually about two months, is necessary before a result can be obtained.

Examination of urine for gonococci may be carried out, either to determine whether in a case of gonorrhoea there is an infection of the bladder as well as of the urethra, or else, as an alternative to local examination, to determine the

presence of gonorrhoeal infection of the urethra, vulva, etc. In the first case, the urine must be carefully collected by a catheter, the first portion being rejected. In the second, the urine passed in the morning should be sent for examination, as this is more likely to be mixed with some urethral or vaginal discharge. When the examination is merely for purposes of diagnosis and treatment, the detection of gonococci in films made from the deposit is sufficient. If, however, investigation is being made from the medico-legal point of view, it is as well that the organism should be cultivated and, if possible, isolated.

Bahere Lodge, No. 2546.

THE annual installation meeting of this Lodge was held on Tuesday, June 18th, in the Great Hall, W. Bro. D'Arcy Power, P.G.D., in the chair. There was a large attendance of brethren of the Lodge, and a number of visitors, including many officers and past officers of the Grand Lodge of England. Many of the visitors for the first time were heard to express their sense of the great privilege enjoyed by the Bahere Lodge in being enabled to hold this, the most important meeting of the year, in the beautiful old Hall. Mr. Alexander Volbrath Thram was admitted into Masonry, and the installation of the W.M. Elect, W. Bro. A. G. R. Foulerton, afterwards proceeded with W. Bro. D'Arcy Power acting as Installing Master. The new W.M. invested as his officers for the year Broes. Drysdale, Laming Evans, Clement Godson, Auston, Boyle, Hepburn, Gow, Gripper, Murphy, Perram, Burns, Anderson, Henshaw, Gilmore, Etherington-Smith, Westbrook, and Coughtrey.

The brethren subsequently dined together at Oddeno's Imperial Restaurant, and an enjoyable evening was spent, sketches and songs which were highly appreciated being contributed by Bros. Percy French and Barclay Gammon.

Recent Additions to the Library.

Surgical Pathology and Morbid Anatomy. (Fifth Edition.) Edited with the assistance of Dr. F. W. Andrews. By Anthony A. Bowly, C.M.G., F.R.C.S.

A Treatise on Orthopædic Surgery. (Third Edition, revised and enlarged.) By Royal Whitman, M.D.

A Guide to Diseases of the Nose and Throat and their Treatment. By Charles A. Parker, F.R.C.S. (Edin.)

Recent Advances in Physiology and Bio-chemistry. Edited by Leonard Hill, M.B., F.R.S. Contributors: Benjamin Moore, M.A., D.Sc.; Leonard Hill, M.B., F.R.S.; J. J. R. Macleod, M.B.; M. S. Pembrey, M.A., M.D.; and A. P. Beppard, M.A., M.D.

A Manual of Surgery. For Students and Practitioners. (Sixth Edition.) By William Rose, M.S., F.R.C.S., and Albert Carless, M.S., F.R.C.S. (Additional copy.)

The Hunterian Oration for the year 1907, on the Objects of Hunter's Life and the Manner in which he accomplished them. By Henry T. Butlin, F.R.C.S., D.C.I.

The Drink Problem in its Medico-Sociological Aspects. By Fourteen Medical Authorities. Edited by T. N. Kelynaek, M.D.

The Clubs.

CRICKET CLUB.

ST. BART'S v. STROUS.

Played on June 1st, and ended in a draw.

ST. BART'S.		STROUS.	
N. F. Norman, c sub. b Haywood	0	G. Hardy, run out	8
O. White, c Norman, b Griffin	0	O. White, c Norman, b Griffin	0
W. B. Griffin, c and b Haywood	19	F. Paine, b Gibson	1
C. Noon, b Haywood	4	G. H. Gadsdon, not out	6
H. A. With, b Haywood	6	C. Smith, b Griffin	1
H. Turner, c Brown, b Smith	1	C. Haywood, not out	1
G. Viner, b Haywood	6	D. Robertson	1
J. Dimie, at Robertson, b Smith	3	S. Snell,	1
T. S. Gibson, b Haywood	0	H. Blocklebank, did not bat.	
A. J. Cunningham, c Paine, b Haywood	1	H. Brown,	
J. Gibb, not out	4	W. Brown,	
E. de Verteuil, b Haywood	3		
Total	47	Extras	3
		Total (for 4 wks.)	20

ST. BART'S v. ADDESTONE.

Played at Addestone on June 8th.

ST. BART'S.		ADDESTONE.	
E. Vivian, c Adams, b Paine	13	J. D. Talk, c Symes, b Gibson	27
W. B. Griffin, c Adams, b Paine	26	J. C. Adams, c Symes, b Turner	26
C. Noon, b Talk	3	R. S. Paine, run out	101
P. A. With, st Young, b Paine	17	L. Wright, b Turner	11
A. J. Symes, run out	2	L. Paine, run out	1
H. E. Gibb, b Adams	25	H. Darling, b Cunningham	11
H. Turner, c and b Wright	21	H. Bell, b Cunningham	0
C. N. Binney, c Talk, b Paine	19	G. Tunks, not out	36
T. S. Gibson, b Paine	1	Col. Shepstone, b Cunningham	0
E. de Verteuil, not out	62	ham	0
A. J. Cunningham, b Adams	49	A. R. Cole, b Cunningham	0
Extras	10	R. Young, not out	0
Total	246	Extras	29
		Total	242

ST. BART'S v. LONDON HOSPITAL.

This match in the first round of the Hospital Cup was played at Honor Oak on June 14th, and resulted in a win for Bart's by 161 runs.

London won the toss, and put us in first on a drying wicket. P. A. With and Vivian opened the innings, 24 runs being scored before Vivian was bowled. Griffin filled the vacancy, but only made 10. On Viner and Norman being associated the score advanced rapidly, both batsmen playing well. Norman made some splendid shots past cover point, and also hit very hard on the on side. Viner was bowled after making 39, the result of good cricket.

Norman continued to score freely all round the wicket, and was not got rid of until he had made 128. It was a very fine innings in every respect, and he gave no chance until he had passed the century. C. N. Binney hit hard towards the finish, and the innings closed for 289.

London started badly, Gaskell getting 3 wickets in his first two overs, and 5 wickets were down for 25.

Leney and Linnell brought the score up to 72, but the whole side were dismissed for 125, of which Linnell had scored 57 by sound cricket.

The Hospital fielding was good, and Gaskell bowled well throughout.

SCORES.

ST. BART.'S.		LONDON.	
P. A. With, b Leney	23	H. H. Hancock, b Gaskell ..	5
R. T. Vivian, b Leney	14	R. Moloney, l-b-w Gaskell ..	2
W. B. Griffin, b Carr	10	C. Salt, c and b Gaskell ..	0
G. Viner, b Linnell	37	K. J. Leney, c Turner, b	
N. F. Norman, b Paget		Gaskell	26
Tomlinson	128	R. Armitage, b Gibson	13
C. Noon, b Linnell	4	b Paget Tomlinson, c With,	
A. G. Turner, b Owens	12	b Gaskell	1
C. N. Binney, b Linnell	24	R. M. Linnell, b Griffin	57
J. F. Gaskell, not out	10	C. Gilson, b Griffin	0
T. S. Gibson, c Carr, b		H. Owens, b Griffin	0
Leney	0	W. J. Carr, c Viner, b Griffin	
A. J. Cunningham, b Linnell		G. H. Watson, not out	7
Extras	17	Extras	8
Total	287	Total	128

BOWLING ANALYSIS.

	Overs.	Maidens.	Runs.	Wickets.
T. S. Gibson	10	1	30	1
J. F. Gaskell	18	2	79	5
W. B. Griffin	8	3	11	4

PAST vs PRESENT.

Played at Winchmore Hill on June 19th. H. E. G. Boyle, who captained the Past, had originally got a strong side together; but, as is so often the case, several members were unable to play at the last minute.

The Hospital side batted first, according to custom, but were dismissed on a splendid wicket for 162. Vivian and Gibson offered some resistance to the bowling, but the run-getters were rather lucky.

For the Past G. F. Page bowled at a fast pace and kept a good length, and after lunch Pank was most successful.

We were all sorry to notice that H. E. G. Boyle has given up bowling.

The Past started badly, losing three wickets for 20; but Adams and Boyle hit hard for their runs, and later de Verteuil batted splendidly, scoring his runs in good style. The finish was most exciting, but Lynn was caught at point when four runs were wanted to win, the Hospital thus winning a most enjoyable match by three runs.

Gaskell and Gibson bowled well for the Present team on a good wicket; the latter's six wickets for 63 runs being a good performance.

SCORES.

PRESENT.		PAST.	
R. T. Vivian, c Rose, b Page ..	28	G. H. Adams, c Norman, b	
W. B. Griffin, c Symes, b Page	60	Gibson	21
N. F. Norman, b Rose	10	A. J. Symes, b Gaskell	6
A. J. W. Cunningham, run out	9	E. Pank, c Griffin, b Gibson	1
T. S. Gibson, b Pank	25	B. Hudson, l-b-w, b Gaskell	1
G. Viner, b Page	2	H. E. G. Boyle, b Gaskell ..	17
C. Noon, c Symes, b Page	13	E. F. Rose, c Viner, b Gibson	17
P. A. With, b Pank	0	E. de Verteuil, not out	58
A. G. Turner, b Pank	2	G. F. Page, c With, b Gibson	18
C. N. Binney, c Lynn, b Pank		M. Hepburn, c Gaskell, b Gib-	
J. F. Gaskell, not out	4	son	5
Extras	6	L. L. Phillips, b Gaskell	4
		G. R. Lynn, c Viner, b Gibson	5
		Extras	6
Total	162	Total	159

Pank took 4 wkts. for 63 runs; Page took 4 wkts. for 55 runs; Rose took 1 wkt. for 34 runs. Gibson took 6 wkts. for 63 runs; Gaskell took 4 wkts. for 90 runs.

ROWING CLUB.

INTER-HOSPITAL CUP-TIE.

ST. BART.'S vs LONDON.

The Hospital Four entered this year for the United Hospitals' Challenge Cup, and, as had been anticipated, they secured it without difficulty from the holders, the London Hospital Four. The race was rowed on Wednesday afternoon, May 29th, in pleasant weather.

The river was very full, and in places the water was rough; the sun shone throughout. The course was from Putney Bridge to Hammersmith Bridge. Shortly before 3 o'clock the crews paddled up from the London Rowing Club Boat-house to the Bridge. Bart.'s won the toss and took the Middlesex station.



Reproduced from 'Lock to Lock' by kind permission of the Editor.

At the start the Bart.'s crew were ragged and the holders got off a little the quicker, but in a very few strokes our Four began to gain, and, settling down to a steady swing, rapidly took the lead. In two minutes we were a length ahead, and gaining at every stroke. Increasing the lead the Bart.'s boat steered towards the Surrey side. From now onwards we had things all our own way, and reached the flag without effort, ten lengths ahead. Our time was 8 min. 58 sec. The London Four, which was the lighter, rowed pluckily throughout, but never looked in the least like winning. A small body of enthusiastic Bart.'s men followed the race in the launch and on bicycles, and welcomed the winners on their return to the boat house. Teams:

LONDON HOSPITAL.

C. R. King (bow), H. Parsons (2), J. R. K. Fenning (3), H. V. B. Byatt (stroke), S. L. Heard (cox).

ST. BART.'S HOSPITAL.

S. Wood (bow), P. T. Spencer Phillips (2), M. Donaldson (3), C. B. Heald (stroke), R. B. S. Sewell (cox).

INTER-HOSPITAL JUNIOR CUP-TIE.

ST. BART.'S II vs LONDON II.

The Bart.'s 2nd Boat, which had trained for the Junior Challenge Cup, was unlucky in not having a competitor to test its skill against, the London Hospital 2nd Boat (the holders) scratching on the day before the race. Our crew, therefore, rowed over the course immediately after the 1st Boat, and thus won the Cup. Team:

ST. BART.'S II.

A. C. Sturdy (bow), B. Haigh (2), A. S. Cane (3), L. B. Cane (stroke), A. P. Phillips (cox).

ATHLETIC CLUB.

The Sports were held on Friday, June 7th, at Winchmore Hill. The attendance was quite up to the average, and the committee, together with others concerned, are to be congratulated on the appearance of the Ground and the excellent way in which everything was arranged.

The refreshments were served in a marquee erected for the purpose (through the generosity of the Students' Union), which gave the ground quite a festive appearance. The afternoon opened with brilliant sunshine, which, but for the short interval of fifteen minutes, continued until the Sports were over.

Considering the somewhat sodden condition of the ground, owing to recent heavy rains, the performances were very creditable, though no records were broken. The entries were quite satisfactory, and the handicapping, with the exception of that of Putting the Weight, was excellent, as was proved by the close finishes.

ST. BART.'S vs EALING.

A pleasant game, played at Ealing on May 10th. This has been our most successful match so far, and we had a strong side out. Bart.'s opened well, Dixon scoring just after the start with a hard shot. Ealing replied, and then Stone scored for Bart.'s. Ealing added two more goals, so that at half-time the score was 3-2 against us. Bart.'s went to pieces in the second half, and the result was a defeat by 5-2. Capon was good in goal, and saved repeatedly. Team:

A. Ferguson, S. Dixon, J. R. B. Dobson (forwards); D. M. Stone (half); C. F. Trappell, R. L. E. Downer (backs); H. V. Capon (goal).

ST. BART.'S vs CAMBRIDGE UNIVERSITY.

Played at our own baths (Marylebone) on June 14th. We were without Dixon and Capon. W. E. Roberts filled the latter's place at goal, but has not had much experience. H. T. H. Butt and W. B. Wood made their debut, and should prove useful. We were thoroughly outmatched, and badly beaten by 9 goals to nil. Team: A. Ferguson, J. R. B. Dobson, W. B. Wood (forwards); C. F. Trappell (half); H. T. H. Butt, R. L. E. Downer (backs); W. E. Roberts (goal).

ST. BART.'S vs H.A.C.

Played at Marylebone on June 17th. We were again without Dixon and Capon, but had A. McG. Hanschell, an old hand, in goal. Bart.'s showed improved form. The H.A.C. were much stronger than when we met them on May 1st, and had beaten Cambridge in the meantime. Result: lost by 10-1, Dobson scoring for us. Team:

A. Ferguson, J. R. B. Dobson, W. B. Wood (forwards); C. F. Trappell (half); H. T. H. Butt, R. L. E. Downer (backs); A. McG. Hanschell (goal).

LAWN TENNIS CLUB.

We have been particularly unfortunate in the continuance of wet weather throughout June. Even when it has not actually rained the ground has been so wet as to render it unfit for play. In consequence more than half the matches have been scratched.

ST. BART.'S vs CHRIST'S COLLEGE, CAMBRIDGE.

Played on Saturday, June 1st, at Winchmore Hill. After a very close match we were beaten by 5-4, although in the aggregate we won more games than our opponents. Team: P. Black and R. T. Crawford; E. V. Oulton and L. F. G. Lewis; F. J. Gordon and M. W. B. Oliver.

ST. BART.'S vs SURBITON.

Played at Winchmore Hill, on Saturday, June 8th. The start was delayed owing to a thunderstorm, and only about three quarters of an hour's play was possible. Team: P. Black and R. T. Crawford; E. V. Oulton and L. F. G. Lewis; F. J. Gordon and C. K. Sylvester.

PAST vs PRESENT.

Played at Winchmore Hill, on Wednesday, June 19th. This match resulted in an easy win for us by 8-1. Teams: Present—P. Black and R. T. Crawford; E. V. Oulton and L. F. G. Lewis; F. J. Gordon and F. P. Young. Past—J. G. Slade and A. R. Wade; E. S. Lee and R. Jamison; H. S. T. Dixon and F. A. Roper.

CUP TIE.

ST. BART.'S vs GUY'S.

Played at Chiswick Park, on Thursday, June 20th. The singles were played in the morning, and the result went all in favour of Guy's; Crawford, Oulton, and Gordon alone winning sets. In the doubles we were also outclassed, and so easily lost the tie. P. Black and R. T. Crawford ran the first pair to 5-7, 4-6, and E. V. Oulton and L. F. G. Lewis had a very close game with the second pair. Team: P. Black and R. T. Crawford; E. V. Oulton and L. F. G. Lewis; F. J. Gordon and F. P. Young.

The proceedings opened with the 100 Yards Level, which was won by A. Abrahams; F. J. Gordon being a close second. Time: 11 secs.

Putting the Weight Handicap was won by R. C. P. Berryman; N. F. Norman being second.

220 Yards (Freshers).—1st. W. P. Wippell; 2nd. R. T. Vivian. 440 Yards Level.—This proved to be a very good race, and the finish would have been exciting had not Abrahams stumbled and fallen. F. J. Gordon came in first; A. Abrahams second. Time: 55 1/2 secs.

120 Yards Hurdles Handicap.—In this race L. F. K. Way had no possible chance owing to the enormous handicap he had to give. The event was run in two heats. In the final K. Bremer (rec. 5 yds.) was first; and C. Bilderbeck (rec. 3 yds.) was second.

120 Yards Handicap was won by R. T. Vivian (rec. 12 yds.); R. Waddington (rec. 13 yds.) being a good second.

This was followed by Throwing the Hammer Handicap, which was won by H. Rimington (rec. 45 ft.); F. P. Young (rec. 20 ft.) being second.

Half-mile Handicap.—This proved to be a very good race, ending in a close finish, and was won by G. A. Hooton; being closely followed by A. R. Snowdon, who obtained second place.

Long Jump Handicap was won by W. P. Wippell (rec. 1 ft.); F. J. Gordon (rec. 6 in.) being second.

Junior Staff Race.—One of the best events of the afternoon, ending in a win for K. Jamison; Glenny being second.

High Jump Handicap was won by F. J. Gordon (rec. 1 in.); A. Ferguson second.

One Mile.—This was marred by an accident to A. R. Snowdon, who was quite unable to finish, and was won by G. A. Hooton (rec. 55 yds.); A. L. Candler, who started from scratch, being second, and receiving the Challenge Cup kindly presented by Mrs. Morley Fletcher, the rule being that those wishing to compete for the Cup must start from scratch.

Relay Race.—This was again a very popular event, and was for the third time won by the Soccer Team.

Tug-of-War ended in a win for the Old Students. The prizes were distributed in front of the Pavilion by Mrs. Norman Moore, to whom the Club owes its very best thanks. After the distribution of prizes the Secretary proposed a hearty vote of thanks to Mrs. Norman Moore, which was enthusiastically received. Dr. Norman Moore, the President of the Club this year, was also thanked for his generosity to the Club, and he suitably responded.

In conclusion, we must thank all members of the Staff and other old St. Bartholomew's men (and especially Mr. B. C. Green, who takes a very active interest every year in our Sports), who were kind enough to officiate during the afternoon.

SWIMMING CLUB.

Seeing that most of the members of last year's polo team are still with us, we had hopes at the beginning of the season of getting on pretty well in our matches. These hopes have not been realised, at any rate up to the present. The causes of failure are not far to seek. There is a lamentable lack of keenness among the men. With one or two exceptions they are hardly in the water from one match to another, and hence show no improvement in form or fitness on last year's modest standard. Moreover, there are one or two good players who, though still in their year, cannot be induced to give us their support. Finally, we have had the misfortune to be without the services of Dixon, our captain, in half our games owing to indisposition.

We appeal to all men who can swim to turn up to practices, as notified on the board in the School, and learn the game; and we would remind them of the old days when twenty men or more would appear almost daily to practice, and every member of the team was a county player or was included in the United Hospitals' side.

ST. BART.'S vs HONOURABLE ARTILLERY COMPANY.

Played at St. George's Baths on May 1st. We were without Trappell at half, but played Stone instead. Renshaw at back had not played before, but did his best. The H.A.C. won easily, Stone scoring our only goal. Result: lost by 6-1. Team:

A. Ferguson, S. Dixon, J. R. B. Dobson (forwards); D. M. Stone (half); K. L. E. Downer, J. A. Renshaw (backs); H. V. Capon (goal).

Reviews.

PRACTICAL ANÆSTHETICS. By H. EDMUND G. BOYLE, M.R.C.S., L.R.C.P., Assistant Anaesthetist to St. Bartholomew's Hospital. (London: Henry Frowde and Hodder and Stoughton.) 1907. Pp. 178. Price 5s. net.

This book is one of the series of Oxford Medical Manuals. Mr. Boyle has endeavoured to treat his subject from the practical point of view, and he has succeeded in a very clear and concise manner. As a rule it is better for the student to avoid the larger books on anaesthetics until he has studied the subject practically, but this book is pre-eminently one that he should buy and read carefully. It will be found to be particularly useful to the junior qualified man, and it will give a house surgeon much good advice about the management and treatment of a patient before and after an anaesthetic. It will also serve to guide him in many matters which, in particular cases, he may not have appreciated until the patient is on the table. How very often is the rule as to absolute quiet and the avoidance of any kind of sensory stimulus during the induction of anaesthesia neglected!

An excellent account of the "Bart's method" of inducing and maintaining chloroform anaesthesia is given for the first time in any book. The great advantages of the method, and its simplicity, combined with its relatively small risks, make it the best one up to the present for most purposes. The account of the "small bag method" of administering nitrous oxide and ether in sequence is also extremely good. This method finds increasing favour, and is not described in other books, although it is the simplest plan to adopt in the great majority of cases.

The screening which has been used in reproducing the photographs seems to be somewhat too coarse and sharp, and this necessitates holding the pictures farther from the eye than is usual in order to obtain the best effect. This, however, is a matter of opinion. The whole book is remarkably free from printer's errors, the only one we noticed being at page 143, line 12. The book is a very good one, and is evidently the outcome of much experience. The statements throughout are just sufficiently dogmatic to be of value without being misleading.

THE SENSE OF TOUCH IN ANIMALS AND BIRDS. By WALTER KIDD, M.D., F.Z.S. Illustrated. (London: Adam and Charles Black.) Price 5s. net.

Dr. Kidd has collected in this volume a mass of data which he describes as "a small introduction or anatomical basis for the consideration of the sense of touch." The tactile surfaces of the manus and pes in no less than eighty-six species of mammals have been carefully studied and recorded by photography, by drawings, and by prints made directly from the skin surface. Nearly eight hundred sections, many of which are reproduced, have been cut to show the microscopical structure of the dermis and epidermis in these mammals, and also in the feet of eleven birds. The author has described a pretty complete series of those mammals which use their limbs as tactile organs, such groups as the Cetacea and more specialised Ungulates being, of course, quite foreign to the scheme here detailed.

The steps are traced by which smooth epidermis, such as that of the Ard Vark, undergoes modifications of increasing complexity, to culminate in the papillary ridges of the Primates. Two views are discussed as to the function of these ridges, though, as stated above, the book is concerned almost entirely with purely anatomical investigation. The older theory considers them to be irregularities, merely designed to increase friction between the skin and surrounding objects. The second, to which the author subscribes, holds them to be, also, and chiefly, tactile in purpose. It is further shown that they are grouped into arches, loops, and whorls, and that some ridges are "fimbriated" arrangements which can hardly satisfy a friction theory alone. All bear tactile corpuscles, which are absent in the intervening valleys.

We note several misprints, e.g. *Eardigradus* for *Tardigradus* on p. 167, but otherwise the book is beautifully got up. A somewhat curious effect is produced by the intervention of 64 pages of art paper, bearing the illustrations to the microscopical portion, amid the rough paper which constitutes the bulk of the volume.

THE MICROSCOPE, AND HOW TO USE IT. By T. CHARTERS WHITE, M.R.C.S., L.D.S., F.R.M.S., and MAURICE ANSLER, M.B., B.S. Lond. Third edition. (London: Robert Sutton.) Price 3s. net.

This work is described as a handbook for beginners. Commencing with a description of the microscope itself, it leads the student by

easy stages to investigate various common objects—Insects, living and dead, providing much instructive material. The processes of section cutting, staining and mounting, of grinding sections of bones and other hard objects, and mounting opaque objects are fully described. The chapters on the collection of living animals will be found of the greatest use, that on the marine aquarium as a field for microscopical research being a new feature of this edition.

Valuable information is given on the subject of recording by pencil and camera the enlarged images which the microscope reveals. Of special interest, not merely to his old associates at St. Bartholomew's, will be found Dr. Anslers's chapter on staining bacteria. "Germs" loom so largely in the public eye that even the non-medical worker, for whom the book is primarily written, wishes to investigate for himself these much-talked-of organisms. He is here told how to obtain, cultivate, and mount for the microscope a variety of species, ten of which are figured.

We cannot help being amused at the quaint English of some of the earlier chapters (notably the opening sentence of "Odds and Ends," p. 133), but the author's meaning is not thereby seriously obscured.

We can recommend the book as a handy and reliable guide to the elements of a most fascinating subject, while more advanced students will find, here and there, details of technique which will well repay the perusal of its pages.

A SYNOPSIS OF THE BRITISH PHARMACOPEIA (1898). By II. WIDDELL GADD, F.R.C.S. Sixth edition. (London: Daillière, Tindall and Cox.) Price 1s.

This little book has now attained the dignity of a sixth edition, appearing as such in a slightly amplified form. To the substance of the fifth edition has been added a synopsis of the Poison Laws of Great Britain and Ireland. The title explains the scope of the work, and the whole forms a most useful reference, which can, if necessary, be carried in the waistcoat pocket.

MEDICAL LECTURES AND CLINICAL APHORISMS. By SAMUEL GEE, M.D., F.R.C.P. (London: Henry Frowde, and Hodder and Stoughton.) 2nd Edition. Price 5s. net. (Oxford Medical Publications.)

A second edition of this admirable work has been looked forward to for some time past by the medical profession. There is little need for us to do more than express our pleasure at its appearance. *Auscultation and Percussion*, first published in 1870, and *Medical Lectures and Clinical Aphorisms*, published twenty years later, are the only two books which Dr. Gee has written, and each has secured a place among the medical classics. We congratulate the publishers of the Oxford Medical Manuals on their wisdom in including in their series these two works from the pen of a great clinical teacher. They appeal to a far larger public than the wide circle of St. Bartholomew's men.

These clinical studies and apophthegms, written in the terse and scholarly language so characteristic of Dr. Gee, and filled with the mature reflections of an acute observer, both of men and of their diseases, were greeted on their first appearance by the unanimous approval of the medical press, and they met nowhere with a warmer welcome than in the columns of this JOURNAL. We feel, therefore, that no further recommendation on our part is called for.

The second edition appears none too soon, and we are glad to find that it is well printed, of convenient shape and size, and moderate in price. We anticipate an even larger demand for it than there was for the first edition.

CLIMATOTHERAPY AND BALNEOTHERAPY: THE CLIMATES AND MINERAL WATER HEALTH RESORTS OF EUROPE AND NORTH AFRICA. By SIR HERMANN WEBER, M.D., F.R.C.P., and F. PARKES WEBER, M.D., F.R.C.P. Pp. 633. 15s. net. (Smith, Elder and Co.)

This book may be described as a Medical Geography of Europe and Northern Africa, with additional chapters concerning the general principles and science of climatology and hydrotherapy. It practically represents a new edition of two books by Sir Hermann Weber, namely, *Spas and Mineral Waters of Europe and Climatotherapy*, combined with other more recent contributions of Dr. Parkes Weber to the literature of the subject; and as it is an extensive compilation of all that is known and has been written on these matters, it may be regarded as a standard work. From its very nature, it is of necessity a large and imposing volume; but almost two thirds of the space is occupied with the detailed description of health resorts and spas, and

with an excellent bibliography and index, which together occupy nearly 100 pages. The actual reading matter, therefore, concerning the general principles of climates, baths, and waters is reduced to 260 pages. The first part of the book includes an interesting chapter on ocean climates and sea voyages; the second part deals with balneotherapy and mineral water health resorts, and contains chapters on hydrotherapy in chronic diseases, and on localities for the after-care of spa treatment; while the third part sets forth the indications for treatment, and the use and selection of climates, mineral water, health resorts in chronic diseases and morbid condition.

A COURSE OF LECTURES ON MEDICINE TO NURSES. By HERBERT E. CUFF, M.D., F.R.C.S. 5th Edition. Pp. 269, illustrated with Diagrams and Charts. (London: J. & A. Churchill.) Price 3s. 6d. net.

Dr. Cuff is an authority on all points connected with nursing, and he has the gift of lucid exposition. This short and simple treatise on medicine for nurses should prove of value, not only to those for whom it is written, but also to medical students. An increasing number of nurses nowadays take an intelligent interest in the diseases from which their patients are suffering, and wish for a short accurate explanation, both of the symptoms which they observe, and of the objects of the treatment in which they are assisting. The purpose of these lectures is not so much to teach nursing as to supply in simple language an outline of the processes of disease, of the meaning of symptoms, and of the therapeutic principles which underlie the doctor's treatment and directions. Nevertheless, they contain many valuable practical hints on nursing itself. The short chapters on the use of stimulants in acute illness, on the feeding and forced feeding of infants, on the after-treatment of tracheotomy cases, and on massage will be of use to students. There is much more information in this book than any nurse need carry in her head; but she will find it a correct and interesting work of reference.

THE INFLUENCE OF COD LIVER OIL UPON TUBERCULOSIS. By J. M. WELLS, M.D., D.P.H., F.C.S. Pp. 83, with a Chart. (Manchester: The University Press. London: Sherratt and Hughes.) Price 2s. 6d. net.

In this little book the author details a series of experiments upon pigs. He finds, firstly, that the addition of cod liver oil, or, better still, cod liver oil emulsion, to the food of growing pigs increases the rate of gain of body weight; secondly, that artificial tuberculous lesions progress less rapidly, and even show signs of healing, in pigs so fed.

Royal Naval Medical Service.

The following appointments have been made since May 22nd, 1907:

Staff Surgeon H. Spicer and Surgeon H. Kellond-Knight to the "London" on re-commissioning, to date June 11th.

Surgeon I. O'Hea to Royal Marine Artillery Barracks, Eastney, to date June 3rd.

Royal Army Medical Corps.

An examination of candidates for not fewer than thirty commissions in the Royal Army Medical Corps will be held on July 25th and following days. Applications to compete should be made to the Secretary, War Office, not later than July 15th, 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, 1890, 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 July 23rd.

Bart's men serving at home are distributed as under:
London.—Lt.-Col. T. H. F. Clarkson (Tower), Major H. S. Thurston (Millbank), Capt. E. P. Sewell, Capt. J. B. Cantley (R.A.M. College).
Netley.—Major N. Marder, Capt. F. G. Richards.

Aldershot.—Major St.-J. B. Killery, Capt. C. W. Mainprize.

Deonport.—Capt. R. F. Ellery.

Woolwich.—Major J. H. Rivers.

Shorncliffe.—Major E. M. Hassard.

Chichester.—Lieut. A. S. Williams.

Portsmouth.—Lt.-Col. W. S. Bedford, C.M.G.

Portland.—Capt. A. L. Scott.

Colchester.—Capt. H. K. Palmer, Lieut. E. B. Lathbury.

Chester.—Major A. Pearce, Capt. M. Swabey.

Liverpool.—Capt. M. H. G. Fell.

Lark Hill Camp.—Lieut. E. W. M. Paine.

Edinburgh.—Col. T. McCorker, Capt. R. H. Lloyd.

Dublin.—Lt.-Col. W. J. Baker.

Londonderry.—Lt.-Col. H. W. Austin.

On probation: Lieuts. J. H. Gurley and R. D. O'Connor.

Home on leave.—Lieut. H. C. Sidgwick, from Jamaica; Lieut. P. A. Lloyd Jones, from Malta.

Indian Medical Service.

A competitive examination for not less than eleven appointments to His Majesty's Indian Medical Service will be held at the Examination Hall, Victoria Embankment, London, on the 23rd July, 1907, and four following days.

Copies of Regulations for the Examination, together with information regarding the pay, retired pay, etc., of Indian Medical Officers, can be obtained on application to the Military Secretary, India Office, London, S.W. Application for admission to the examination, with the necessary certificates, must be sent so as to reach him on or before the 9th July, 1907.

Examinations.

UNIVERSITY OF CAMBRIDGE.

M.D. Degree.—B. Hudson, S. L. O. Young, T. G. M. Hine, G. W. Micklethwaite.

Third M.B., Part I (Pharmacology and General Pathology).—S. L. Harke, C. Tylor.

UNIVERSITY OF LONDON.

M.B., B.S. Examination.

Honours.—G. T. Burke (distinguished in Forensic Medicine and Hygiene), B. W. Cherratt (distinguished in Midwifery and Diseases of Women).

Pass.—C. J. Armstrong Dash, A. Barber, T. Bates, A. B. Fearnley, J. Ferguson, E. T. Glenny, H. B. Hill, J. M. Plews, N. H. Walker, R. J. Waugh, A. W. G. Woodford.

The following have passed in one of the two Groups of subjects:
Group I.—K. L. E. Downer.
Group II.—D. W. Hume, G. W. Lloyd, J. C. Mead, J. Paulley, K. S. Townsend.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

Membership.—D. O' C. Fhigan.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The following have passed the Final Examination for the Fellowship of the Royal College of Surgeons.—S. E. Denyer, C.M.G., R. H. Paramore, T. A. Hepworth, W. C. Cripps, F. A. G. Jeans, W. G. Dall, I. G. Dack, J. C. Mead, W. I. Cumberidge, P. L. Guiseppi, R. B. Etherington-Smith.

We regret that the name of G. Graham was inadvertently omitted from the list published last month of those who have passed all the examinations for the diplomas L.R.C.P., M.R.C.S.

Appointments.

ARMSTRONG-DASH, E. J., M.B., B.S.(Lond.), appointed Assistant House Physician at the Westminster Hospital.

BELDEN, F., M.A., M.B., B.C.(Cantab.), F.R.C.S.(Eng.), L.R.C.P.(Lond.), appointed Surgeon to the Royal Victoria Hospital, Bournemouth.

DIXON, C. F. L., M.D.Durh., M.R.C.S.Eng., appointed District Medical Officer and Public Vaccinator for Acton District, and Medical Officer for the Metropolitan Water Board for Hammersmith.

GUISEPPI, P. L., M.B., B.S.Lond., F.R.C.S., appointed House Surgeon to the Royal Free Hospital, Gray's Inn Road.

HILL, W. DE M., M.R.C.S., L.R.C.P., appointed House Surgeon at the Seamen's Hospital, Greenwich.

FAULDER, T. Jefferson, M.A., M.B., B.C.Cantab., F.R.C.S.Eng., appointed Honorary Assistant Surgeon to the Throat Hospital, Golden Square, W.

SLADE, H. J., M.B., B.S., D.P.H.(Durham), appointed Director of the Pathological Laboratory at the Royal Infirmary, Newcastle.

SMITH, F. A., M.D.(Lond.), D.P.H.(Camb.), Capt. I.M.S., appointed Agency Surgeon in Bhopal.

New Addresses.

AMBLER, F. B., Bina, Central Provinces, India.

AUDREY, G. E., Alexandria Buildings, Hong Kong, China.

BATHURST, L. W., 15, Inverness Terrace, W. Telephone: 2171 Padd.

BRIGSTOCKE, P. W., Beyrout, Syria.

DIXON, C., 51, Woodhurst Road, Acton, W. Telephone: 687 Chiswick.

ETHERINGTON-SMITH, R. B., 77, New Cavendish Street, W. Telephone: 4085 Mayfair.

HENSLEY, P. J., The Ark, Farnham, Surrey.

HUDSON, B., 77, New Cavendish Street, W. Telephone: 4085 Mayfair.

LINDSAY, A. W. C., 04, Merton Hall Road, Wimbledon, S.W.

MICKLETHWAITE, GEORGE W., Crewe Cottage, Crewe.

SMITH, F. A., Capt. I.M.S., Sehore, Central India.

THOMPSON, A., Stapleton House, Newbury. Telephone: 68Y Newbury.

WARD, V. G., Imber Cottage, West Dyffect, Surrey.

Births.

LLOYD.—On the 4th June, at Mackay, Queensland, the wife of George Tyndale Lloyd, M.B., J.P., of a son.

NUNN.—On May 14th, at Brackendene, Upper Tooting, the wife of J. H. Francis Nunn, M.R.C.S., L.R.C.P., of a daughter.

RUSSELL.—On the 22nd May, 1907, at 6, St. Stephen's Road, Upton Park, Essex, Ethel (*née* Steriker), wife of George Herbert Russell, M.R.C.S., L.R.C.P., of twin daughters, prematurely, one of which did not survive her birth.

SIKES.—On the 28th May, at 8, Manor House, Marylebone Road, Mary Maitland (*née* Somerville), wife of Alfred W. Sikes, M.D., D.Sc., F.R.C.S., 57, Wimpole Street, of a son.

VAUGHAN.—On the 18th June, at Millfield House, Diss, the wife of A. Ll. Vaughan, M.R.C.S., of a son (stillborn).

Marriages.

DICKINS—TAUNTON.—On June 26th, at St. Nicholas Church, Worcester, by the Rev. G. F. Williams, M.A., assisted by the Rev. S. J. F. Kent, M.A., Vicar of Martinstown, cousin of the bridegroom, Sidney John Oldacres Dickins, M.D., M.R.C.S., L.R.C.P., of Cowfold, Sussex, to Cicely Margaret, eldest daughter of William Whitechurch Taunton, M.R.C.P., B.Sc., of Graefenberg, Barbourne Road, Worcester.

WHITE—MAUNSELL.—On June 11th, at Holy Trinity Church, Bournemouth, by the Rev. R. Maunsell-Eyre, assisted by the Rev. Canon Eliot, R.D., and the Rev. A. E. Daldy, Edward How White, M.A., M.B.Oxon, son of J. Gregory White, M.D., of Bournemouth, and Aspley Guise, Beds, to Grace Millicent, daughter of Major and Mrs. Maunsell, of Amberd, Bournemouth, and Glenwood, County Clare, Ireland.

Deaths.

COOKE.—On the 1st June, at Badbrook House, Stroud, Glos., Alfred Square Cooke, M.R.C.S.Eng., L.S.A.Lond., aged 64 years.

SKEATE.—On the 7th April, at the Paragon, Bath, Edwin Skeate, M.R.C.S., aged 95 years.

Acknowledgments.

British Journal of Nursing, The Broadway, Durham College of Medicine Gazette, Echo Médical du Nord, Giornale della Reale Società Italiana d'Igiene, Guy's Hospital Gazette, The Hospital, International Journal of Surgery, Journal of Laryngology, Rhinology, and Otolaryngology, Livingstone College Year-book, London Hospital Gazette, Medical Review, Middlesex Hospital Journal, Nursing Times, The Practitioner, The Polyclinic, St. George's Hospital Gazette, St. Mary's Hospital Gazette, St. Thomas's Hospital Gazette, The Stethoscope, The Student, Union Magazine, New York State Journal of Medicine, The Health Resort.

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 2s. 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.

AUGUST, 1907.

No. 166, Vol. XIV.

St. Bartholomew's Hospital Journal



In Commemoration of The Opening of The New Out-Patient Block

By H.R.H. THE PRINCE OF WALES, K.G.

Special Illustrated Number.

St. Bartholomew's Hospital



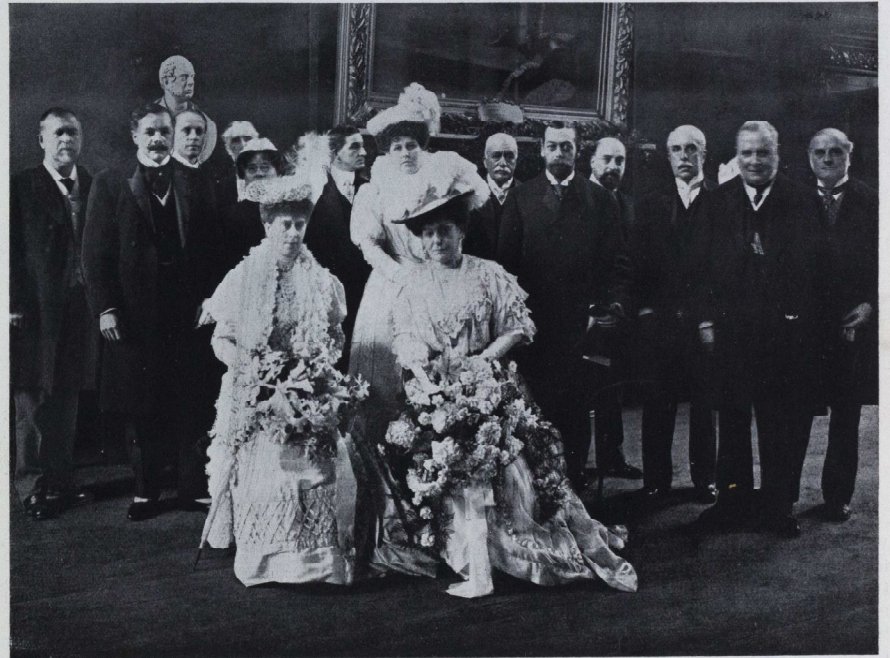
JOURNAL.

Vol. XIV.—No. 11.]

AUGUST, 1907.

[PRICE ONE SHILLING.]

The Opening Ceremony on July 23rd.



THE GROUP TAKEN IN THE GREAT HALL.

Editorial.

A RETROSPECT, A COMPARISON, AND AN APPRECIATION

THOSE who were present at the Laying of the Foundation Stone of the New Block by His Majesty three years ago, and at the opening of these Buildings by His Royal Highness the Prince of

Wales on July 23rd last, must feel that there are many interesting points of similarity and of contrast between the two ceremonies. We ourselves have so vivid a recollection of the former occasion, that we find it hard to grasp the fact that three whole years, crammed full of change and progress, have really passed. Although we have seen in that time the foundations dug out, and the walls built up stone by stone to their full height, yet the impression remains that, like Aladdin's Palace, the New Block has arisen in the course of a single night.



Photograph by)

THE RIGHT HON. LORD LUDLOW.

[Lafayette, London.

greatest charitable institution in the City over which he presides. Then, as now, a Royal Lady was installed, according to ancient custom, as a Governor of the Royal Hospital of St. Bartholomew. Then, too, the Honourable Artillery Company provided a picturesque guard of honour for the Royal party within the precincts of the Hospital.

But on July 6th, 1904, to signalise the beginning of an important national undertaking, uniforms, Court dress, and academic robes were worn; while on July 23rd, 1907, less brilliant though no less appropriate costume was adopted.

in keeping with the hard practical work for which these buildings are now ready. Further individual differences, not without significance, were also to be noticed between the two ceremonies. Our Patron, the King, paid us the great honour of laying the Foundation Stone, as much perhaps to vindicate our Hospital and its Rebuilding scheme before the eyes of its detractors, as to show his continued interest in its general welfare. The tongue of

which with its large estates and enormous expenditure needs a capable business head to direct its present policy and a far-seeing eye for future needs. To Mr. Thomas Hayes, the new Clerk, the great success which has attended the opening ceremony is no doubt an ample reward for the enormous labour which it has cost him, for the responsibility of such a function is no light burden when every detail must be—perfection. Mr. Hayes is, indeed, a



Photograph by)

THE RIGHT HON. LADY LUDLOW.

[Lafayette, London.

envious and ill-considered criticism has now once for all been silenced; and our President, the Prince of Wales, as becomes the ruler of a great Hospital, has paid us an official visit of inspection and has opened the New Block.

Finally, we are reminded of two important changes which have occurred in the administration of St. Bartholomew's since Royalty last visited us. Lord Ludlow became Treasurer at a critical period in the history of the Hospital. By his enthusiasm and financial ability he has already done excellent service in the cause of this founda-

great acquisition to St. Bartholomew's. In a short space of time he has earned the respect and affection of all connected with the Hospital. It would be ungracious of us if we failed to place on record our appreciation of his many acts of kindness towards the Students' Union in general, and towards the Editorial Staff of this JOURNAL in particular.

Although it is the organ of the Students' Union, the JOURNAL has, of course, no official position in the Hospital. Nevertheless, the Treasurer and the Clerk invariably provide

us with every possible facility for obtaining accurate information of all that goes on in the official life of the Hospital. But for their kindly co-operation during the past few weeks, this Special Number of the JOURNAL would be wanting in many of those features upon which we base our claim to the appreciation of our readers.

time for the Royal visit, and yet here it was all but completed, with workmen putting the last touches that should make it to-morrow's finished palace. Out in the Square toiled a little army, tracing in canvas and carpets the line of the Prince's route, and decorating each royal inch with a wealth of blossom.



THE TREASURER'S ADDRESS.

The Opening of the New Block.

TUESDAY, July 23rd, 1907, will be long remembered by all those who were so fortunate as to take part in the opening of the New Out-patient Block at St. Bartholomew's. To the present writer, returning to the Hospital the day before after a fortnight's absence, the scene had changed completely. It was then obviously impossible that the great Waiting Hall could be ready in

The main interest centred round the Waiting Hall in the New Block, where the ceremony of opening the building was to take place. Tickets were not too plentiful, and with less than a thousand seats provided, many members of the Hospital even had to be content with seeing their Royal Highnesses in the Square.

Amongst those who accepted invitations to be present at the ceremony were—

His Excellency the Italian Ambassador and Donna Luida di Gallidoro.

The President of the Royal College of Physicians (Sir Douglas Powell).

The Secretary of the General Post Office (H. Babington Smith, Esq., C.S.I.).

Lady Sinclair of Dunbeath.

The Ladies Meredith and Euphemia Sinclair.

The Chief Charity Commissioner (Chas. Archer Cook, Esq.).

Capt. J. W. Nott Bower.
W. Collingridge, Esq., M.D.
Lord Blyth.

Sir Henry Burdett, K.C.B.
Sir Benjamin L. Cohen, Bart.
Chas. A. Cripps, Esq., K.C.
John Coles, Esq.
Major E. F. Coates, M.P.



A SITTING-ROOM IN THE NEW RESIDENT MEDICAL OFFICERS' QUARTERS.

Capt. J. de Courcy Hamilton, R.N.

The Vice-Chancellor of the University of London (Sir J. W. Collins).

Sir Edmund Hay Currie.

Kt. Hon. Sir J. C. Dimsdale, Bart.

Sir Joseph Savory, Bart.,

Sir James T. Ritchie, Bart.,

Sir Walter Vaughan Morgan, Bart.,

Sir J. Vezey Strong,

The Sheriffs of the City of London.

The City Remembrancer (Mr. Adrian Pollock).

} Aldermen.

W. W. Grantham, Esq.

Ebenezer Homan, Esq.

Sir Thomas Jackson, Bart.

Sir Edward Letchworth.

Samuel Hope Morley, Esq.

Sir Wm. S. Church, Bart., K.C.B.,

Dr. Hensley,

Sir Lauder Brunton, F.R.S.,

Dr. Samuel Gee,

Sir Dyce Duckworth.

Sir Thomas Smith, Bart., K.C.V.O., Consulting Surgeon.

} Consulting
Physicians.

Mr. Alfred Willett,
Mr. Rutlin,
Professor Howard Marsh,
Mr. John Langton,
The Masters of the following Livery Companies:
The Cutlers' Company.
The Skinners' Company

Consulting
Surgeons.

The Turners' Company.
The Bricklayers' Company.
The Weavers' Company.
The Wheelwrights' Company.

Between 2 and 3 p.m. all those who were lucky enough to get seats entered the Hall, whose stark asepticism had been relieved by the crimson-covered platform with its



THE ABERNETHIAN ROOM IN THE NEW BUILDINGS.

The Stationers' Company.
The Leather Sellers' Company.
The Barbers' Company.
The Basket Makers' Company.
The Butchers' Company.
The Dyers' Company.
The Gold and Silver Wire Drawers' Company.
The Gunmakers' Company.
The Horners' Company.
The Musicians' Company.
The Paviers' Company.
The Scriveners' Company.

forest of palms and flowers, and the bunting which dressed the walls. Meantime, the string band of the 1st Life Guards enlivened the tedium of waiting.

At 3.15 the Lord Mayor, Sir William Treloar, Bart., accompanied by the Sheriffs, entered the Hall in state. At 3.30 the Prince and Princess of Wales drove into the Square, where a guard of honour of the Honourable Artillery Company, under the command of Capt. H. T. Hanson, was mounted. Alighting at the entrance to the Hogarth Staircase, Their Royal Highnesses went up to the Great Hall, where they were received by the Rt. Hon. Lord Ludlow, Treasurer, and the Rt. Hon. Lady Ludlow; Mr. George

Acton Davis, Mr. George Baker, Mr. Patrick L. Blyth, Mr. Henry L. Florence, Mr. E. Mulready Stone, Almoners; Dr. Norman Moore, Senior Physician; Mr. W. Harrison Cripps, Senior Surgeon; Miss Stewart, Matron and Superintendent of Nursing; and Mr. Thomas Hayes, Clerk; who were presented to Their Royal Highnesses by the Treasurer.

Lady Ludlow then presented to the Princess a beautiful

Passing out of the Great Hall by the west door into Mr. Hayes' house, they descended the staircase into the Square, and approached the new block by the entrance recently cut under the medical theatre. Arriving in the new Waiting Hall they were met by the Lord Mayor, and after they had taken their places on the platform the Ven. Archdeacon of London (Archdeacon Sinclair) offered prayers.



THE LUNCHEON HALL IN THE BASEMENT OF THE NEW BUILDINGS.

bouquet of orchids on behalf of the Governors. The Treasurer having obtained permission from His Royal Highness, a photograph was taken of the whole party in the Great Hall. A procession was then formed of

The Head Porter.

The Clerk. The Matron.
The Senior Physician. The Senior Surgeon.

The Almoners.

The Treasurer and Lady Ludlow.

Their Royal Highnesses the Prince and Princess of Wales.
Equerry in Waiting. Lady in Waiting.

The Treasurer now stepped forward and read his address, to which His Royal Highness made reply.

The Architect, Mr. E. B. Ineson, M.A., F.R.I.B.A., was then presented to Their Royal Highnesses.

After this the Treasurer inquired of Her Royal Highness whether it was Her pleasure to receive Her Charge as a Governor of the Hospital, the Princess having been elected a Governor at a General Court held on Thursday, June 27th, 1907. Her Royal Highness having graciously assented, the Clerk, in accordance with ancient custom, read the Governor's Charge.

A Copy of the Charge and a Governor's Staff was now handed to the Princess of Wales, who received them and handed them back to Lord Ludlow. The Staff was, at Her Royal Highness's request, of full size, unlike that given to Her Majesty the Queen in 1904, which was in miniature.

This terminated the ceremony, and the Royal Party was now conducted by Lord Ludlow over the building. The new Dispensary, still in the workmen's hands, had been fitted up during the preceding night to represent, in outline, to the Prince what will actually be seen when it is finished. Their Royal Highnesses were greatly interested in all that they saw, especially in the alarm bell, which rings continu-



A SNAPSHOT TAKEN IN MARK WARD.

ously while the poison cupboard is open, and in the tabloid machine, with which the Princess made some tabloids. On the following night everything, to the last red label, vanished, to take its former place before the temporary dispensary opened its doors on Wednesday morning.

The next event was a visit to the South Block, where Dr. Moore and Mr. Cripps had the honour of showing Mark and President Wards to Their Royal Highnesses. The photo. of Mark which we reproduce shows the kindly informal manner in which the visit was made.

We believe that our Royal Visitors were enjoying this part of the proceedings, for they expressed a wish to see Martha, which was not on the programme, and, after inspecting this ward, they entered the West Block, and were shown round Hope.

Not till about 5.30 did the party return to the Clerk's house, where they partook of tea.

Before driving off amid the cheers of the large concourse assembled in the Square, the Prince inspected the guard of honour, and brought the visit to a close. The Governor's Staff, lately presented to the Princess, was to be seen in the second carriage, containing the Lady and Equerry-in-Waiting.

Tea was to have been served in the Square for visitors, but the sky was so threatening early in the day that the Library was used instead. Fortunately the heavy rain of the 22nd was not repeated, and all went well.

Those who had charge of the day's programme must

have been heartily pleased by the very great success with which their work was so deservedly crowned.

The Special Prayer.

AFTER their Royal Highnesses had taken their places upon the platform, the Venerable the Archdeacon of London offered up the following Special Prayer:

LET US PRAY.

ALMIGHTY GOD, whose Son, our Saviour Jesus Christ, set us the example of going about healing all manner of sickness and all manner of disease among the people, and left

a charge to His Kingdom, saying, Heal the sick: freely ye have received, freely give: we humbly ask Thy blessing on that which we are adding this day to this ancient Foundation. Here from generation to generation may the suffering find rest, peace, and healing. Grant to all who in these wards shall carry on their long campaign against pain and illness the spirit of faith, hope, patience, sympathy, and zeal. Send upon those who lead, the gifts of insight and inspiration; and may all who learn, having a due sense of the greatness of their calling, pass out into the world to spread about them the blessings of knowledge. May all who here nurse the sick and dying find the reward of their self-denial. Here may the law of kindness rule, and faith and prayer never be wanting, to hold up the hands of all who shall take their part in this House of Mercy.

With these our supplications we would join our praises for Thy great mercies vouchsafed in the time that is past. We thank Thee for the centuries of honest and loving work which have given this Hospital so great and honourable a name. We bless Thee for all Thy servants who have devoted their lives and abilities to the alleviation of sickness and the relief of the poor. We glorify Thy goodness in the wonderful increase of knowledge and experience. Stir up, O Lord, the wills of Thy people to the finishing of this great work. Bless all those who have taken part in that which is this day crowned with completion, and grant them the reward promised to those who give even a cup of cold water to one of Thy children. We ask all in the Name of the Great Physician, Thy Son, Jesus Christ our Lord. AMEN.

Then followed THE LORD'S PRAYER.

The Treasurer's Address.

AT the conclusion of Prayers, the Treasurer of the Hospital, the Right Hon. Lord Ludlow, read the following address:—

TO HIS ROYAL HIGHNESS THE PRINCE OF WALES, K.G.

May it please your Royal Highness,

This Hospital, over which you so happily preside, has been engaged in its present work of treating the sick poor of London since the reign of King Henry I. and it received in the summer of 1324 an important confirmation of its property and privileges from King Edward II, the first of our Sovereigns who had been called Prince of Wales.

You have extended to St. Bartholomew's, as its President, the same support and kindly interest which it received from your Royal father, our beloved Sovereign, when he was Prince of Wales, and we rejoice that you have been able to come with Her Royal Highness the Princess of

Wales to open the present addition to its buildings, of which His Majesty laid the Foundation Stone on the 6th July, 1904.

This new building will add greatly to the efficiency of the Hospital, both as a place for the relief of present suffering, and for that enlargement of medical knowledge which leads to the prevention or the cure of disease in future times and all over the world.

The building provides full accommodation for the first reception of those who come for advice and treatment, for medical and surgical out-patients, and for the treatment of out-patients in the several special departments of diseases of women; of electrical diagnosis and treatment; of diseases of the skin, of the larynx and ear; of orthopaedic surgery; of diseases of children, and of dental diseases.

The arrangements for out-patients have been steadily improving in London since out-patient practice began in the reign of King William III, under the auspices of the College of Physicians, and the building which Your Royal Highness has come to open to-day provides that every out-patient at St. Bartholomew's shall have the advantage of the most perfect methods of observation and of treatment.

In an institution of which the aim has been the care of large numbers of poor patients, the accommodation of those resident members of the Junior Medical and Surgical Staff who are in daily and nightly attendance upon the patients has been long postponed in view of more urgent needs, but has in this building at last been satisfactorily provided.

We desire to express to Your Royal Highness and to Her Royal Highness the Princess of Wales the gratification which your presence here to-day gives to every person in this the most ancient charitable Foundation of the City of London—to the patients in whose care we are all employed—to the Governors and their officials—to the Medical and Surgical Staff, and to the Sisters and Nurses.

I ask Your Royal Highness to begin the useful work which is to be carried on in this building by declaring it open.

The Prince of Wales' Reply.



HIS ROYAL HIGHNESS THE PRINCE OF WALES, in reply, said: As President of this ancient and celebrated hospital I have much pleasure in taking part in the ceremony of opening this new building, the foundation-stone of which was laid three years ago by the King, and I am glad that the Princess of Wales is accompanying me on what is an important occasion in the history of this institution. It is interesting to note how, from the earliest days, the British Sovereigns or their families have been personally associated with St. Bartholomew's, and I am proud to think that the presidency, so

long held by my father, should have been continued in me after his accession to the Throne. We have good reason to congratulate ourselves upon the achievement which, thanks to the generous support of the public, we are able to inaugurate to-day, for the building will add greatly to the efficiency of the Hospital, and will afford the most perfect methods of observation and treatment for out-patients, and will, at the same time, provide suitable accommodation for those of the medical staff who, by day and night, are in attendance upon the patients. Better accommodation for the nurses still remains to be provided, and I wish all success to the fund for the erection of a Nurses' Home which has been started by Lady Ludlow, the wife of our Treasurer. (Hear, hear.) I trust that at no distant date this most important addition may be carried out. The Princess and I sincerely thank you and all those who work for the well-being of the patients of this ancient charitable foundation for the kindly sentiments to which your address gives expression. I now have much pleasure in declaring this building open.

The Governor's Charge.

AFTER the conclusion of the opening ceremony proper the Treasurer inquired of Her Royal Highness the Princess of Wales whether it was her pleasure to receive Her Charge as a Governor of the Hospital, Her Royal Highness having been elected a Governor at a General Court held on Thursday, the 27th June, 1907.

On Her Royal Highness assenting, the "Charge" was read by the Clerk of the Hospital, Mr. Thomas Hayes, in accordance with ancient custom, viz.:

"May it please your Royal Highness,

"Your Royal Highness having been elected and chosen a GOVERNOR OF ST. BARTHOLOMEW'S HOSPITAL, it is your duty and charge to acquit yourself in that office with all faithfulness and sincerity; endeavouring that the affairs and business of the said Hospital may be well ordered and managed; and promoting the weal and advantage of the poor wounded, sick, maimed, diseased persons harboured in the said Hospital.

"To this end your Royal Highness is now admitted a GOVERNOR OF ST. BARTHOLOMEW'S HOSPITAL."

A Copy of the Governor's Charge and a Governor's Staff, of full size, and identical in shape with the customary wands of office of the Governors of St. Bartholomew's Hospital was handed to Her Royal Highness by the Treasurer.

The Foundation Stone.

THE Foundation Stone was laid by His Majesty the King, on Wednesday, July 6th, 1904. It is made of polished red granite; it weighs nearly two tons; and measures 4 feet by 4 feet. The inscription was written by Dr. Norman Moore, now senior physician to the Hospital; it consists of inlaid letters wrought in lead, and painted over with gilt.

The Inscription runs as follows:

THIS FOUNDATION STONE
 OF THE
NEW BUILDINGS OF ST. BARTHOLOMEW'S HOSPITAL
 WAS LAID
JULY 6th, 1904,
 BY
EDWARD VII.
 KING OF GREAT BRITAIN AND IRELAND
 AND OF
 THE BRITISH DOMINIONS BEYOND THE SEAS,
 DEFENDER OF THE FAITH,
 EMPEROR OF INDIA,
 NEAR THE SITE GIVEN IN 1123
 BY
HENRY I.
 KING OF THE ENGLISH,
 AND EVER SINCE
 DEVOTED TO THE RELIEF OF PAIN AND THE CURE OF
 DISEASE AMONG THE POOR OF LONDON
 AND THROUGH THE INCREASE OF KNOWLEDGE IN THE
 MEDICAL ART
 HERE ATTAINED
 TO THE ALLEVIATION OF HUMAN SUFFERING
 THROUGHOUT THE WORLD.
 FEAR GOD. HONOUR THE KING.

The Foundation Stone now stands in full view of all who approach the new Surgery Waiting Hall by the entrance in Giltspur Street. The private road which passes beneath the main archway of the New Block terminates in a second small archway; and into the right-hand wall of the latter is built the Foundation Stone, immediately above a Drinking Fountain made of the same material.

Description of New Out-patient and Casualty Block.

THE New Buildings which were opened on Tuesday, July 23rd, 1907, by H.R.H. the Prince of Wales, President of the Hospital, are intended to supply that accommodation which St. Bartholomew's has urgently needed for so many years, namely, an Out-patient and Casualty Department, designed in accordance with the most modern ideas, and proportionate in size to the enormous out-patient practice of the Hospital.

The Foundation Stone was laid on July 6, 1904, by His Majesty the King, Patron of the Hospital, and for thirty-four years its President. He was accompanied on that occasion by Her Majesty the Queen, who was the first donor to the Rebuilding Fund, and the first Lady Governor of the Hospital.

The New Buildings have been erected, partly upon land lying within the old boundaries of St. Bartholomew's Hospital, and partly upon a portion of the land purchased from the Governors of Christ's Hospital. They occupy an area of 42,000 superficial feet, with a frontage of 163 feet, facing upon Giltspur Street, and having access to it by a large arched gateway for carriage and foot traffic.

The whole block has been constructed and equipped upon modern lines, special regard having been paid to ventilation, lighting, heating, sanitation, and economy of space. It is not only amply sufficient in size for present needs, but is capable of adapting itself to the future requirements of scientific medical progress. The total cost is estimated at £130,000.

The building, which is faced with stone to harmonise with the pre-existing Hospital and Medical School buildings, may be described as consisting of three main parts, which will be dealt with in order:

The *Front Part*, facing Giltspur Street, is six stories in height. It contains, on the upper floors, the quarters of the Resident Medical Staff, consisting of dining room, smoking room, and fifteen sets of rooms, together with nine rooms for midwifery clerks; on the ground floor two common rooms for students; and, in the basement, a large luncheon hall for students, excellently lighted and ventilated, a caterer's office, and sculleries and store rooms.

A separate kitchen for this part of the building, fitted with gas and steam-cooking apparatus, is on the top floor, and the Medical Officers' Dining Room and the Students' Luncheon Hall are served therefrom by electric lifts. This portion of the New Block adjoins the Medical School buildings, and is conveniently accessible from the Hospital Quadrangle. It is aerially disconnected from the Out-patients' Department by a cross-ventilated passage.

Special rooms in the north-west angle of the front part of the building have also been constructed for the reception

of accidents and other emergency cases. These, while communicating with the Waiting Hall and other portions of the Central Part, have also a separate entrance opening onto the private carriage road from Giltspur Street through the main archway, together with a corridor for the conveyance of such cases to the wards of the Hospital and to the surgery beds.

The *Central Part* of the building is for the reception and treatment of casualty cases and out-patients. On the ground floor is an extensive Waiting Hall, 140 feet in length, and forty-eight feet in width (more than twice the size of the old Surgery waiting hall), capable of accommodating about 850 patients, and lighted by a large arched skylight. Around this waiting hall are consulting rooms, twenty-one in number, and all but two top-lit, for the use of the house physicians, house surgeons, casualty officers, etc., two small operating rooms, and duty rooms for the nurses. It has separate entrances for males and females from the private roadway, and adjoining them are the staircase and lifts to the upper floors.

On the *first floor* of the central portion are the Medical and Surgical Out-patients' Departments, each complete and self-contained, just as are the eight Special Departments on the floors above. Thus each has a large clinical room and waiting hall, dressers' and clinical clerks' rooms, physicians' and surgeons' private rooms; while the Medical Department has a Clinical Laboratory and Dark Room, and the Surgical Department has a large Operating Theatre and Dressing and Sterilising Rooms.

On the *second floor* are the Ophthalmic, Throat, Aural, and Gynecological Departments, each independent and fully equipped, and each possessing a separate operating room.

On the *third floor* are the Dental, Skin, Electrical, and Orthopaedic Departments, each also containing from five to eight rooms, specially equipped for the purposes of diagnosis, treatment, and teaching.

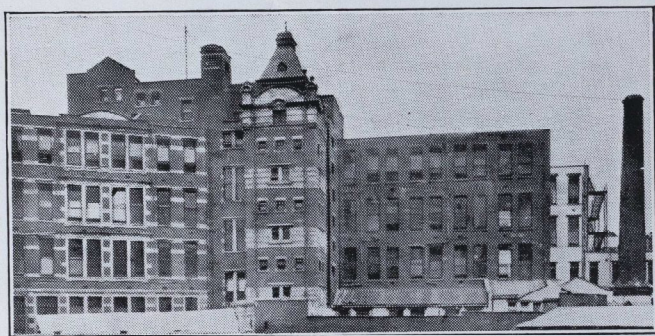
On the *top floor* is a Clinical Lecture Theatre, constructed and equipped exclusively for clinical lectures in medicine, surgery, and special subjects. This communicates with the rest of the building by lifts and staircases, and opens on to the roofs.

An ample number of electric lifts is provided to convey patients from the ground floor to the Medical and Surgical Out-patients' Departments and to the eight special departments. The new buildings contain eleven lifts in all, for passengers and goods.

The new block also contains, on the first floor, rooms for ten surgery beds for the reception of patients whom it is necessary to detain in the Hospital for a short period only, as well as quarters for Sister Surgery, and rooms for those nurses who are on duty in this department.

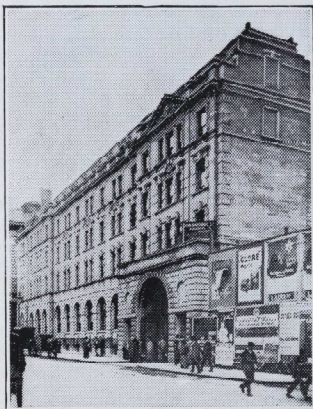
The *back part* of the building contains the Dispensary, Dispensary Laboratory, and Dispensary Waiting Hall,

which occupy the ground floor and part of the basement; the Chemical Laboratory on the first floor; and the Hospital Kitchen on the top floor. The Dispensary communicates with the new Surgery, with the new Out-patients' Entrance, and with the wards of the Hospital.



By permission of the Editor of the 'Daily Graphic.'

The new Kitchen is 75 feet long by 25 feet wide, is efficiently lighted and ventilated, and is fitted with the most modern and efficient cooking apparatus by gas and steam.



By permission of the Editor of the 'Daily Graphic.'

In connection with it are larders and store-rooms, etc. It has a separate entrance, staircase, and lift, and is cut off and disconnected from the other parts of the building.

Fire-resisting materials enter into the construction of the entire new block, including the roofs, and every floor is

accessible to outside iron staircases, which provide free exit in case of fire. The inside walls are, for the most part, lined with glazed tiles of light colours, and the floors are paved with terrazzo or other impervious materials to ensure cleanliness, and to promote economy in main-

tenance. With the same end in view the angles are all rounded.

Ventilation has been especially considered in the construction of the new buildings. The ground floor will be ventilated by a modification of the "Plenum" system, by which means the air in the waiting halls, etc., will be changed ten times an hour. This ingenious arrangement purifies the air as it enters the shafts, propels it in a gentle stream through the various rooms, and maintains it at an equable temperature at all seasons of the year.

The ventilating fans will be worked by electricity, and the vitiated air will, in this manner, be drawn through a number of small ducts into large vertical shafts opening above the roof.

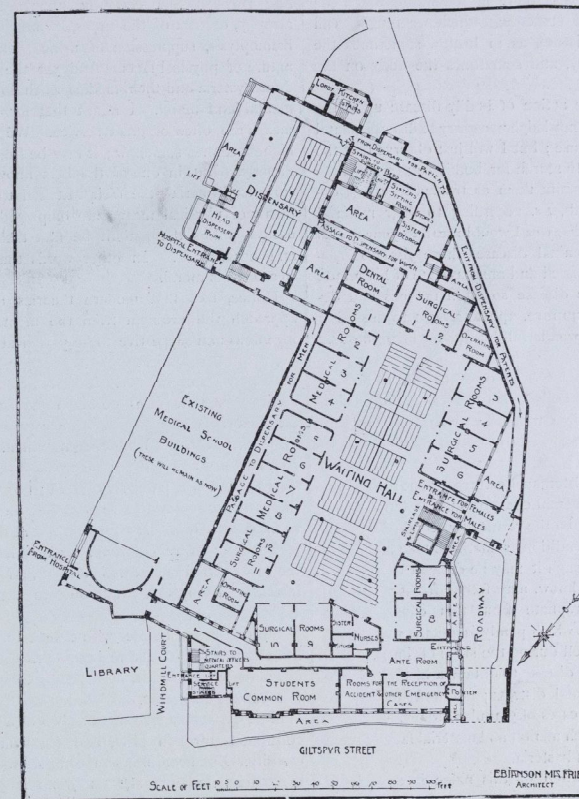
Lighting also has received careful attention. The rooms on the upper floors are all lofty, and are provided with a maximum number of high windows, which either receive light direct from the sky or else face upon walls of glazed white tiles. Thus an abundant supply of daylight and fresh air has been secured with the utmost economy of space. The buildings are artificially lighted throughout with electric light.

Telephonic communication will be effected both with the other buildings of the Hospital and with the public exchanges; while a complete system of telephonic inter-communication will shortly be installed throughout the New Block and the Hospital generally, including of course the Resident Staff Quarters. Thus the instant attention of the medical officers will be secured, by day and by night, to cases of urgency, occurring alike in the receiving rooms and in the wards.

The front portion of the Building is already in occupation. The entire Block will be ready for use by the 1st of October; that is to say, in time for the beginning of the next Hospital year.

science, or I might speak of the influence that the study of medicine has upon its followers.

There is indeed, or used to be, a vulgar idea that medical studies are narrowing; that a doctor may be fit for



GROUND PLAN OF THE NEW OUT-PATIENT BLOCK.

"Medicine and Mind."

Abstract of the Midsummer Address delivered before the Abernethian Society, July 30th, 1907.

By Dr. J. A. ORMEROD.



HIS subject might be treated from many points of view. I might speak historically of the master minds that have built up the fabric of medical

his own work, but that he can be fit for little else. Nothing could be more untrue. We can refute this statement easily by examples from our little world at St. Bartholomew's. I maintain that few studies have a more broadening and elevating effect. I do not allude now so much to your scientific studies or to the lectures which you attend so conscientiously, but to your practical work among the patients.

Perhaps the best aspect of the subject for to-night will be

the interaction of mind and body in cases of disease. I can only illustrate this, without attempting explanations of it. I cannot propose to say what mind is or what matter is; how they act on each other; whether they are different things or the same—such questions are to me insoluble. But you will admit that there is something which we roughly call body and something which we roughly call mind; and that in disease, as in health, sometimes the mind acts on the body, and sometimes the body on the mind.

First now, as to the action of bodily disease upon the mind. I have not the knowledge necessary to discuss mental diseases in the strict sense; but I will just observe that the tendency nowadays is to search for bodily causes for these complaints, and to classify them as traumatic, toxic, degenerative, and so forth, *i.e.* according to their material cause. As to general diseases I would recall to your minds the patient with abdominal disease whose *facies Hippocratica* reflects the depressed and anxious state of his mind; the patient with aortic disease so often nervous and depressed; and the consumptive, upheld almost to the brink of the grave by that wonderful buoyant spirit, the *spes phthisica*. When a patient with rheumatic fever becomes delirious the physician looks at once to see if he has pericarditis. Acute alcoholism also has its special form of mental affection—delirium tremens; and alcoholic peripheral neuritis is accompanied by another special form of mental disease. If you want more particular illustrations turn to Dr. Head's Goulstonian Lectures for 1901, in which he seeks to show what mental changes, moods, fancies, and even hallucinations may be the result of visceral diseases.

Conversely, mental conditions sometimes take a share in determining disease, though it may be difficult to say what share. Chorea, we all know, may follow fright; perhaps other diseases may originate from this cause. Thus Charcot relates a case in which paralysis agitans was started by the explosion of a shell during the siege of Paris. It is common in cases of this disease to obtain a history of prolonged anxiety and mental distress; not unfrequently we find the same history in cases of granular kidney.

But the disease in which mental and material factors seem to be most interwoven is hysteria.

I know that the mention of this name is enough to arouse objections; some will say that hysteria is "all nonsense"; others that there is no such disease *per se*, that it is only a kind of halo or will-o'-the-wisp which plays round some real organic lesion. Still I think that, however much this term has been abused, and however difficult it may be to define, there is an independent condition for which a name is wanted, and that this particular name, which nowadays implies no theory, may for that very reason be retained.

Now many of the symptoms of hysteria are just as real—that is to say, just as obvious to the senses—as those of

other diseases. Take, for example, a severe hysterical fit (hystero epileptic fit), or the long continued paraplegias and contractions which are often seen. Are not these quite a match for the similar results of organic disease?

These are everyday symptoms. There are others, rarer and perhaps less certainly known, such as muscular atrophy, œdema of the limbs, hæmorrhages into the skin, hæmoptysis, suppression of urine. These are all of the nature of physical facts. And yet the causes which produce hysteria and the remedies which do it good are mainly mental and moral. I admit that for treatment physical means are often of great service. We have to get at the highest centres somehow; it may be from below, it may be directly. But in one of the best known of the so-called cures for hysteria—the Weir Mitchell treatment—although plenty of physical means are employed, yet all these are useless unless the patient be first taken from her home and her friends. In other words the keynote of such treatment is moral.

Notice, too, that modern theories of hysteria mostly approach the problem from the mental side. However ingenious and suggestive these psychological explanations may be, yet to the physician they are incomplete until he knows their nervous correlative. The statement that hysteria is a sort of insanity requires too much qualification to be useful. Sir James Paget's notion of a "paralysis of the will" brought, I fear, but little enlightenment. Nor did it help much to say with Russell Reynolds that in hysterical paralysis there was a paralysis of idea; nor with Moebius that the patient could not move because she had an obsession or fixed idea that she could not. All these were poor explanations, and very partial; for they left out of sight all the other varied manifestations of the disease—the fits, for instance. I only wish you to observe that they are psychical explanations.

But the master builder with regard to the psychology of hysteria is really M. Pierre Janet. At the bottom of all his ingenious explanations, as it seems to me, lies the theory of Double Personality.

Most of us conceive of ourselves as a single personality, continuous through time, and (as some think) through eternity. But, according to the theory which I am attempting to explain, our "self" is by no means such a simple thing, nor so easily cognizable. There are at least two parts to it: the one, the conscious, thinking, directing self; the other, an accumulation of memories, associations, and emotions, working partly in obedience to the conscious self, partly in its own way, but rarely rising into consciousness.

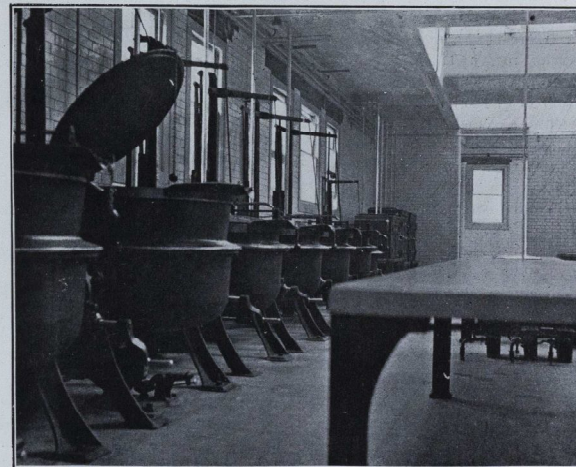
These parts have been called by Myers the supra- and sub-liminal consciousnesses. There is, as it were, the captain on the bridge, and the engineer below. The captain chooses his course and signals to the engineer, who stops, or goes ahead or astern as the bell directs him; but the engineer knows nothing of the captain's thoughts, and

there may be much going on in the engine room of which the captain does not know. All this only means that a large part of our brain work is automatic; for which "unconscious cerebration" is the phrase commonly used.

But there are certain rare circumstances under which the supra-liminal consciousness falls into abeyance, and the sub-liminal consciousness takes its place: this constitutes the strange condition known as double consciousness. The patient lives two lives, alternating with and independent of each other, as in the story of Dr. Jekyll and Mr. Hyde. Nay, it would even appear that some patients can lead

that it has no evil after-effects until we have more real knowledge of its mode of action. If it acts by an appeal to the subconscious part of ourselves at the expense of the supra-liminal conscious self, then one cannot but feel that in the long run this is most undesirable, especially in the case of neurotics. We must aim at integration of the personality, not disintegration. We must strengthen the authority of the captain on the bridge.

Lastly, I must mention the subject of faith healing. There is a process of faith healing which is very real and legitimate, and which we all of us constantly employ.



A PORTION OF THE NEW HOSPITAL KITCHEN.

three or four such separate lives: see the strange history of "Miss Beauchamp" told by Dr. Morton Price.

Of hypnotism I have no personal knowledge. But I cannot ignore it to-night, partly because it is intimately related to the foregoing subjects, partly because it supplies a striking example of the far-reaching power of mental influences. Milne Bramwell and others state that even severe operations have been performed without pain under hypnosis, that this procedure has been used with success in hysterical conditions and in dipsomania; and that certain "obsessions" or "fixed ideas" have yielded to its influence. Bodily disease, pure and simple, seems less amenable, but hyperidrosis and suppression of menses are said to have been cured.

Still, I cannot desire that hypnotism should become a common practice with medical men. We cannot feel sure

We know the patient who makes up his mind that all is being done for the best, and settles down quickly to get well; and the other patient who can make no sacrifice of his fads and fancies on the altar of faith; and we know which kind is likely to do best. We also know the doctor who has the knack of imposing his convictions on others, and the doctor in whom his patients "feel no confidence" as they say. Alas, that such a faculty of inspiring faith should be easier for the ignorant to attain than for the man of knowledge. The less knowledge we have the easier it is to dogmatize—and patients like dogma.

If it is true that "without faith we can do nothing," we cannot go on to say that by faith we can do everything. That is the creed of the miracle monger. You might think a miracle monger was a *rara avis* in this enlightened and Protestant country; but the fact is that he flourishes and

abounds. Some years ago there was a Faith-healing Hospital in North London. Of the sects of Faith-healers now existing, there are two which are important.

There are those who call themselves the "Peculiar People," meaning, I presume, God's peculiar people. They base their practice on the verses in the Epistle of St. James, "Is there any sick among you? Let him call for the elders of the church; and let them pray over him . . . and the prayer of faith shall heal the sick . . ." etc. These Peculiar People are all, I imagine, working-class folk, and they seem to live mainly in Essex. I do not think that the elders are paid for the services they give.

Then there are the people one hears so much of now-a-days, the Christian Scientists. In this country they appear to be all well to do. There are three "churches" in London, and two free reading rooms. The service in Bond Street, which I saw, was attended by none but well dressed people, mostly ladies. So far as I can make out, the whole gist of the thing lies in asserting that Matter is Evil, and therefore unreal; Pain and Sickness are non-existent; the testimonies of the Senses are misleading; and the whole World in which we live an illusion. Yet they "treat" bodily ailments; and we learn from the newspapers that Christian Science practitioners take fees, and that you can hire Christian Science nurses (save the mark!) at two guineas a week. Indeed, certain passages in Christian Science writings seem to admit a certain reality in respect of Money.

Now the law of this country is most lenient to quacks of all descriptions; and so long as he has the approval of his patient, and so long as he does not sign a death certificate, an unqualified practitioner has a pretty large sphere of action. But trouble is apt to follow in some cases, and twice, at least, Christian Scientists have found themselves in the law courts.

The Summer Concert.

THE Annual Summer Concert given by the members of the Junior Staff and the Musical Society was held in the Great Hall of the Hospital at 8.30 p.m. on Wednesday, July 10th, 1907.

Unfortunately for the complete success of the evening a steady downpour of rain throughout the day prevented the Square being used as a place of refreshment during the Interval.

The rain fortunately ceased before the concert commenced, so that the fairy-lamps with which the fountain and shelters had been lavishly decorated were able to be lit, and the guests able to arrive and alight in comfort.

The Hall was well filled when the concert opened with Coleridge-Taylor's setting of "Hiawatha's Wedding Feast." The orchestra started somewhat shakily, but soon warmed to their work, and by the time the tenor solo was reached were playing really beautifully. Mr. Grandage, the conductor of the choral works, deserves more than a casual word of praise for the admirable way in which he balanced chorus and orchestra.

Mr. Evans, to whom was entrusted the beautiful solo, in our opinion, scarce rose to the occasion. His performance was, on the whole, pleasing, but he was obviously nervous, and his high notes were, at times, hardly given with that purity of tone for which he is justly noted. If we had to give an opinion as to the merits of the performance of the cantata as a whole we might truthfully say that we have never heard it better delivered by a chorus and orchestra made up, for the most part, of amateurs.

An interval of thirty minutes followed, during which refreshments were served in the Library and Abernethian Room. We still have more than a passing remembrance of the strawberries—they were excellent.

The second part of the programme opened with a selection by the orchestra from Mascagni's "Cavalleria Rusticana." The piece was delivered with spirit and finish, eliciting hearty and well-deserved applause from the audience.

It was a pity that Mr. Evans, in his solo that followed, had not chosen a song more worthy of his powers. He sang well, but with a glorious voice such as he possesses, it would be worth his while to undertake more serious music.

Elgar's "Lullaby" was gracefully delivered by the Chorus, the only blot on the performance being caused by the tenors getting out of hand at the finish.

A well-chosen song by Nurse Haswell added yet another to her list of triumphs on the same platform. Accompanied by its composer, Mr. Davies then delivered a rousing song in his best vein, which served as prelude to the "bonne-bouche" of the evening—the chorus of the Junior Staff. We must really congratulate that august and learned body on the clearness of their enunciation, as also on the surprising volume of tone they produced. To prevent international jealousy it was decided to sing a Welsh song, as no member of the Junior Staff was willing to plead guilty to being even of Welsh extraction. Thus the ugly rumours which have been prevalent as to there being some subtle political motive in their choice of a song are finally put to rest.

The audience dispersed about 11 o'clock, and, judging by the numerous exclamations of delight one heard on all sides, would seem to have thoroughly enjoyed the evening's entertainment.

The following was the programme:

PART I.	
CANTATA	"Hiawatha's Wedding Feast" S. Coleridge-Taylor. Op. 30
PART II.	
1. OVERTURE (Selection)	"Cavalleria Rusticana" Mascagni THE ORCHESTRA.
2. (i) SONG	"In a garden quaint and old" Vivaldi Mr. E. R. EVANS.
(ii) DUET	"The moon has raised her lamp above" Jules (From the 'Tily of Killarney!') [Benedict MESSRS. E. R. EVANS and T. B. DAVIES.
3. PART SONG AND ORCHESTRA	"Lullaby" Elgar (From the 'Bavarian Highlands!')
4. SONG	"When the world is fair" Cowen Nurse HASWELL.
5. SONG	"Punchinello" Vernon Leftwich Mr. T. B. DAVIES.
6. CHORUS	"Men of Harlech" Welsh melody THE JUNIOR STAFF "God save the King."
MUSICAL SOCIETY'S OFFICERS.	
Choral conductor.—Mr. W. B. Grandage.	
Orchestral conductor.—Mr. Edward Cardwardine.	
Acting Hon. Sec.—Mr. H. D. Gillies.	
Pianist.—Mr. R. A. P. Hill.	
Hon. Secs. of Concert } Mr. W. B. Grandage. (Junior Staff) } Mr. R. Jamison.	

Notes and Comments.

WE offer our congratulations to Mr. Bruce Clarke on his election to the Council of the Royal College of Surgeons on July 4th, an honour which he has fully deserved. Out of seven candidates for four places on the Council, Mr. Bruce Clarke was second, receiving 413 votes. The polling on this occasion was the heaviest on record. Of the other three successful candidates two are also old St. Bartholomew's men, although they are now associated with another hospital. Mr. Mansell Moullin and Mr. F. S. Eve received respectively 403 and 388 votes, and thus retained their seats on the Council.

We congratulate Mr. C. Gordon Watson upon his recent appointment to the post of Surgical Registrar to the Hospital.

DR. FRANCIS ARTHUR BAINBRIDGE has been elected one of the Arris and Gale Lecturers at the Royal College of Surgeons of England for the ensuing year.

THE result of the July Examination for Commissions in the Royal Army Medical Corps is highly satisfactory from the point of view of St. Bartholomew's Hospital. Fifty-nine candidates in all competed for thirty vacancies. Four candidates entered from St. Bartholomew's, and all four were successful. To Mr. H. S. Dickson, who obtained second place, and to the other three gentlemen whose names appear in our Examination List, we offer our congratulations.

DR. DONALD MACALISTER, President of the General Medical Council and Principal of the University of Glasgow, has been appointed by the Crown as a member of the governing body of the Imperial College of Science and Technology.

AT a meeting of the Honiton Board of Guardians held on June 1st, Mr. Thomas Henry Stocker Pullin, M.D. St. And., F.R.C.S. Edin., M.R.C.S. Eng., L.S.A., was presented by the chairman (Mr. H. Force), on behalf of the guardians, with a silver salver and illuminated address in recognition of his services, extending over a period of fifty years, as Medical Officer of the Sidmouth, Sidbury, and Salcombe Regis Districts of the Honiton Union. This establishes a record for the Poor Law Medical Service.

THE Hon. Secretary of the Students' Union asks us to state that the Librarian has very kindly consented again to sell stamps to Students after the holidays, subject to his obtaining a renewal of his license from the Post Office authorities. Students are reminded that this is purely an act of courtesy on his part and done solely to meet the requirements of the men. No change can be given and no private accounts can be run, terms being strictly cash.

JUNIOR STAFF NOMINATIONS.

The following nominations have been made for the ensuing year:

HOUSE SURGEONS.	
Mr. CRIPPS	{ October, 1907 . J. S. Joyce. April, 1908 . C. R. Hoskyn.
Mr. BRUCE CLARKE	{ October, 1907 . B. T. Lang. April, 1908 . M. Ouslow Ford.
Mr. BOWLBY	{ October, 1907 . K. M. Walker. April, 1908 . W. B. Griffin.
Mr. LOCKWOOD	{ October, 1907 . F. C. Trapnell. April, 1908 . G. H. Dye.
Mr. POWER	{ October, 1907 . V. Favell. April, 1908 . D. W. Hume.

OPHTHALMIC HOUSE SURGEON.

October, 1907	J. G. Gibb
INTERN MIDWIFERY ASSISTANT	
October, 1907	J. D. Barris.

EXTERN MIDWIFERY ASSISTANTS.

October, 1907	M. B. Reichwald.
January, 1908	W. B. Cherrrett.

The Publication Committee.

THE Publication Committee of the JOURNAL is something akin to a Star Chamber. It lives and moves and has its being in a dark closet in the Warden's House. It has never yet been raided by the police.

Little is known about the Publication Committee: except when it is being photographed in the Editor's boudoir, it deliberates *in camera*. Everything about it is dark and



THE PUBLICATION COMMITTEE.

secret. Its meetings are more mysterious than the penal *séances* of the General Medical Council, and its transactions are no less prejudiced and corrupt.

Dreadful stories are told of the Publication Committee: stories of innocent little articles laid out upon its table and shamefully mutilated; of verses torn to pieces foot by foot, buried in dark recesses for years, and finally cast into the flames: of *jeux d'esprit* ruthlessly massacred in anti-semitic fury; of harmless, necessary lectures clipped and hacked about by wanton office boys, and then exposed to the public gaze, disfigured beyond recognition.

Some incredulous spirits have even gone so far as to deny the existence of a Publication Committee at all; just as Nurse Prig formerly expressed in memorable terms her disbelief in the material personality of Mrs. Harris. Others,

scarcely less sceptical, have likened the Editor and his Committee to the firm of Spenlow and Jorkins, in that the Editor, like the late Mr. Spenlow, casts the burden of his misdeeds upon the inaccessible shoulders of his partner.

In the interests of justice we print herewith the counterfeit presentment of this odious tribunal. Thus only shall we convince those who have doubted the fact of its existence. Furthermore, by these means we may assist the tradesmen of this city in the recovery of their just dues.

The more imaginative among our readers may perchance

detect in this group facial resemblances to certain prominent members of the Hospital staff. Need we say that this apparent similarity is entirely fortuitous? The visiting staff (to the best of our belief) consists of worthy and respectable persons, pre-eminently virtuous and impartial.

The Publication Committee can be bribed to publish almost anything. A small box of cigars or a bottle of whisky will secure the admission of a short sentimental poem, legibly written, and not more than fifteen stanzas in length. A barrel of oysters (during the winter months), carriage paid to the Editor's palace, and accompanied by a stamped addressed envelope for the return of the shells, is usually sufficient to ensure the immediate publication of a clinical lecture, printed in Greek and English, side by side, with marginal notes and a dedication.

A Case of Ascariasis.

By SURGEON W. PERCEVAL YETTS, R.N.

IN June 3rd, 1907, a naval officer, æt. 24, sought treatment on account of a worm he had passed that morning with his stools.

He was found to be markedly anæmic in appearance. His extremities were pale, cold, and moist. The patient was not thin, but his muscles were somewhat flabby. There was no apparent enlargement of lymphatic glands. His heart, otherwise apparently normal, was readily made to palpitate upon slight exertion. The pulse, soft and easily compressible, was irregular in force and rhythm.

There was slight tenderness over his abdomen, and the patient complained of an indefinite feeling of discomfort in this region, which he was unable to localise, and which almost amounted to pain upon taking a deep breath. The liver and spleen were of normal size.

The patient exhibited a neuræsthenic condition. Mentation was slow, and the patient had difficulty in concentrating his attention upon the questions asked him. His memory was defective. He complained of being nervous, shy, and feeling unfit to cope with any emergency. In his own words, "he had lost his nerve." The reflexes were normal.

An examination of the blood showed the following:

There was a great reduction in the number of red cells. Many of these were of large size (megalocytes), and some were irregular in shape.

Two megaloblasts were found whilst making the differential count of white cells. There was leucopenia, and relative lymphocytosis. A few myelocytes were found. Eosinophilia was absent. The colour index was high. Figures are shown in the table below.

Temperature and urine were normal.

A large number of ova of *Ascaris lumbricoides* were found in the stools.

History.—This officer returned in November, 1906, from China, where he had been stationed for two years. The last ten months of this time were spent in the lower parts of the Yangste. There ascariasis is almost universal, and without doubt infection occurred whilst he was in China.

The patient dates the onset of symptoms from the end of 1906. He gives a history of a number of symptoms which, since then, have gradually become more marked, viz. languor and indisposition to exertion, defective memory, inability to concentrate the attention, and depression. His friends and relatives have noticed with alarm the change in his disposition.

His appetite has been large. A constant feeling of abdominal fullness and discomfort has amounted at times to vague pain. There was no history of vomiting.

He suffered from a chronic sense of fatigue, was always ready to sleep, but never woke feeling refreshed. He has always been very temperate in his habits.

TREATMENT AND PROGRESS OF CASE.

June 3rd, 1907, after purging, santonin, gr. vi, was given, and was followed in a few hours by another dose. Well-marked yellow vision developed. The next day, after two meals, a purge resulted in eight large and innumerable small dead specimens of *Ascaris lumbricoides* being passed.

This treatment was repeated on the two following days, resulting in the passage of six large and many small worms. The patient experienced at once a great sense of relief and his condition since has steadily improved. The abdominal symptoms quickly disappeared. On June 20th santonin and a purge were repeated, but no worms were passed.

Mental efficiency was rapidly regained, cardiac irritability disappeared, and the patient became markedly more cheerful. He was no longer lethargic and sleepy. Examinations of the blood on July 8th and 16th showed a return to the normal.

Below the results of examinations of the blood at various dates are given in tabular form:—

	June 3rd.	June 21st.	July 8th.	July 16th.
Red cells	3,132,000	1,876,000	5,124,000	5,038,000
White cells	4260	5760	7200	7120
Percentage of polynuclear leucocytes	39.9	48.2	63	65.3
Percentage of lymphocytes (large and small)	52.3	46.9	32.6	29.8
Percentage of myelocytes	1.8	Nil	Nil	Nil
Percentage of eosinophile cells	3.4	3.1	.5	1.7
Percentage of hyaline cells	2.6	1.8	3.0	3.2
Percentage of hæmoglobin	72	85	95	95
Colour index	1.05	.88	.93	.91

Diagnosis.—When first seen, the state of blood and general condition of this patient indicated a diagnosis of early pernicious anæmia.

Further, an absence of eosinophilia favoured the view that the anæmia was not due to the parasites.

However, the rapid return to the normal of the mental and bodily conditions, which followed the removal of the *Ascarides*, demonstrates the probability of the anæmia being produced by the parasites.

Obituary.

H. H. ROLFE, M.R.C.S., L.R.C.P.



WE have to record with deep regret the recent death at Lowestoft of H. H. Rolfe, late House Physician to this Hospital. On behalf of his former friends and colleagues at St. Bartholomew's we offer our sympathy to his family. Early last summer, after eight months' work as House Physician to Dr. Herringham, Rolfe was attacked with phthisis, and was compelled to resign his post. From that time onward his condition became steadily worse, and he died on Saturday, July 6th, of this year. Rolfe was an accurate and reliable worker, devoted to his profession, and possessed of sound common sense. His sudden and tragic removal from the post of duty came as a blow to all who were associated with him: his early death is a loss to the Hospital and to the profession.

Correspondence.

THE HANDICAPS AT THE HOSPITAL SPORTS.

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

DEAR SIR,—As one who helped Bart's to win the shield in days gone by may I be allowed to make a few remarks about the Hospital Athletic Sports on June 7th last?

Why is it that out of 13 events 8 are handicaps, including all four so-called field events? Have a handicap race or two if you like, but to make handicaps of the weight, hammer, and both the jumps seems to me to reduce the whole thing to a farce. In these events the man who proves himself the best should take the prize, and it seems hard that he should be deprived of it by one who is so much his inferior in ability. It must, for instance, be very disheartening to a man of Stone's calibre to be beaten easily by a man who is incapable of putting a shot 30 ft. Stone's ability as a shot putter ought to have been known to the handicappers within a foot or two, and yet they give a competitor a handicap of 14 ft., which would have enabled him to win if he had only put 25 ft., and if a man cannot put more than that he should turn his attention to some other branch of athletics.

Again, take the hammer. The winner had the long start of 45 ft., which enabled him to win, although he could only throw 53 ft. 2 in., and surely a man who cannot throw farther than this ought not to take a first prize.

How can you expect members of the Staff to give prizes for any of the events, when they know that they may be won by a competitor who has no claim even to mediocrity?

It makes one feel sad too to see that the Hospital's best miler is beaten easily in 5 min. 19 sec.

I remain, yours very truly,
AN OLD H.S.

THE METROPOLITAN STREET AMBULANCE ASSOCIATION AND THE NEW MOTOR AMBULANCE SERVICE.

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

DEAR SIR,—I am sure we feel very much indebted to you for your kindly "Note" in the June number of *St. Bartholomew's Hospital Journal*.

Apart from the inauguration of the movement at St. Bartholomew's, which we hope and believe will soon spread to the whole of the metropolis, your article will serve a most useful purpose in diffusing knowledge as to the urgent wants of London in this respect,

and what is being done to educate public opinion upon this subject. The Home Secretary's Committee is now engaged in considering the matter, and I hope later on, when the evidence is available for public use, to be able to give you some further information. Thanking you for taking up the subject in this practical way,

Believe me,
Faithfully yours,
REGINALD HARRISON,
President of the Metropolitan Street
Ambulance Association.
6, Lower Berkeley Street.

A CORRECTION.

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

DEAR SIR,—May I ask you to correct a statement made in the July number in the review of *Climatotherapy and Balneotherapy*. The statement in question is that the book practically "represents a new edition of two books by Sir Hermann Weber, namely, *Spas and Mineral Waters of Europe and Climatotherapy*." The first edition of the *Spas and Mineral Waters of Europe* (published in 1896) was a joint work of my father and myself. My father's *Climatotherapy* was published in England in 1885, and has of course been indirectly largely made use of, but the climatological portion of the present volume is *actually* a revised edition (with the American publisher's consent) of my own (Paikes Weber's) contribution on Medical Climatology in volumes iii and iv of *Cohen's System of Physiologic Therapeutics*, 1902. It was owing to this fact that we had to print on the title-page of the present volume, "Not to be circulated in the United States."

I am, Sir,
Yours faithfully,
F. MACKAY WEBER.

19, Harley Street,
London, W.

* * * We readily publish this correction, and regret that we should have inadvertently published an inaccurate statement.—Ed.

The Clubs.

STUDENTS' UNION.

A Council Meeting was held on July 30th, Dr. Herringham presiding.

Present: Dr. Morley Fletcher, Mr. Gask, Messrs. Gibb, Newton Davis, Gillies, Gordon, von Braun, and Trevor Davies.

Dr. Herringham informed the meeting that the time of opening of the Abernethian Room would be gradually extended by the Medical School Committee.

After the Secretary had read a report on the cost of notepaper during the trial period of two months, viz. £5 5s., it was decided to continue the supply for a year, at any rate.

The Smoking Concert, provided permission be obtained to hold it, as of yore, on the Hospital premises, was fixed for Friday, November 1st.

The date of the Annual Dance was decided for Wednesday, December 4th, to be held, as usual, in the Wharfedale Rooms.

A Special Subject Lecture, to be delivered by Dr. Herringham, on the subject of his recent travels, was arranged for Tuesday, November 12th.

A sub-committee, consisting of Messrs. Griffin, Butt, and Trevor Davies was appointed to discuss the question of the replacement of the new Honours blazer by the old.

It was decided to approach the Dean with a view to having all telegrams posted up in the new Porter's Lodge, so that they may be obtained at any time.

The meeting then adjourned.

CRICKET CLUB.

HOSPITAL CUP—SEMI-FINAL.

ST. BART'S v. KING'S COLLEGE HOSPITAL.

This match was played on July 15th at Honor Oak, resulting in a win for Bart's by 88 runs. Winning the toss on a good wicket, we scored 241 runs, of which P. A. With (56) and J. F. Gaskell (31) contributed their share. P. A. With batted well, and made his runs quickly, hitting hard on the leg side. Our opponents were all out for 153, though Paris and Konga scored 92 for the first wicket, the latter being dismissed by a brilliant catch by Noon, which probably won the match. Gibson quickly finished off the innings with some good bowling, and took five wickets for 31 runs.

ST. BART'S.		KING'S.	
N. F. Norman, b Gillett	9	R. C. Paris, c Gibson, b Gaskell	48
W. B. Griffin, c Gauntlett	6	C. McDonald, b Gibson	0
Konga	66	H. Konga, c Noon, b Griffin	43
C. Noon, b Gillett	15	A. S. Gillett, c With, b Gibson	11
P. A. With, c Hughes, b Gibson	56	H. Gibson, b Gaskell	0
E. de Verteuil, c Gibson, b Gillett	15	F. McQueen, lbw Gaskell	12
G. Viner, b Konga	2	W. Wije, b Gaskell	0
J. M. Weddell, c Gibson, b Konga	10	H. Edwards, b Gibson	15
J. F. Gaskell, b Gillett	31	B. Hughes, b Gibson	0
A. G. Turner, not out	19	E. Gauntlett, not out	7
T. A. Gibson, b Gillett	1	D. Davies, b Gibson	3
A. J. Cunningham, c Davies, b Gillett	0		
Extras	17	Extras	14
Total	241	Total	153

FINAL OF HOSPITAL CUP.

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

Played at Honor Oak, and ending, after a most exciting match, in a win for Bart's by 89 runs. It was a most enjoyable match in every way, the result being in doubt up to the end of the match on the third day. We have not won the cup since the season of 1898, so the team feel rather proud of it. We were lucky in winning the toss on a good wicket, and 44 runs were scored for the first wicket; but then a collapse set in, and at lunch six wickets were down for 113 runs. Norman batted well for 40, but was then unfortunately run out. After lunch G. Viner saved the collapse, batting in nice style, and by careful cricket scored 43 runs. It was a most valuable contribution. Then A. J. Cunningham came to the rescue with a really fine innings of 63, including seven fours, the result of some fine off-side one, and undoubtedly saved the side on the first day. Our venture closed for 219, not a good score on such a wicket.

St. Thomas's opened their innings with Nield and Seymour and scored 76 before being separated. Nield batted splendidly and never looked like getting out. His innings of 128, which included seven fours, was a very fine one, marked by clever play on the leg side and some pretty strokes behind the wicket on the off side. With 196 runs for the loss of 3 wickets our prospects seemed poor, but four more wickets fell cheaply for 37 runs, and at the end of the first day St. Thomas had scored 233 for 7 wickets.

On the second day the remaining batsmen carried the score to 283, leaving us in a minority of 66 runs.

Our second innings opened disastrously as Norman was brilliantly caught off the first ball. Noon came to the rescue with a hard-hit 30, including seven fours, the outcome of some fine off drives. P. A. With followed with a useful 23, but at lunch we had again lost 6

wickets for 114 runs, and our chance of winning the cup seemed to have gone. Fortunately our last five batsmen again saved the side, and every credit is due to them for their fine cricket. The score gradually crept up until a chance of saving the game again appeared. G. Viner again batted well for 29 at a critical period, and his two innings were invaluable to us. Then A. G. Turner followed with a fine innings of 67, which was full of good strokes on the leg side, and his runs certainly saved the match on the second day. He is another who can look back on the match with pardonable pride. J. M. Weddell then followed with 42, another good innings in which were five fours, and he batted pluckily with a badly-injured thumb. J. F. Gaskell, a hardy old warrior, scored 49, not out, his best innings of the season and of the greatest value to us; it helped to put his side in a winning position. The innings closed for 276, leaving our opponents with 209 to win.

St. Thomas's started badly at the end of a long day's fielding, and by seven o'clock they had lost 5 good wickets for 51 runs. The match was finished off next morning for the addition of 70 runs, Bart's thus winning by 89 runs.

It was a great match in every way, and the fortunes of the game fluctuated all through. Gaskell bowled and batted well, and Turner, Viner, and Cunningham all played the best games of this season and certainly saved their side. Scores:

ST. BART'S.		and Innings.	
1st Innings.		2nd Innings.	
N. F. Norman, run out	40	c Aldridge, b Paddon	0
W. B. Griffin, c Nield, b Paddon	29	c Nield, b Paddon	5
C. Noon, b Paddon	0	b Weir	39
P. A. With, c Paddon, b Meakin	7	lb-w Meakin	23
E. de Verteuil, c and b Seymour	24	b Paddon	0
G. Viner, b Meakin	43	b Weir	20
A. G. Turner, b Meakin	2	c Meakin, b Weir	67
J. M. Weddell, b Meakin	1	c Nield, b Paddon	42
J. F. Gaskell, c and b Meakin	3	not out	40
A. J. Cunningham, not out	63	lb-w Weir	15
T. S. Gibson, lb-w Paddon	0	c Weir, b Aldridge	0
Extras	7	Extras	16
Total	210	Total	276

ST. THOMAS'S.		2nd Innings.	
1st Innings.		2nd Innings.	
F. M. Nield, c Griffin, b Norman	128	lb-w Griffin	3
E. A. Seymour, c and b Griffin	24	c Gibson, b Gaskell	14
W. Weir, b Griffin	5	c and b Gibson	21
L. Meakin, c de Verteuil, b Norman	29	c Gibson, b Gaskell	14
W. B. Laird, run out	2	b Griffin	4
F. H. Holt, lb-w Griffin	17	b Griffin	0
D. M. Gibson, b Gibson	18	b Gaskell	14
H. Bowring, b Griffin	4	b Griffin	7
H. L. Manth, b Griffin	12	lb-w Cunningham	9
F. J. Aldridge, b Cunningham	15	b Gibson	23
H. L. Paddon, not out	0	not out	0
Extras	31	Extras	12
Total	285	Total	121

BOWLING ANALYSIS.

1st Innings.				
	Overs.	Maidens.	Runs.	Wickets.
T. S. Gibson	19.2	4	43	1
J. F. Gaskell	20	2	84	0
W. B. Griffin	16	1	60	5
A. J. Cunningham	5	1	24	1
N. F. Norman	5	1	16	2
2nd Innings.				
	Overs.	Maidens.	Runs.	Wickets.
T. S. Gibson	15.2	6	28	2
W. B. Griffin	21	7	37	4
J. F. Gaskell	19	6	36	3
A. J. Cunningham	4	0	8	1

Special Acknowledgments.

BEFORE this number finally goes to press, there remains to us the pleasant duty of acknowledging the help that has been given to us in its preparation, by those who are not members of the Editorial Staff of the JOURNAL.

* * *

WE are much indebted to Messrs. Lafayette, the well-known photographers of Bond Street, for permission to reproduce the portraits of the Treasurer and Lady Ludlow, which were kindly lent to us by Lord Ludlow.

* * *

OUR thanks are also due to the Editor of the *Daily Graphic* for his courtesy in lending us the two blocks represented on page 172. These are from snapshots taken on the day of the ceremony. The larger photograph gives a view of the west side of the New Block from the site of the new Post Office buildings. The smaller one shows the front of the New Block in Giltspur Street, with the main archway at its north-west extremity.

* * *

WITH the exception of the Publication Committee group and the snapshot of Mark Ward (both taken under difficulties), the remaining photographs in this issue are the work of Mr. D. M. Stone, who has taken endless trouble on our behalf. Mr. Stone's admirable photographs speak for themselves, and need no recommendation from us.

* * *

THE entirely new and original design on the back of the cover is from the pencil of an artist of undoubted talent, whose work up till now has hardly received that public appreciation which it deserves.

* * *

A LAST word of acknowledgment is perhaps due from us to our readers—an acknowledgment of the disgraceful fact that this number appears more than a week late. There are two reasons for this condition of affairs. One is the incredible laziness of the Editor: the other is the appalling indolence of his myrmidons.

The shortness of the interval between the date of the opening ceremony and the usual date of publication of the JOURNAL has, of course, nothing to do with the unpunctuality of this issue. Nor has the increase in the number of pages and of illustrations any conceivable bearing on the case.

Reviews.

THE OPERATIONS OF GENERAL PRACTICE. By EDRED M. CORNER, F.R.C.S., and H. IRVING PINCHES, M.B. (London: Henry Frowde, Hodder and Stoughton, 1907.) Pp. 296. Price 15s. net.

In this book, which is one of the Oxford Medical Publications, the authors have attempted work new and original in scope. That some men go out into general practice with only a small knowledge of the operations they are likely to have to perform is probable, because only a few are able to hold house appointments. It is the aim of this book to meet this deficiency in professional education, but the authors go farther. They must have had great difficulty in making the final selection of their material, and they state that want of space alone has caused them to be somewhat dictatorial. For an effort the first of its kind the result is excellent. Most of the illustrations are original and very good. The style in this respect is new, and we welcome it for its simplicity. By an oversight directions are given on p. 7 which amount to advising that silk should be boiled in a solution of soda. The results of dorsal meotomy are so good that we are surprised that the authors only describe the ventral method, but on the whole the views expressed throughout are very sound, and evidently those of practical men. Although a major operation we think there should have been included a description of the treatment of strangulated femoral hernia and also a short account of trusses and how to measure a patient for them, whereby many an operation of general practice is avoided.

The book will be of great use to many qualified men both junior and senior, and the senior student may well be advised to read it. There is a small misprint on p. 45, but the book is remarkably free from such errors. The paper is too thick.

CANCER OF THE WOMB. By FREDERICK JOHN MCCANN, M.D. (Edin.), F.R.C.S. (Eng.), M.R.C.P. (Lond.). (London: Henry Frowde, Hodder and Stoughton.) (Oxford Medical Publications.) Pp. 172. Price 20s.

Within a surprisingly small compass the author has given an account of the various malignant growths of the uterus, which lacks nothing in clearness of description or emphasis on the points of most clinical or pathological importance. In the chapters on treatment the radical and palliative operations are described in such a way as to be of practical value, and the limits and aims of each are explained. An interesting table of statistics of results is also included. The plates are excellent. This is a book we can thoroughly recommend.

CLINICAL LECTURES AND ADDRESSES ON SURGERY. By C. B. LOCKWOOD, Surgeon to St. Bartholomew's Hospital. (London: Henry Frowde, Hodder and Stoughton.) (Oxford Medical Publications.) Price 5s. net.

These essays are something more than mere chips from a great man's workshop; for they embody many of the most salient points in the teaching of one who may justly take place amongst the greatest of living scientific surgeons. The lectures are less impressive written than delivered, and form but a sample of a long tale of good things from which we hope to see further selections in a second volume.

Mr. Lockwood's individuality stands out clearly in his writings, although evidence is not wanting of many inconsistencies, which prove the impossibility of attaining the high ideal the author has ever insisted upon.

These clinical lectures are the outcome of ripe wisdom, long experience, rare caution. One wonders at their simplicity, the great honest simplicity of common sense, of mistakes confessed, of advice based upon facts, things seen, felt, heard, and logically connected. Alas! we cannot all afford to be so honest; but we can apply the ritualistic methods of examination, no less than the thorough methods of treatment upon which the author lays stress in oft-repeated appeal.

Many of these essays have a classic worth in their clinical aspect, especially Nos. I, II, VI, VII, X, XI, XIII, and all are valuable, but at times repetition, whilst serving to enforce the essential, tends to render the reading tedious. All students of the craft of surgery will feel grateful to Mr. Lockwood for republishing these lectures.

for one cannot read them and continue a lax thinker, nor appreciate them and not mend one's ways. The book is full of splendid advice, apt illustration and incidents to point the moral; the cream of a vast experience and subtle mind, and proves how in his work Mr. Lockwood has taken toll of many talents. Cynical stabs lend a spice to these essays, and the book is so full of wise sayings that the desire grows to read a series of aphorisms, both surgical and general, from the same gifted pen.

FUNCTIONAL NERVOUS DISORDERS IN CHILDHOOD. By LEONARD G. GUTHRIE, M.A., M.D., F.R.C.P. (London: Henry Frowde, Hodder and Stoughton.) (Oxford Medical Publications.) Price 7s. 6d. net.

The above title, to cover all the contents of this volume, must have a rather wide range of meaning attached to it. It is doubtful, for instance, whether chorea could be called a functional nervous disorder, but one is glad that the chapter on it is not omitted, for it is one of the most interesting in the book.

Dr. Leonard Guthrie writes from a wide experience, and he has the happy knack of talking about simple and everyday facts in children's lives in a particularly fascinating way. It is not a book for a student, at least from an examination point of view, but it is a book which can be strongly recommended to the more junior qualified members of the profession.

The main object of the author has been to help in the early recognition "of the neurotic or emotional temperament" in children with a view to prevent the neurotic child becoming the neurasthenic adult—a not unworthy object for a book in the present day.

Books Added to the Library during July.

Practical Anesthetics. By H. Edmund G. Boyle, M.R.C.S.

On the Nature, Causes, Variety, and Treatment of Bodily Deformities in a Series of Lectures delivered at the City Orthopedic Hospital in the Year 1852 and subsequently by the late E. J. Chance, F.R.C.S. Edited by John Poland, F.R.C.S. 2nd Edition. Vol. I.

Royal Naval Medical Service.

Appointments since 21st June, 1907.—Fleet Surgeon R. C. Munday to the "Formidable" to date June 22nd.

Royal Army Medical Corps.

The following have been successful in the examination for entrance to the R.A.M.C.—H. S. Dickson (2nd), J. A. Renshaw (11th), H. McC. Henschell (17th), J. R. Lloyd (18th).

Examinations.

UNIVERSITY OF OXFORD.

B.M., Ch.B. Examination.

E. A. Cockayne, W. W. Wells, C. T. Raikes.

UNIVERSITY OF LONDON.

M.D. (in Medicine).

H. Finzel.

M.D. (in Tropical Medicine).

E. E. Maples.

Int. M.B. Examination.

W. C. Dale, J. R. Forrest.

UNIVERSITY OF BERN.

Egbert C. Morland, M.B., B.Sc. (Lond.), has passed the examination for the Swiss Federal Diploma, and has been awarded the M.D. (Bern) for a thesis entitled "Die Opsonine, ihre klinische Bedeutung."

CONJOINT BOARD.

Diplomas awarded to J. Ramsay, C. G. Kemp, J. L. Joyce, P. J. Verral, J. Hadwen, R. N. Chopra, H. J. S. Kimbell, J. W. B. Bean, R. S. Townsend, F. W. O'Connor, L. B. Cane, J. R. H. Turton, E. V. Oulton, S. Vosper, A. Hanau, J. R. Lloyd, W. J. Jago, W. B. Griffin, E. Morris, W. H. Woodburn, H. S. Berry.

Anatomy and Physiology.—E. M. Browne, A. Downes, A. E. Hamlin, C. C. Messiter, F. C. Wright.

Chemistry and Physics.—G. Aldridge, H. M. Gilbertson, J. E. Hepper, M. A. K. Wood.

Chemistry.—A. S. Coalbank, J. B. G. Dotto.

Physics.—E. R. Longstaff, I. L. Waddell.

Elementary Biology.—R. S. Fawcett, H. M. Gilbertson, H. M. A. Menage, A. G. Turner, I. L. Waddell.

Practical Pharmacy.—T. R. H. Blake, O. H. Bowen, R. O. Bridgman, R. Crawford, A. E. Cullen, A. J. S. Fuller, H. Gall, T. S. Gibson, L. H. Khan, M. Lindsey, W. G. Orchard, D'Arcy Power, L. L. Satow.

The name of A. F. Perl was accidentally omitted last month from the list of those who have passed the Final M.B., B.S. Examinations of the University of London.

Appointments.

CUNNING, JOSEPH, M.B., B.S. (Melb.), F.R.C.S. (Eng.), appointed Surgeon to In-patients at the Victoria Hospital for Children.

DOWLING, E. A. G., L.R.C.P., M.R.C.S., L.D.S., appointed Lecturer in Dental Anatomy, Physiology, and Dental Histology at University College, Bristol.

HARRIS, H. G., M.D., B.S. (Durham), appointed Surg.-Lieut. 2nd Volunteer Battalion Hants Regiment.

LISTER, SPENCER, M.R.C.S., L.R.C.P., appointed Assistant Medical Officer to the Premier Diamond Mine (Transvaal).

NICHOLAS, CECIL F., M.R.C.S., L.R.C.P., appointed Acting Colonial Surgeon, Province Wellesley, Straits Settlements.

PRENTICE, H. R., M.R.C.S., L.R.C.P., appointed Junior House Physician at the National Hospital, Queen Square.

ROBBS, C. H. D., B.A. (Oxon.), M.B. (Lond.), appointed Surgeon to Borough Police, Grantham, and Certifying Factory Surgeon, Grantham District.

THORNE-THORNE, L. C., M.D. (Durh.), appointed Director of H.M. Animal Vaccine Establishment.

New Addresses.

ADAM, G. H., Malling Place, Kent; and 26, Harley Street, W.

BROWN, D. D., West View, 125, Cold Bath Road, Harrogate.

BURSTAL, E., Cherwell, Gresham Road, Staines, Middlesex.

CHARLES, C. P., Infirmary for Children, Myrtle Street, Liverpool.

CAMPBELL, E. K., Larne, Oxhey Road, Watford.

CONOLLY, N. A. W., "Albion," Thompson Street, Drummyone, Sydney, N.S.W.

FARMER, W. H., Hampton House, Gravel Hill, Ludlow, Salop.

GRAY, L., 8, Lichfield Road, Stafford.

HARRIS, H. G., 28, Carlton Terrace, Southampton.

JAGO, W. J., 18, Arundel Square, Darnsbury, N. Telephone: 2144 North.

KEITH, D. M., 414, North Main Street, Rockford, Illinois.

KENDREW, A. J., 33, Lissenden Mansions, Lissenden Gardens, N.W.

KNIGHT, A. H. DAVENPORT, 1, Grosvenor Mansions, Victoria Street, S.W. Telephone: 1810 Victoria.

LAWRENCE, H. CRIPPS, Lorenden, Ospringe, Faversham, Kent.

MILES, W. P., Rosslyn House, Gerard's Cross, Bucks.

NICHOLAS, C. F., Butterworth, Province Wellesley, Straits Settlements.

SHAW, E. H. New Telephone No. 2819 Norton.

VENN, A. J., Huntersdale, Virginia Water, Surrey

WILLIAMS, A. SCOTT, 28, Liverpool Street, Dover.

Births.

DRU DRURY.—On the 23rd July, at Grahamstown, Cape Colony, the wife of Edward Guy Dru Drury, M.D., B.S.Lond., of a son. (By cable.)

DUNN.—On the 6th July, at Kimberley, Notts, the wife of J. Cecil S. Dunn, L.R.C.P.E., of a son.

ECCLES.—On the 29th July, at 124, Harley Street, W., the wife of W. McAdam Eccles, M.S., F.R.C.S., of a son.

GREAT REX.—On the 15th July, at Melrose, Plumstead Common, S.E., the wife of James Burnell Great Rex, M.R.C.S., L.R.C.P. Lond., of a son.

HULBERT.—On the 10th July, at Naini Tal, U.P., India, the wife of Major J. G. Hulbert, I.M.S., of a son.

NIMMO.—On the 20th June, at 19, King's Terrace, Southsea, the wife of Staff-Surgeon Frank H. Nimmo, R.N., H.M.S. "Essex," of a daughter.

Marriages

BRIDGES—WINTERFELD.—On the 15th July, at All Saints' Church W., by the Rev. W. Boyd, M.A. (Vicar), very quietly, on account of a recent bereavement in the family of the bride, Ernest Chittenden Bridges, M.D., of 2, Courtfield Road, S.W., youngest son of John Hart Bridges, to Helen Constance, daughter of the late William Scott, M.D., M.R.C.P.Lond., of Waverley House, Huddersfield, and Mrs. Scott, London.

COLLINGRIDGE—KLEIN.—On the 24th July, at St. Stephen's, East Twickenham, by the Rev. B. Spink (Vicar), and the Rev. G. W. Kerr, M.A., William Rex Collingridge, M.R.C.S., L.R.C.P., of Morland, Penrith, elder son of Dr. and Mrs. Collingridge, to Sybil Florence, elder daughter of Dr. and Mrs. F. Klein.

DYER—RICHARDS.—On the 18th July, at St. Alban's, Chiswick, by the Rev. L. B. Currie, assisted by the Rev. W. G. Woolsey (Vicar), Surgeon W. P. Dyer, R.N., son of Mr. Walter Dyer, of Yelverton, Devon, to Rebe Norah Richards, only child of the late Mr. T. Brown Richards, of Swansea, and Mrs. Richards, of Chiswick.

TRIST—OWEN.—On June 26th, at St. Luke's Parish Church, Chelsea, by the Venerable the Archdeacon of Middlesex, assisted by the Rev. W. B. Trevelyan, Vicar of St. Matthew's, Westminster, and the Rev. Owen Slacke, Curate-in-Charge, Coles Hill, Bucks (cousin of the bride), John Ronald Rigden Trist, M.R.C.S., L.R.C.P., Crest House, Putney, elder son of Herbert H. Trist, of 22, Vernon Terrace, Brighton, to Louisa Harriet, eldest daughter of E. Annesley Owen, Esq., Barrister-at-Law, of 94, Oakley Street, Chelsea, and the Inner Temple.

Deaths.

FORSHALL.—On the 6th July, at 12, Southwood Lane, Highgate, Francis Hyde Forshall, M.R.C.S., aged 74, youngest son of the late Rev. Josiah Forshall, sometime of the British Museum.

LATHAM.—On the 6th July, at his residence, Sandbach, Cheshire, Charles Latham, M.R.C.S., in his 91st year.

ROLFE.—On the 6th July at Lowestoft, H. H. Rolfe, M.R.C.S., L.R.C.P.

WINSTONE.—In June, 1907, B. Winstone, M.D.Aberd., of 53, Russell Square.

Acknowledgments.

All India Hospital Assistants' Journal, British Journal of Nursing, Broadway, Durham College of Medicine Gazette, Echo Médical du Nord, Giornale della Reale Società Italiana d'Igiene, Health Resort, International Journal of Surgery, Journal of Laryngology, Rhinology, and Otology, London Hospital Gazette, Medical Review, Middlesex Hospital Journal, New York State Journal of Medicine, Nursing Times, Practitioner, St. George's Hospital Gazette, Student, Sunday National Observer, United Movement Report, St. Mary's Hospital Gazette, St. Thomas's Hospital Gazette, Guy's Hospital Gazette, The 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. 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. 12.]

SEPTEMBER, 1907.

[PRICE SIXPENCE.]

St. Bartholomew's Hospital Journal,

SEPTEMBER 1st, 1907.

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

Editorial Notes.

THE work of building the new Pathological Block steadily advances. The foundations have already been laid in concrete, and before long the outer walls will be seen rising up above the level of the ground. Meanwhile two other gangs of workmen have been equally busy within the Hospital precincts during the holiday season. The Out-patient Block soon recovered from the gaiety of the Opening Ceremony, and settled down into the final preparations for the great work that lies before it. The mere task of furnishing and equipping a building of this size and complexity is a matter of many weeks' constant labour. Each of the eight special departments—in addition to the Surgery Waiting Hall, and its twenty or more adjoining rooms, and the Medical and Surgical Out-patients' Departments—requires a complete and special outfit. Concurrently with this work of equipment the West Wing of the Hospital has lately been closed for the purposes of cleaning and re-painting, and has been supplied with outside iron staircases at each extremity. The last-named addition completes the provision for escape in case of fire, which had been secured for all the wards of the Hospital except those in this wing. It is most satisfactory that this has been done at a time when new buildings absorb so much of the attention and the resources of the Hospital.

WE have been very pleased with the reception which was accorded to the last number of the JOURNAL. Not only have we met with the most cordial appreciation of its merits from those who still frequent the Hospital, but we have

also received letters from old St. Bartholomew's men, congratulating us upon the appearance of this Special Commemorative Number. As long as those in charge of the Hospital JOURNAL feel that the time they spend upon it is not wasted, and that their efforts towards its improvement and the extension of its scope are appreciated, so long will even the dull routine of journalism remain congenial, and so long will the JOURNAL continue to flourish.

* * *

THE mere fact that old St. Bartholomew's men not only read their Hospital paper with attention, but also take enough interest in it to write letters of suggestion or criticism or appreciation to its editor, is to us a sufficient proof of its influence and its vitality. It is, of course, very gratifying to receive congratulations from unexpected quarters on the manner in which the JOURNAL is prepared or on the matter which it contains: these are the compensation of editorship. But reasonable and friendly criticisms are equally appreciated. Errors of commission and of omission, misprints and mis-statements, even lapses from good taste, inevitably occur from time to time in papers which are conducted by those who have other business in life besides journalism, and whose tenure of office is measured by months and not by years. But we should be both foolish and unreasonable if we wished to shirk the responsibility of these mistakes, or to discourage those who draw our attention to them.

* * *

BEFORE our year of office closes we should like to point out one thing which seems to us of importance. The roll of old St. Bartholomew's men contains upwards of 3200 names. Of these not more than 42 per cent. are subscribers to the JOURNAL—less than half the total number. It may be said that this is as much as we could hope for, more than we deserve. We beg to differ. It is quite true, of course, that we have already more than enough subscribers to make the paper a financial success. It is also true that, so far as practical information and value for money are concerned, we cannot pretend to compete with the two great medical



weekly papers, or with that monthly magazine of which so much is heard. In short we own that from a commercial point of view we are a poor sixpenny-worth. We base our appeal for a larger list of subscribers upon that intangible reality, sentiment.

SENTIMENT is a word much misused and much misunderstood. We are using it now, however, in a perfectly definite sense. We simply mean by it that feeling which unites St. Bartholomew's men. To most of us the word "Bart.'s" means more than school, or college, or university, almost as much as the word "home." This feeling of affection for the Hospital and of freemasonry is not a vulgar sentiment, and it is not vulgar or un-English to refer to it in this place. It is a perfectly definite and well-accepted thing.

WE have various means at St. Bartholomew's for fostering and maintaining our traditional *esprit de corps*; chief among them is the tone which is set by the men who are still at the Hospital. But where the members of a fraternity are so numerous and so widely separated as are the members of this Hospital, some means of intercommunication is needed for the preservation of the spirit of fellowship. The Decennial Dinners and the Old Students' Dinner are one of these; but their limits are too narrow. The JOURNAL, therefore, alone remains. We have perhaps laboured this point, but we think that we have made it; and we leave its practical application to those who have had the patience to bear with us in our excursion.

OUR attention has been drawn to a *lapsus calami* which occurred in the description of the Opening Ceremony on page 168 in our last number. The writer of this article quite inadvertently spoke of the machine in the new Dispensary which prepares tablets of compressed drugs, as a "Tabloid Machine." As we are well aware, and as every one of our readers is probably also aware, the word "Tabloid" was coined by Messrs. Burroughs and Wellcome for use as a trade-mark over a quarter of a century ago, and is their exclusive property. We hasten to notify and correct this mistake. Our only excuse—and we feel that in making it we are paying a compliment to Messrs. Burroughs and Wellcome—is that the word "Tabloid" has become a household word, almost, we might say, a dictionary word, so great has been the influence of these standard products of the Wellcome laboratories upon the minds and bodies of the present generation. As a recent law suit fully demonstrated, however, this word is a registered trade mark, and not a generic term for all compressed drugs; and we regret that we should accidentally have infringed the clear rights of our neighbours, Messrs. Burroughs and Wellcome, who

we are quite sure will accept our apology in the spirit in which it is offered.

OWING to the unusual pressure upon the space at our disposal in the August issue, we were unable to comment upon the result of the Inter-Hospital Cricket Cup-ties. As our readers are now aware, the Cricket Cup has at last come back to St. Bartholomew's, after nine years absence from the Library table. The Hospital XI steadily improved during the Cup-ties, and no one can grudge them their success. We wish to offer our congratulations especially to Mr. W. B. Griffin, the captain of the team, whose unflinching enthusiasm has been the mainstay of the Cricket Club for several years past. His score of 66 was the highest score on either side in the semi-final against King's College Hospital; and his excellent record of 9 wickets for 97 runs against St. Thomas's in the Final Cup-tie was undoubtedly one of the chief factors in the success of our XI.

OUR readers will be glad to hear that the third annual issue of the St. Bartholomew's Hospital Students' Union *Year Book* is now approaching completion, and will shortly be published. The forthcoming edition will contain, as before, a complete directory of Old St. Bartholomew's men, together with the fullest information about each of the clubs, a list of present students, and a number of illustrations. The 1907 Year Book will prove a valuable work of reference to past and present Bart.'s men.

ON behalf of the Hospital we offer our best wishes for a prosperous and successful voyage to Mr. E. S. Marshall, who has been selected to serve on the latest Antarctic Expedition, under the command of Lieut. Shackleton. Mr. Marshall has joined the "Nimrod" in the capacity of Surgeon and Surveyor. We look forward to publishing at a later date further details of this important undertaking.

THE Annual Old Students' Dinner will be held in the Great Hall of the Hospital, Tuesday, October 1st, at 6.30 for 7 p.m. Mr. Harrison Cripps, Senior Surgeon to the Hospital, will take the chair. The new buildings, comprising the Casualty, Out-patient, and Special Departments will be open for inspection before and after the Dinner. Tickets may be obtained from the Hon. Sec., H. J. Waring, Esq., 37, Wimpole Street, W.

WE learn with satisfaction that the Mastership of Downing College, Cambridge, rendered vacant by the resignation of Dr. Alexander Hill, has been offered to Professor Howard Marsh, and that he has accepted it. He will take office in October, at the beginning of the Michaelmas Term, when we understand that the appointment will be officially confirmed.

A Note on Eversion of the Great Toes.

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

THE physician has small business with anything relating to orthopedic matters, but the condition I am now discussing has interest for all clinical observers, and has not, so far as I am aware, received much attention.

In persons of the arthritic habit of body there is sometimes to be found in adults of both sexes, a marked deviation of the great toes to the outer side of the body. Some of the other toes may also be deflected in the same direction. The subject of this condition may make no complaint of it, and is more apt to be concerned about other changes in larger or smaller joints, painful or not as these may be.

Similar deflections are well recognised in the fingers of the hands in some of these arthritic subjects, constituting the so-called "seal-fin" type of deformity, the several digits being displaced to the ulnar side.

These conditions are to be met with in examples of true gout as well as in those of non-gouty arthritis deformans, and are therefore not specifically significant of either malady.

The great toe may be extremely deflected, and sometimes is found to overlap the other toes almost at a right angle, the metatarso-phalangeal joint being generally enlarged, with "lipping" of its component bones at the articulating surfaces. At the bedside I have often asked my pupils how these deflections were to be explained, and have invariably been told that they were due to wearing tight or pointed-toed boots. I believe this to be entirely a wrong explanation, and for the following reasons:—First, that this condition is only to be met with in persons of the arthritic diathesis, and is not very common; and secondly, that inasmuch as the majority of people of both sexes wear boots which are not accurately adapted to the peculiarities of their feet, and are often tight and constricting for the toes, this eversion should be far more commonly induced than is the case.

Again, we may note that some of the worst examples of this condition occur in elderly ladies who have never confined their feet in unyielding or inappropriate boots, and in whom the deformity has begun in later life when they have worn none but thin and easy shoes.

It is the little toe which commonly suffers most from tight boots. One can only study the natural foot amongst some Oriental or savage races. In them the little toe has free play, and is never bent in. Sculptors and painters, as a rule, copy the feet of models who suffer from inverted little toes resulting from compression.

We may therefore safely believe that the particular eversion I am describing is as independent of direct pressure as is the "seal-fin" type of inversion in the metacarpus and

digits of the upper extremity, and is solely related to the variety of chronic arthritis involving the smaller joints whether gouty or rheumatoid.

The selection of the great toe-joint as a classical focus for gout is sometimes attributed to the pressure excited by boots, but it is quite certain that *podagra* existed long before any coverings of the feet akin to modern boots were worn, e.g. the "foe-addle" of the Saxons. The distortion of the digits in both the upper and lower extremities appears to depend exclusively on muscular influence. A process of arthritis due to any cause, if sufficiently chronic, tends to react upon the muscles whose tendinous insertions are implicated. I have accepted the teaching of Charcot and others to the effect that there is a reflex action exerted on the musculo-motor nerves, excited by the sensory branches in the affected joints. This leads to spasmodic contraction, which in course of time induces the characteristic distortions.

The deflection in the case of the hand is probably in part determined or encouraged by the fact that its adduction is effected to a greater extent than its abduction, and the influence of the preponderating movement is longer retained, and leads gradually to distortion towards the ulnar aspect of the limb.

Herringham explains this deflection as a result of atrophy of the abductor indicis muscle which leads to displacement of the index finger, this in its turn pressing on the adjacent digits. Such atrophy doubtless assists in the deformity, but can hardly be the sole cause in many instances. I am not sure that any definite teaching in the matter has hitherto come from surgeons practising orthopedics, and we may await some further enlightenment from them. In this communication I am chiefly concerned to refute the common opinion that this particular distortion of the great toe is due to the influence of boots. I could wish to recommend any satisfactory method of dealing with the deformity, but I know of none. In the early stages some help by way of preventing further changes might perhaps be derived from the use of digitated socks.

Recent Awards of Scholarships and Prizes.

BENTLEY PRIZE.

H. J. Cates.

WIX PRIZE.

A. J. W. Cunningham.

SHUTER SCHOLARSHIP IN ANATOMY.

R. R. Armstrong, Trinity College, Cambridge.

JUNIOR SCHOLARSHIPS IN CHEMISTRY, PHYSICS, AND HISTOLOGY.

£25 J. W. Trevan. £15 C. T. Neve.

The Problem of the Dead.

By ERNEST WARD LOWRY.

FINAL analysis, says the first chapter of the first book of Physiology, finds twelve chemical elements in the composition of all living things, and finds those same elements in the earth's crust on which all things live.

There are just six methods by which man disposes of his dead. The Bushman, like the animal creation, simply leaves the body in the open air. The Parsee leaves it to be devoured by vultures in the Tower of Silence. The Indian commits it to the waters of the sacred Ganges. The Egyptian—and the millionaire—attempt to preserve it by embalment. For most of us there awaits committal to mother earth, either in God's acre or in the larger acre of the Cemetery Company, Limited; the alternative being committal to fire in one of the fourteen crematoria now working in England. But one thing is common to all six methods—the result is the same.

In the ultimate analysis, be it made by earth and worm, by air and vulture, by water and fish, be it accelerated by fire or delayed by embalment, the elements which formed the man return again unto the earth on which he lived. After death the cycle of life goes on. The law of the conservation of matter rules the dead as it rules the living, for there is neither creation nor destruction, beginning nor end, only the eternal swing of nature's pendulum building up and breaking down. After death the cycle of life goes on, breaking down the complex animal body into its constituent elements, only that they may be built up again into a vegetable body to be again absorbed into an animal body.

Man has no monopoly of the elements of which his body may be built to-day, and when he is dead his fellow mortals cannot defraud Nature of the elements she needs for her eternal circle. We may help or we may hinder, but we cannot balk the great Earth Mother of her purpose. We may break down our dead to the common elements by fire in an hour, we may delay their breaking down with leaden shell and concrete tomb for a century, but in the ultimate analysis the all-mother claims her own—her carbon, her hydrogen, her oxygen—for her eternal circuit. We may help or we may hinder, but we cannot stop Her. The fire but analyses quickly what the earth will analyse slowly; burning but produces now what putrefaction will produce then. Either will work out that ultimate analysis unerringly, and both will yield the same answer to the sum.

The problem of the dead is this "Shall we help or shall we hinder that from which there can be no escape?" Sir Henry Thompson has put it thus, "Given the dead body, how shall we best resolve it into carbonic acid, water, ammonia, and mineral elements, without giving offence or doing injury to the living?"

Of the methods by which man disposes of his dead—exposure to air, sinking at sea, and embalment need detain us no further, for two agents only—earth and fire—come within the narrow range of practice. A compromise—envelopment of the body in quicklime—is practised by the hangman, and is recommended for general use, but has not worked well in practice.

Let us consider the earth burial with which custom has made us so familiar, and, in considering it, let us ask ourselves frankly if custom has not blinded us to fact. Custom calls up the picture of a grave within the lych-gate of the village churchyard, where the loved one rests within the narrow bed beneath the yew. We think of him as there, we assert upon the tombstone that he is "at rest," and long years after we leave flowers at the sacred spot where he is sleeping.

Yes, but let us face the facts. Is he there? Is not all this the thinnest illusion? The dear one is not peacefully slumbering beneath our feet. That is happening beneath our feet which, could we but see it in its loathsomeness, would make us sick. Even the quiet churchyard itself is an illusion for most of us. We go to swell the profits of the Cemetery Companies.

As the only possible result of the disclosures made to the Royal Commission on Burial Grounds in 1840, the Intra-Mural Burial Act rendered interment in churchyards surrounded by houses a past evil forbidden by present law, and caused the opening of large cemeteries for the dead at a—then—safe distance from the dwellings of the quick. To-day every one of these—Highgate, Norwood, Brompton, Kensal Green, and Bethnal Green—although then in the country, are closely surrounded by houses, and the old evil recurs in more acute form.

In London alone nearly 3000 acres of land yield commercial profit by the planting of successive crops of dead, under a law which permits the re-opening and re-arranging of graves after the lapse of fourteen years. (See Baker's Laws relating to Burial.) The directors of Kensal Green Cemetery Company, Limited, proposed—presumably as an inducement to investors rather than to customers—to accommodate 1,335,000 paupers in seven acres, in which they estimate to make 133,500 graves holding ten coffins each. This rich promise of Kensal Green compares well with the fulfilment of St. Cuthbert's, Edinburgh, where 10,800 bodies were actually "laid to rest" in an acre of ground—a triumph of scientific grave-digging. Sir Charles Cameron described the common graves of Glasgow as "12 ft. deep, in which coffins were laid one upon the other until the pit had been filled to within the prescribed limit of 3 ft. from the surface. Each pit took from ten to twelve days to complete, and contained from sixty to seventy coffins, and the filling up of the interstices between the larger coffins of adults with the smaller ones of children was quite an artistic bit of workmanship."

What family or religious associations can cling to the cemetery?—a distant spot, probably never visited by the deceased, the service hurried over in a perfunctory manner by a stranger, who refers to the list in his hand to see whether he is to say "This our dear Brother" or "This our dear Sister." On re-visiting the place a year later the mourner finds it so changed, by increase of population, that he must ask the officials to direct him to the grave. In the pauper department the coffin is separated, by an artificial wall of clay and boards, from the pit which was filled up yesterday; and as the mourning coach goes home the wall is removed that the coffins may be pushed yet closer together, and even more profitable use made of the land. It is the common lot of man to pay rent for the earth upon which he was born; indeed, it is one of the few things that distinguish him from the beasts of the field; but it is uncertain whether the landlord makes the greater profit from the dead or from the living. Overcrowding is as great below ground as above it, but while the living slum-dweller has only a weekly tenancy, the dead slum-dweller is granted a fourteen years' lease.

But one permanent good resulted from the closure of city graveyards; at the instance of the Metropolitan Public Gardens Association they were converted from useless resting places for the dead into useful playgrounds for the living. The graveyard of St. Botolph, Aldersgate Street—opposite our temporary Dispensary—is open to give fresh air to city men and women of the present, instead of closed in memory of city men and women of the past. The property, like a hundred other "disused burial grounds," has vested from the hands of the dead into those of the living, and forms a nursery for the children of the poor.

So much for the grave itself, let us turn to the process which goes on alike in the roomy grave of the rich and in the slum-pit of the poor. The chemical analysis of nature goes on to its inevitable end; the microbe—chief of nature's chemists—is active, and it is the product of his activity, which distends and at last bursts open the leaden shell, and brings about the "explosions" of coffins in catacombs, which so perplexed our ancestors, in strict analogy to the blown tin of commerce. Exhumation has shown fluid oozing through earth to the nearest watercourse, and analysis of the water in certain "cures" has shown the source of their medicinal virtues. Conversely, disease has been traced back to poisoned wells, and the poison in the wells has been traced back to the grave.

The Directors of Cemetery Companies assure us that soil forms a "natural disinfecting barrier," that "it is, in fact, nature's way of limiting infection," which implies design in nature, and a kindly care for the children which makes one wonder why she should first start an infection which she is subsequently so anxious to limit. It also makes one ask why the Board of Agriculture, acting upon

the advice of its medical and veterinary officers, insists so strongly that the products of Foot and Mouth Disease should be buried, not in earth, but in quicklime. The reason is evident, countless epidemics have proved that earth is *not* an impassable barrier, that animals buried below the surface do communicate infection to those which graze upon that surface in future years.

I remember a large flock of prize black-faced sheep being slaughtered in East Suffolk because anthrax had mysteriously broken out among them. The farmer could, in no wise, account for what appeared to be a spontaneous outbreak, until an old ledger showed that his father had buried the victims of a similar outbreak in a spinney twenty years before. It was then found that the flock had broken into this spinney, and grazed over the burial ground of their ancestors.

A similar outbreak among cows, which had been fed upon clover cut over and carted two miles from a pit in which a diseased animal had been buried seven feet deep two years before, and over which the soil had not since been disturbed, was investigated by Pasteur and the Brazilian Minister, in the Jura district. This was no case of "history" invented after the event, as might have occurred in the Suffolk village, for Pasteur himself found spores in the clover, in the superficial soil over the pit, and in the alimentary canal of worms in that soil, which each and all produced anthrax on inoculation into guinea-pigs. Koch's laws were fulfilled to the letter, for the bacilli were cultivated on artificial media for generations, produced anthrax in susceptible animals, and from the blood and tissues of these animals were again cultivated artificially. Sir Spencer Wells quotes a remarkable and carefully checked case of scarlet fever which lay dormant for thirty years. "In a Yorkshire village part of a closed graveyard was taken into the adjoining rectory garden. The earth was dug up, and scarlet fever soon broke out in the rectory nursery, and from thence spread over the village. It proved to be of the same hæmorrhagic type as the scarlet fever which, thirty years before, had destroyed the villagers buried in the precise part of the churchyard which had been taken into the garden and dug up." What is true of anthrax and of scarlet is true of yellow fever and of cholera; on which, indeed, investigation has been even more fully carried out.

Lay readers will ask, "How is it possible for deeply buried organisms to come to the surface?" The answer is given by Charles Darwin, in *The Formation of Vegetable Mould through the action of Earth Worms*, wherein he demonstrates that about three inches of superficial mould are brought from below by worms in about fifteen years. Worms swallow earthy matter, assimilate the digestible part, and eject the remainder in little coils at the mouth of their burrow. In damp weather they need burrow but a few inches to obtain nourishment, while, as every fisherman

knows, they can only be found at considerable depths in dry seasons. Deep or superficial the worm must come to the surface to eject its excreta, which forms the rich mould of our gardens. Pasteur showed that this superficial mould will inevitably contain the specific organisms of zymotic disease if a supply of them be buried beneath it. He proved also that the worm is the active agent in bringing them to the surface, by demonstrating their presence in the worm, to whom they are non-pathogenic, and by the successful inoculation of susceptible animals from both worm and soil. Organisms, such as those of scarlet, diphtheria, enteric, cholera, being ejected by the worm upon the surface, but little imagination is required to trace their further course; dried into dust and blown by the wind, or washed away by rain, they start new centres of disease.

The finding of the Commission of 1840, that "earth burial of the dead is injurious to the living," was thus refuted by Pasteur fifty years later, and was reindorsed at Glasgow, where a new hospital was erected upon the site of an old burial ground, with the result that pyæmia rendered surgery impossible, until the ground was cleared, drained, and dressed with quicklime.

In a face of so unanimous a verdict the public is asking "what shall we do with our dead?" Are we justified in burying, or shall we subscribe the declaration of the Cremation Society:—"We disapprove the present custom of burying the dead, and desire to substitute some mode which shall rapidly resolve the body into its component elements by a process which shall render the remains absolutely innocuous. Until some better method is devised we desire to adopt that known as cremation." In these days of sanitary science, when the public rightly demands something more than pills and powders from the practitioner, he should have some reasoned answer to the question. The following outline of the growth of the cremation movement may aid in framing such an answer.

The cremation movement is both a modern and a medical one; modern, for despite its use in the whole ancient world, with the exception of Egypt, Palestine, and China, where embalment and cave burial were in use, it was first scientifically advocated in the *Daily Telegraph* in 1872; medical, because it was there advocated by one of our profession. In the *Contemporary* for January, 1874, appears an article entitled "Cremation" by the late Sir Henry Thompson, which initiated the movement, for it called forth eight hundred replies, of which about seven hundred and fifty condemned fire-burial with that freedom both from hesitation and from thought so clearly indicated by the adjectives "un-English," "anti-Christian," "repulsive," "irreligious," with which their pages bristled. The few which did not condemn damned it with faint praise as a theory which had best be left to futurity. The old-fashioned resting place was good enough for their fathers,

surely it would be good enough for their children for many a generation yet to come.

Only a handful, Sir Spencer Wells, Sir Lyon Playfair, Dr. Charles Cameron, Dr. Farquharson, M.P., Mr. Ernest Hart of the *British Medical Journal*, to name those of our profession, weighed the *pros* and *cons*, saw the advantage on sanitary as on sentimental grounds which "ashes to ashes" possesses over "earth to earth" for the disposal of our dead. Only such men as these seized the central idea that we may just as well aid as delay katabolism, and that in so doing we ensure that the disease-bearing organisms of one generation shall perish with that generation. Only such men realised that the practitioner of the future must become more and more the preventer, and less and less the curer, of disease; that, as prevention is better than cure, so the sterilising of our dead is one of the methods by which the stable door will be bolted *before* the horse of health is stolen.

When men like these league themselves together in common cause, that cause will meet with opposition before long. The Cremation Society—founded in March, 1874, as the outcome of Sir Henry Thompson's essay in the *Contemporary* of the previous month—had only to wait until July 5th before it met with opposition. On that date Bishop Wordsworth thundered against "this pagan practice" as "tending to undermine the faith of man in a bodily resurrection;" and Herbert Spencer resolved to be cremated. A month later the Bishop of Rochester, in whose jurisdiction it lay, refused to permit cremation at the Great Northern Cemetery, which was overcrowded. Then the infallible voice of the Pope proclaimed against it; and the Sacred Congregation at Rome forbade cremation to the faithful. Lesser lights of both Churches took up the chorus with such effect that the *Encyclopædia Britannica* remarks, "there can be little doubt that the practice of cremation in modern Europe was at first stopped, and has since been prevented in great measure, by the Christian doctrine of the resurrection of the body."

One jesting question, aimed by the late Earl of Shaftesbury at those who held that burning hindered resurrection, did more to save the movement than any amount of argument. "What," he asked, "was to become of the blessed martyrs who were burned at the stake?"

History—especially ecclesiastical history—does not always repeat itself: for within fifteen years the Bishop of Manchester fearlessly condemned the grave as "a difficulty, an expense, and a danger," and extolled the fire. "No intelligent faith," he told us, "can suppose that any Christian doctrine is affected by the manner in which, or the time in which, this mortal body of ours crumbles into dust and sees corruption. . . . Could they suppose that it would be more impossible for God to raise up a body at the Resurrection out of elementary particles which had been liberated by the burning of them, than it would be to raise

up a body from dust and from the elements of bodies which had passed into the structure of worms." A like change of sentiment met the introduction of chloroform in labour, which was denounced—notably on Ludgate Hill—as "an atheistic attempt to thwart God's primal curse on woman," and after a few years was acclaimed as "a blessing sent by a loving Father to soothe the suffering of His children." As usual a text was found to fit the event; the preacher adding "He giveth His beloved sleep."

The peers spiritual having been silenced, the peers temporal took up the opposition. In 1879 the Home Office prohibited the use of the Woking furnace, and the Cremation Society—knowing that you cannot legislate in advance of public opinion—set out to educate public opinion by pamphlet and platform. Sir Spencer Wells educated the British Medical Association, with the result that a large proportion of its members signed a petition to the Home Office. Sir Henry Thompson educated the International Congress of Hygiene, where but four dissentient hands were raised in opposition to the resolution, "That the cremation of the dead is a rational hygienic process, which is especially called for where death occurs from epidemic disease." Sir Charles Farquharson attempted to educate the House of Commons, with the result that no less than seventy-nine members voted for a second reading.

In 1884 a judgment delivered by Mr. Justice Stephens declared cremation a legal procedure, and left the Society free to perform its first human cremation in the Woking furnace, which had previously proved itself competent to incinerate the large carcass of a horse, without smoke or smell.

Parliament at length recognised the process by passing the "Cremation Act of 1902," under which the Home Secretary has made regulations as to the maintenance and inspection of furnaces, and has prescribed in what cases cremation may take place and the form of notices, certificates, and declarations which shall be given or made before it is permitted, of which an abstract is given in your medical diary. This "act to regulate the burning of human remains" confers upon the present burial authorities the power to establish crematoria; and of the fourteen now actually at work in England, no fewer than six—Leicester, Hull, Leeds, Bradford, Sheffield, and London (Ilford)—are owned by city corporations. All European countries, except Russia and Spain, where the religious scruples have not yet been lived down, have crematoria, Italy leading with twenty-three, while the U.S.A. has thirty-five, in which over 81,000 bodies have been incinerated.

The Golder's Green Crematorium, which may be taken as typical, occupies twelve well laid out acres on the northern border of Hampstead Heath. The building, which comprises a chapel, cloister, and columbarium, is dignified through the very simplicity and solidity of its design. The chapel, which seats 300 people, has a rafted roof, a rose

window, and fine oak-pannelled walls and organ case. The catafalque, upon which the coffin rests during the service, consists of a massive bronze table standing before an arch of marble, in which is a gate of beaten bronze, leading to the furnace beyond. Over the gate are graven the words "Mors janua vitæ est."

The coffin is laid upon this table by the undertakers, and remains upon it until the conclusion of the service, when the gate is mechanically raised, and it glides upon an endless chain out of sight and into the incinerating chamber. Two objects are thus gained; neither coffin nor corpse are touched by hand from the moment they are deposited in the chapel, and no part of the actual burning is seen or can be seen by the friends. The furnace, which is of the reverberating type, subjects the body to a temperature of over 2000° Fahr., and from it all volatile gases are drawn on through a subsidiary fire so efficient that not even smoke is visible at the top of the chimney shaft. Complete incineration occupies eighty minutes, and reduces the body to ashes and gas. The former resemble coarse white sugar, and amount to 3 per cent. of the total body weight. The remaining 97 per cent. is liberated in the form of invisible gas, largely CO₂, from the top of the chimney. The most elementary botany teaches that CO₂ is seized upon by the stomata of plants, which fix the carbon for their own use, and set free the oxygen for the service of man and his fellow-animals.

Thus the carbon and oxygen, which formed part of the old dead body, are again within a few short hours integral parts of new bodies; fulfilling their eternal destiny in a universe wherein nothing is outworn and nothing is unworn, yet wherein all things shall become new. Thus the elements which nature demands for the support of new forms of animal and vegetable life are yielded back to her, that her great cycle of life may be kept up by constant interchange between the two kingdoms of life.

The ashes, the solid 3 per cent., are landed, in a terra-cotta casket, to the friend who remains to receive them. This urn can be buried in any graveyard, or deposited in any church, or placed in a niche in the handsome columbarium, the burial service of any sect being read over it. In this way the new cremation renders possible the family vault in the parish church, which has been illegal since 1840, and not only renders it possible and legal, but renders it safe.

Cremation interferes with no religious rite, but admits of the same ceremonial as ordinary burial, for the chapel is available for any service, religious or secular. I have been present at the cremation of two friends, one a clergyman at which the burial office was read; the other that of the veteran agnostic George Jacob Holyoake, where of an audience of seven hundred, drawn from every land in Europe to do him honour, it is probable that not a dozen believed in the resurrection of the dead. Here a few

words were spoken, by men who had fought the battle which won for us to day a free press and a free speech, by his side, ere his body was committed to the unknown in respectful silence. Which service impressed me as the more reverent I have never been able to decide.

In comparing the *relative cost of incineration and interment*, the undertaker's bill for coffin and *cortège* must be eliminated as common to both, and not affected whether the body be burned or buried, except that a less expensive inflammable white-wood coffin should be used for the former. The fee for cremation and that for purchase of grave and interment therein can, therefore, alone be contrasted. The total cost of cremation and urn, including use of chapel and all attendance after the body is placed upon the catafalque by the undertaker, is £5 15s. 6d. at Golder's Green; while the average price of a grave is said to be £5 8s. 6d., with a further fee of £2 9s. 6d. for interment, whatever the ground value of the grave may be. From these figures, which are based upon the average of six London cemeteries, it will be seen that the new method has an economic advantage over the old. What is politely called a "common interment"—that is a share, say one tenth, in the common pit—can be had for much less money, and an equal reduction could be made were bodies cremated a number at a time. It is estimated that were ten cremated daily, one after the other, the cost would not exceed 10s. each, and could be largely reduced when larger reverberatory furnaces were used, a fact which should be brought to the notice of Boards of Guardians in the interest of the ratepayer.

One logical objection can be urged against cremation: that it destroys evidence as to the cause of death, and is, therefore, an encouragement to the poisoner by preventing the detection of poison in the intestine of his victim. To this a logical answer can be made: that it is not the cremation but the death certificate which is at fault. It is the laxity with which death certificates are dispensed which, to quote the report to the Committee of the House of Commons, "plays into the hand of criminals." In practice no very great use is made of the evidence conserved by the grave, for the common vegetable poisons—aconite, atropine, strychnine, prussic acid—cannot for very long be isolated from the toxic alkaloids formed, while all the metallic poisons, except arsenic and mercury, could be detected in the ashes. Dr. Danford Thomas reported to the Cremation Society that, while he had performed 10,000 inquests in seven years, but three exhumations had been ordered.

The medico-legal difficulty has been acknowledged and faced by the Society since its inception. Consistently it has refused to accept for cremation any corpse the cause of whose death has not been attested by two registered medical practitioners, of whom one must have attended during the last illness. The Confirmatory Certificate may be given by any medical practitioner of not less than five years' standing

holding one of the following appointments:—Medical Officer of Health, Police Surgeon, Certifying Surgeon under the Factory and Workshop Act, 1901; Medical Referee under the Workmen's Compensation Act, 1897; Physician or Surgeon in a public general hospital containing not less than 50 beds; or by the Company's own Medical Referee.

In the opinion of the Council of the Society the medico-legal difficulty can vanish only when we follow the Continental practice of searching inquiry into the cause of death at the time of death, by an Officer of Health, retained by the State, solely for that purpose—(*Medecin Verificateur*.)

I would, therefore, solve the problem of the dead by cremation—not by burial. Burial is but a vain resistance to inevitable dissolution, a futile attempt to confer upon the dead a tenure of the land so necessary to the living, which has led to the accumulation in our midst of human remains in every stage of decomposition.

I would sum up the case from cremation on the following practical grounds:

1. *Sanitary*.—It effects in little over an hour that which takes years to do if the body is buried in the earth, where the process is always noxious and sometimes dangerous. It absolutely prevents all possibility of pollution of water or contamination of air. We disinfect the house of the deceased; shall we leave the body of the deceased infectious for ever? The State provides isolation for infectious cases until their last breath; should it not isolate the infectious body until it become demonstrably innocuous?

2. *Economic*.—It costs less than burial, and is as easily arranged for. It avoids the necessity for providing further large cemeteries out of the already overburdened rates, and for transferring further land from the service of the quick to that of the dead.

3. *Aesthetic*.—It is urged that, whatever be the claims of the living, respect for the dead urges to burial as against cremation. But is slow corruption more respectful than rapid oxidation? Surely the very reverse is true? Cremation is purification and sublimation, whereas burial is defilement and degradation. I would urge that the human form should never "see corruption" in the dark and mouldering grave, but that it should be sublimated by refining fire into the sunlight. I would ask for a sepsis—not sepsis—for our dead.

Golf.

Being the seventh of the series of articles on the Recreations of Medical Men.

IT has been stated that no recreation is more strongly supported by the medical profession than that of golf. Twenty years ago there was no game which was much patronised by doctors; each man gave up his spare time to the recreation which was peculiar

to his district. And then came this craze. Old men as well as young were attracted; many of them tried; most of them became enthusiasts. In recent years golf courses have sprung up in every part of the country, within easy reach of the various towns. These courses are open from one end of the year to the other, and have proved a great boon to the medical man.

If proof is required one need only turn to the clubs in the neighbourhood of London, some of which have nearly a hundred members of the profession, or enter for the annual tournament, which now attracts a large field of players from all ranks of doctors in London.

The game is not an expensive one. Men of moderate means can afford it; it follows that many people now spend some, if not all, of their holidays in pursuit of it. The best courses are not in fashionable places; their surroundings are beautiful; bracing air can be found inland as well as by the sea; even those who are interested in other sports, in hunting, fishing, or shooting, now give up some of their time to this game. This may be due to many reasons. Perhaps the system of handicapping is more important than others; it opens up the field to the bad player as well as the good, and enables them to meet on equal terms. Each of them is hopeful, and feels that he will play better in the future.

It must be admitted that the first impression of this ancient form of sport is not always good. One is apt to be scornful; it seems extraordinary that people are willing to make such idiots of themselves; the terms used are sufficient to cause amusement; the names of the clubs fill one with wonder; one cannot understand the beauty of a "patent mid spoon brassie bulger," or some such club. And on the teeing ground everything is just as confusing; one watches someone drive, and the ball does not go as far as it ought to, judging from the energy of the striker; it only travels about twenty yards. The player explains to you that "he sliced it," one of the ladies murmurs "he topped it," someone else that he "pulled" it, while another gentleman, an absolute stranger, volunteers the information that he "toed" it a bit, and didn't "play it through." The argument is continued until the striker remarks rather shortly that he knew what he had done without being told: that he only played there to get a "good lie." You are impressed by the good lie. Yet the fascination tells upon you; you are drawn in, and feel that you must try.

To the beginner the game seems easy. He uses very few clubs, and knows nothing of their value, their balance does not concern him. Any ball is good enough; he stands confidently, and hits without restraint. If he plays one hundred and fifty strokes in the course of two hours he feels satisfied. He soon feels capable of playing any course in a hundred. After a week he has learned something about style, and yet his striking is more erratic. A fortnight destroys some of his confidence. A month gives him

experience, and he finds that he has tackled a very difficult game. And then he is at a loss to explain it. The more he plays the more attentive he becomes. He tries harder each round. Why can't he improve? It is at this stage that lessons will help him.

To begin with, he can always find someone who can tell him what are the faults in his style; if he is observant he can watch better players, and learn from them. It is not advisable to read theory or to watch the crack golfer. Watch the old stager who often fozzles. Follow his game as others do a champion. Note how he does everything. Carefully observe his misfortunes. By doing so it is possible to learn something within your power; to try and copy the scratch player is to challenge the impossible.

Even then it is practise that makes perfect. To take advantage a man must play many strokes with the same club. To learn to swing properly he must take out a driver to some lonely part of the course and hit a succession of balls; in this way he learns to play with certainty. He must approach onto a green with his mashie; half an hour will make it quite easy to put the ball on the green every time from any distance up to seventy or eighty yards. With putting it is the same. No one can putt who does not practise. No one acquires confidence in his clubs if he never plays two shots in succession with the same. He should remember the old story of the player who said, with much assurance, "I do this hole in two!" It was a short hole, but he missed his drive, and the ball went but a few yards; the caddy murmured, "And noo, for the devil of a putt!"

Much has been written about the right way to hold the clubs, about keeping the eye upon the ball, about pressing, about putters and putting, but it cannot be too strongly impressed that it is possible to learn this strange game by observing how other people play it. And then one appreciates all its charm; one can enjoy the difficulties of each shot; one can smile at misfortune. If one remembers that the game is never lost till it is finished one can often defeat the opponent. This, indeed, is one of the great objects of the game. One sees the other man's ball flying straight for the bunker, and one exclaims, "Bad luck, you're in the bunker." If the ball happens to just miss there is satisfaction in the "Oh! no you're not; that was a lucky shot."

A round of golf provides a man with healthy exercise and healthy amusement. The exercise is perhaps superior to walking; at all events, it has its good points, and is suitable for those who are not in good training. A man can play once a week without fatigue; some have been known to practise swinging in their own houses and so keep their muscles in form, but this is not essential. In any case, many have been attracted by this form of walking; it has taken them away from their consulting room, their operations, their work, and has caused improvement in their health. They have begun to realise that

a doctor need not be a slave to his profession, that there are other attractions in life.

Golf has, moreover, its humorous side. Sometimes the opponent, more often the caddy, supplies the entertainment. The latter is seldom at a loss in summing up the situation. One says to him, "How many have I played," and receives a prompt answer, "Six, sir, of the very worst!"; or, again, after a bad miss he may be heard to say, "You needn't count it; *he* didn't!" pointing to the opponent. They may seem irrelevant, and often succeed in spoiling all chance of a good shot. One of them was heard to remark, as he made a tee at the first hole, "The last time I carried for you, sir, you 'ad your best suit on!" To drive a ball from the front of the club house is difficult enough without any humour of this nature. And then one passes other people on the course, and is pleased to see them in difficulty. A story is told of one member of a hospital staff who was found in a bunker about a hundred yards from the tee. His opponent was a Scotchman; they were in violent dispute. Said the Scotchman: "I tell you, you have played twenty-eight!" "No," answered the other, "I have only played twenty-seven!" And they were left there to fight it out. One has to admit that a golf ball, small as it may be, can prove very aggravating; with some people, much as they like the game, it seems to upset all equilibrium; often they lose their temper; perhaps they go so far as to break a club, or even abuse the caddy. It is told of a certain hot-headed colonel that he was found with a broken club in his hand, glaring at his ball, which had been stimed behind that of an opponent, within twelve inches of the hole. A passer-by, who noticed how disturbed he seemed to be, ventured to ask him, in all sincerity, "Why do you play the game, sir?" "Why do I play the game, sir, what!" answered the veteran, "because I'm a d—d fool!" Perhaps there are many in the same position, but it makes little difference. For the present no recreation offers greater attractions; those who are ignorant should not be too scornful; if they once begin they are not likely to give it up; in the long run they will be satisfied.

W. D. H.

Angio-neurotic Oedema.

Abstract of a Paper read before the Abernethian Society, March, 1907.

By L. T. BURRA, M.B., B.Ch. Oxon.

ANGIO-NEUROTIC OEDEMA, or Quincke's disease, is a condition characterised by localised swellings occurring in parts where the tissues are lax—e. g. eyelids, extremities, scrotum—which appear and disappear in a short space of time.

It was first described in 1830 by Quincke, though its

existence was apparently recognised as early as 1827; and the majority of the papers since written on this subject are by American authors.

In 1895 it was classed by Professor Osler with *Peliosis rheumatica*, *Erythema nodosum*, and Henoch's purpura, under the name of *Erythema exudativum multiforme*; and it is described in the text-books of dermatology as well as in those of medicine.

The important factors in its *etiology* are—

- i. Heredity. Osler publishes a history of two children, seven grandchildren, nine great-grandchildren, and three great-great-grandchildren of one lady who was herself affected.
 - ii. Exposure to cold.
 - iii. Injury. Cf. history of the first of the cases admitted to Matthew Ward.
 - iv. Dietary indiscretions. Cf. history of the same case.
 - v. An occupation involving great mental or physical strain is said to be a factor.
 - vi. The patient is often of a neurotic type.
- Sex, age, and previous health seem to be of little or no importance.

The *pathology* is quite theoretical. As yet no post-mortem examination is recorded.

Osler and Stelwagen regard it as a vaso-motor neurosis.

Collins attributes it to some irritant acting on the central nervous system through the sympathetic.

Horwitz suggests that there is an angiomatous condition of the lymphatics of the corium, due to altered nerve supply.

Lodor assumes the presence in the blood stream of a lymphagogue, which is a synthetic compound of some personal or hereditary substance with a substance produced in the intestinal tract under the circumstances which predispose to an attack.

The *onset* is sudden, and there is, as a rule, no warning of its approach; the swelling arising in from a few minutes to a few hours.

The *duration* is short, and the swelling subsides as quickly as it arises. The average duration is 24 hours.

The *part* affected is most commonly the face or extremities; only one part being, as a rule, involved at the same time.

Symptoms—

1. In some cases an initial malaise or sense of depression.
2. Rapid localised swelling of the part, accompanied often by—
3. Gastric disturbance; vomiting usually profuse and watery.
4. Constipation.
5. Occasional itching of the affected part.

Signs.—The swelling is sharply defined, tense, and shiny, except when subsiding it does not pit on pressure, and may when at its height give "fluctuation."

It is not hot, and in colour may be red, pink, waxy, or of that of the normal skin.

The swelling is neither painful nor tender.

It may be accompanied by urticaria elsewhere.

The *diagnosis* rests on

The absence of signs of the common causes of oedema.

The rapid appearance and disappearance, and the sharp demarcation of the swelling.

The family and previous history of the patient.

The absence of pain, heat, and pitting.

The *prognosis* as regards life is good, only two fatal cases having been recorded.

It does not seem to shorten life, for one of Osler's cases was still alive at the age of 92, having had his first attack at 18.

Of the recorded cases about 50 per cent. "grow out of it" in two or three years, and the remainder have recurrent attacks for the rest of their lives.

Except when the larynx or lungs are involved the disease cannot be considered dangerous.

Treatment.—

1. *During an attack*.—A sharp saline purge, with a milk diet and hot applications (either dry or wet) locally, will cut the attack short.

In addition to these measures compression, massage, bromides, ergot, and diaphoretics have been suggested.

2. *In the interval between the attacks* the patient should be kept to a plain diet, avoiding especially shell-fish, pork, pastry, highly-seasoned foods, and, in certain cases, fruits (e. g. strawberries). So far as possible, fatigue is to be avoided, and the clothing should be light and warm. Regular action of the bowels must be maintained.

Many drugs have been tried, but with a marked want of success, such as the general tonics, bromides, iodides, salicylates, quinine, and calcium salts.

A further suggestion was made by Dr. Truman in the *Lancet*, arising out of a paper by Dr. Francis Hare in the *Practitioner*; the line of argument is briefly as follows:

Dr. Hare thinks that the paroxysmal neuroses are due to the accumulation in the blood of unoxidised carbonaceous material which is periodically "discharged."

On this ground he suggests that the intake of carbohydrates be limited in the diet, and the combustion of them be increased by exercises.

In one case in which I have been able to try this there was no apparent benefit. It was in case No. 1, when he was attending the Surgery after his discharge from Matthew.

The histories of the two cases admitted to the Hospital were briefly as follows:

CASE 1. Draper's assistant, *æt.* 20. First attack, aged fourteen, following a fight at school. Since then he has had at least four or five attacks yearly, usually involving forearm or scrotum. Duration twenty-four hours. Treated June—October, 1906, in Surgery: attack in June in left forearm;

one in August and one in October involving face, neck, and epiglottis, for which he was admitted. The last followed a meal of pork.

He has neither "aura" nor vomiting, but is always constipated just before and during the attack.

Hot fomentations to neck reduced swelling of epiglottis in one and a half hours, and relieved dyspnoea.

In twelve hours swelling of face subsided, and then began in right hand. He was obstinately constipated, but after the bowels were moved the attack subsided.

Urine—two and a half pints in twenty-four hours; no albumen or sugar. He afterwards tried saltless diet, and later reduced carbohydrate diet without apparent benefit.

CASE 2. Labourer, *æt.* 52. First attack eighteen months before admission, attributed to a bad smell in some drains at which he was working.

Since then four attacks, involving face and forearms.

In this attack first the lower, and then the upper, half of the face was involved. It had all subsided by the next morning.

Urine—30 oz. in twenty-four hours; no albumen or sugar. Chlorides diminished, but not absent.

Blood count normal.

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The Forthcoming Conversazione in the New Buildings.



are informed that on the evening of Wednesday, October 23rd, the Medical Staff and Lecturers will give a Conversazione in the new Out-patient and Special Departments' Block.

These buildings, which are of special interest to all St. Bartholomew's men, are considered to be the very best for their purpose that have yet been designed. This conversazione will be an excellent opportunity, for those who have not already been able to do so, of viewing the buildings under peculiarly favourable conditions.

We understand that the programme of entertainment will be a varied one and will contain many items of interest, both to the professional and to the lay public. There will be many exhibitions in the various Special Departments of subjects of scientific interest, illustrating the evolution of science in all the special branches of Medicine, Surgery and Nursing.

The new Kitchens and Dispensary will be in full working order, and will, no doubt, be a great attraction to visitors. Music will be provided by the String Band of the 1st Life Guards.

A special feature of the conversazione will be a large and probably unique collection of old prints. This should prove of the greatest interest, not only to antiquarians, but also to everyone who is interested in the evolution of Medicine and in the history of St. Bartholomew's Hospital.

From what we have been privileged to learn of the arrangements for the evening, we gather that opportunities will be presented for observing the work and the special features of each of the many departments of the new buildings. No more appropriate "house-warming" for the Out-patient Block could possibly have been devised, and we cannot withhold our admiration for the spirit of enterprise and hospitality which has led the members of the Staff to organise this most appropriate entertainment.

Amongst others, every past and present member of the Hospital will receive an invitation for himself and a lady. Having been allowed to see the proposed programme, of which we have indicated only the barest details, we look forward to an evening's entertainment of singular interest, and quite unprecedented in the history of this or any other Hospital.

Obituary.

HARRY FREDERICK WHITCHURCH, V.C.,
M.R.C.S., L.R.C.P., MAJOR I.M.S.

THE news of the recent death in India of Major H. F. Whitchurch came as a blow to his many Hospital friends now scattered throughout the world. To the present generation of St. Bartholomew's men his name only was known as that of one of the most gallant officers that ever held His Majesty's commission. It is now more than twelve years since he performed the act of heroism for which as a matter of course he afterwards received the Victoria Cross; but it will be many years before his name and his bravery are forgotten, either at St. Bartholomew's or in the army.

We cannot do better than quote the words of the obituary notice which appeared in the *Times* of August 22nd last. These shortly record the facts of his life and death, and recall the deed with which his name will always be associated.

"Major Harry Frederick Whitchurch, V.C., Indian Medical Service, died of enteric fever on August 16th at Dharmasala, Punjab, where his regiment, the 1st Prince of Wales's Own Gurkha Rifles (the Malaun Regiment), is stationed. He was in his forty-first year.

"Major Whitchurch's name recalls one of the many deeds of valour performed by the small garrison under Dr., now Sir, George Scott Robertson, M.P., which defended Chitral Fort during its investment from March 3rd to April 18th, 1895. During the sortie from the fort at the beginning of the siege, Major, then Surgeon-Captain,

Whitchurch went to the assistance of Captain Baird, of the 24th Bengal Infantry, who was mortally wounded, and brought him back to the fort under a heavy fire from the enemy. "Captain Baird was on the right of the fighting line," says the official record of the service, "and had only a small party of Gurkhas and men of the 4th Kashmir Rifles. He was wounded on the heights at a distance of a mile and a half from the fort. When Surgeon-Captain Whitchurch proceeded to his rescue, the enemy, in great strength, had broken through the fighting line; darkness had set in, and Captain Baird, Surgeon-Captain Whitchurch, and the Sepoys were completely isolated from assistance. Captain Baird was placed in a doolie by Surgeon-Captain Whitchurch, and the party then attempted to return to the fort. The Gurkhas bravely clung to the doolie until three were killed and a fourth was severely wounded. Surgeon-Captain Whitchurch then put Captain Baird upon his back and carried him some distance with heroic courage and resolution. The little party kept diminishing in numbers, being fired at the whole way. On one or two occasions Surgeon-Captain Whitchurch was obliged to charge walls, from behind which the enemy kept up an incessant fire. At one place particularly the whole party was in imminent danger of being cut up, having been surrounded by the enemy. Surgeon-Captain Whitchurch gallantly rushed the position, and eventually succeeded in getting Captain Baird and the Sepoys into the fort." In an account of the defence reprinted from the *Pioneer* Sir George Robertson is quoted as saying of the dying Baird:—"Characteristically he has urged me not to forget Whitchurch, and has told me how Whitchurch had to charge walls and small sangars on the road. On one occasion the party was surrounded, and must have been cut to pieces, Baird says, but for a splendid charge by Whitchurch, who lost four of his own men in hand-to-hand fighting, but inflicted such loss on the enemy that they did not again come within reach of the bayonets. It is difficult to write temperately about Whitchurch." Major Whitchurch's other war services were with the Lushai expeditionary force in 1892, the North-West Frontier campaign of 1897-8, including the defence of Malakand and the engagement at Landakai, and the Peking Legations relief expedition in 1901. He was the only son of Mr. Frederick Whitchurch, of St. Catherine's, Blackgang, Isle of Wight, and received his medical education at St. Bartholomew's Hospital."

Notes on Clinical Pathology.

THE GASTRIC CONTENTS AND VOMIT.

THE gastric contents undergo more or less characteristic changes in all diseases of the stomach, such for example as the excess of mucus, the occasional presence of pus, and the absence of hydrochloric acid and of digestive power in acute gastritis. But in most conditions anything more than a cursory examination of the vomit does not aid us much in diagnosis. It is practically only in differentiating carcinoma of the stomach from chronic gastric ulcer, and from simple dilatation, that the examination of the gastric contents does help very materially; in fact, in this connection its examination has become almost essential.

The investigation is best carried out by giving a test meal; although similar results will usually be obtained with the vomit, examination of this is not quite so satisfactory. The test meal now used as a routine is that named after Ewald; it consists of a slice of toast and half a pint of tea without sugar or milk, and is given the first thing in the morning on an empty stomach. If there is any likelihood of fluid lying in the stomach overnight, the tube should be passed and the stomach washed out before the meal is

taken. It is not advisable to add anything to the toast and tea, the addition of milk, butter, or proteids is liable to increase the quantity of the organic acids, so that lactic acid may be found in considerable quantity, but not be pathological. Ewald's meal is quite sufficient to stimulate the flow of gastric juice, and it is the composition of this which we wish to investigate.

The meal is recovered after an hour by the passage of a stomach tube with a funnel attached to act as a syphon. By getting the patient to retch a little, or by pressing over the stomach it is often possible to recover the gastric contents directly. It is not desirable to pour water down the tube, as the dilution to which this gives rise will render any quantitative investigation useless. If, however, it is found impossible to start the flow in any other way the tube should be just filled with water and the funnel immediately depressed to act as a syphon; the first few ounces of fluid recovered should then be rejected. Pushing the tube down too far, and so getting it coiled in the stomach, is probably the commonest cause of difficulty.

The investigation of the test-meal usually carried out is (1) the examination for blood, pus, or fragments of growth; (2) the tests for free hydrochloric and lactic acids; (3) the estimation of the total acidity; and (4) the microscopical examination, especially for sarcinae and the Oppler Boas bacillus. The presence of fragments of growth is extremely rare, practically it is only a large fragment that can with certainty be recognised. The tests for free hydrochloric and lactic acids are easily carried out, but a quantitative estimation of these acids is a matter of extreme difficulty. The total acidity, which is measured by noting the number of cubic centimetres of decinormal caustic soda solution required to neutralise 100 c.c. of the filtered gastric contents, is the only quantitative estimation which is of value and easily applied. This number is generally about 55 to 65.

In carcinoma of the stomach the test meal generally shows quite early in the disease an absence of free hydrochloric acid, and the presence of considerable quantities of lactic acid. Sarcinae are nearly always absent, and the Oppler Boas bacillus, a large Gram staining bacillus often showing a bend in the middle, is frequently found. The latter is not invariably present, nor is it quite diagnostic of carcinoma, its presence probably depends on the excess of lactic acid in the stomach.

In chronic gastric ulcer hydrochloric acid is present, and the total acidity is frequently increased; sarcinae occur, but lactic acid and with it the Oppler Boas bacillus are generally absent.

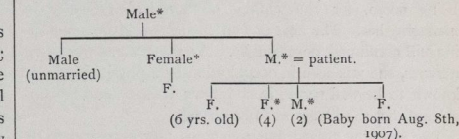
In simple dilatation of the stomach, as the result of stenosis of the pylorus from healing of an ulcer, hydrochloric acid is generally present, and excessive fermentation with abundant yeasts and sarcinae in the vomit occurs. It is only in rare cases of extreme dilatation of the stomach, with

atony of the mucous membrane, that hydrochloric acid is sometimes absent without a carcinoma existing. In these cases the size of the stomach is generally considerably in excess of that seen in cases of carcinoma. Practically the presence or absence in the test meal of hydrochloric acid, with the secondary changes which are to a great extent dependent upon it, does assist us greatly in the diagnosis of carcinoma of the stomach.

Note on the Heredity of Personal Characteristics.

By ALAN W. HOLTJUSEN.

AFTER having delivered a woman on the "District," and when examining the baby for any peculiarities, I was asked to see that its fingers were normal, as two older children in the family have web-fingers. On further inquiry I found that other members of the family had the same condition.



The table shows members of family known certainly to have the condition—these are marked with an asterisk.

The grandfather has web-fingers; the uncle has normal fingers, and is unmarried; the aunt had web-fingers, and had a child who was normal; the father has the condition very well marked; the eldest child is a girl, and is normal; the second is a girl with web-fingers; the third a boy with web-fingers; and the fourth, just born, is normal.

In all cases the ring and little fingers of both hands are joined by a web of loose skin, which extends dorsally as far as the nail-beds. The nails are separate (except in the boy), and their opposing surfaces give some trouble occasionally as "ingrowing" nails. The boy has only one nail for each pair of fingers, the division being represented by a rather deep and very narrow groove. On the palmar surface the web extends as far down as the last interphalangeal joint, beyond which the pulps of the fingers are joined, and are not to be distinguished into two parts. The sensations of touch and pain are normal, the man being able to tell with eyes shut which finger has been pricked by a pin.

The web is translucent, and has vessels running obliquely and transversely across it at intervals. The skin on both surfaces is perceptive to touch. The ring finger is very much flexed at the first interphalangeal joint on account of its greater length. The two fingers are individually movable on volition as far as they can move separately. The bones and tendons of the little finger are quite separate from those of the ring finger in each case.

Biliousness—Cancrum Oris.

By J. H. FRANCIS NUNN, M.R.C.S., L.R.C.P.



B—, a female child, et. 4 years, who had occasional bilious attacks, became ill in her usual way, and I was sent for.

I found her slightly feverish, and she vomited after food. She had had something to eat recently out of the usual line of diet, which was apparently the cause of the sickness. I allowed her plenty of water and small quantities of milk and water, and gave her a grain of calomel.

The next day she still vomited occasionally (the bowels had not moved freely), but she did not appear to be seriously affected by the sickness. I gave another grain of calomel and some rhubarb and soda mixture. She had a good night. The tongue was still coated, and the urine high coloured and the bowels constipated. I therefore gave calomel gr. iss or gr. ii, as the other medicine was not being taken, for the child's mother had difficulty in managing her. The next day an enema was given. Vomiting still continued occasionally. As the parents were very nervous, she was seen in consultation by a physician who is known to be well versed in children's diseases, and he considered that the illness was not serious.

The vomiting ceased, but the gums now appeared to be soft and inclined to bleed, and there was still difficulty in having her mouth properly attended to, my directions being only nominally carried out. The child was also allowed a comforter, which occasionally she "smoked" very vigorously, drawing part of the circular bone piece under her tongue. A small dark ulcer appeared under the tongue, and even then I found that the comforter was allowed at night.

The next day I found two large ulcers (inside the cheeks) had developed, one extending to the margin of the gum. It was clear that the condition was cancrum oris; the mouth was very bad, and the breath exceedingly offensive.

The mouth was well washed (free from *albris*) with boric lotion, and, after drying the surface of the ulcers, pure carbolic acid was rubbed in. The teeth adjoining the ulcer became loose, and one or two came out. The mouth was frequently washed by a nurse, who now had charge, and I applied the caustic daily, which soon caused the slough to separate, although the ulceration increased in extent. After using the acid I applied vaseline to the inside of the mouth freely; this did not cause sickness, and possibly may have had some effect in preventing any action of the carbolic on the stomach. During this time the child lay in a heavy drowsy state, but could be roused. She was fed by the rectum and by nasal tube, and plenty of nourishment was received and retained.

Again the child was seen by the same consultant, who gave no hope of recovery. Treatment was still continued,

and, after two days, the ulcers on the inside of the cheeks, one of which had laid bare part of the inferior maxilla, became more healthy, although the cheeks were shiny and swollen. The child seemed to rally, and still took nourishment well, when there was an increase in the gangrenous processes in the sublingual region. The child, after being comatose for about twenty-four hours, died.

Here a slight illness led to a serious condition which caused death.

It seems to me that the calomel may have been a predisposing cause of the gangrene; also the comforter was apparently the cause of the first ulceration. Early efficient treatment of the mouth might have averted the disaster.

One Summer's Day.

EVERYBODY remembers the only fine day of the summer of 1907. It came upon us quite unexpectedly, just when our fur lined overcoats were beginning to get a trifle shiny at the seats. So soon as ever I woke up that afternoon I knew we were in for a fine day. I cannot tell how I knew it. But there was a feeling of strangeness in the air—a sensation of impending thaw—almost a suggestion of a breath from the tropics.

I sprang lightly out of bed, and rubbed away the delicate tracery of frost from off the window panes. Yes, even through the yellow twilight of an August fog, I could discern the sun as a distant circle of red, shining behind the leafless trees. Verily, summer was coming at last!

A glance at the barometer on my way down to breakfast confirmed my suspicions. After months of cruising between "Very Dry" and "Set Fair," it had reversed the engines, and now rode gaily at anchor off "Stormy."

The day steadily improved. By 4 o'clock seven skating fatalities were reported from the Serpentine; by 4.30 the petrol had melted in the motor omnibuses, and traffic was resumed on Ludgate Hill. At 4.45 an inquiry by a young person from the *Starry News* elicited the fact that less than 5000 cases of frost-bite had been admitted since mid-day into the wards of the London Hospital. The 5 o'clock *Pill Mill* even devoted two columns to the articlette on "Heat Exhaustion" by a world-famous physician, which had been unavoidably held over since Easter.

At half past 5 the heat was terrific. Encased in flannels and a pugaree, I lay in a hammock before the kitchen fire, sucking mulled Bovril through a straw, and killing mosquitoes with clouds of acrid smoke from a pipeful of J. M. Barrierar's Coward Mixture.

A telegram from Captain X— arrived at 6 o'clock, imploring me to join at once the Polar Expedition to Greenwich. Less than ten minutes sufficed to make up my mind, to add

a codicil to my will, to sterilise my domette underclothing, and to break loose from my weeping family. A few moments later I descended to the cellar, surprised the butler analysing the '87 Fallernian (*Consule Planco*—Bin 33), kissed him farewell, and boarded the Tootlecoo tube to the Temple. Here I purchased at the bookstall a few indispensable medical works—the special Frost-bite and Dry-Rot numbers of the *Petitioner*, Harvey's *Meditations among the Tombs*, and *What a Young Man of 45 ought Not to Know*.

At the Temple Pier I was interviewed by the principal farthing dailies. Lovely weather attended our departure. Once aboard the good ship "*Will Crooks, M.P.*"—the neatest little craft that ever paddled from an L.C.C. dockyard—we were soon all at sea, and charging the ice-bergs under Blackfriars Bridge.

Little remains to be told. Disaster after disaster befell our gallant expedition. At the Old Swan Pier the beer ran out. At Cherry Garden Wharf the chlorotone was thrown overboard in mistake for the homeward letters, and we were prostrated by sea-sickness. Off Limehouse the supercargoes mutinied. At Millbank the bumboatwomen were marooned by the powder-monkeys.

Worse followed. Our constitutions, never of the best, and now deprived of fresh fruit, offered no resistance to the ravages of scurvy-rickets. The chaplain's cabin swarmed with pink rats and creeping things without number. At the mercy of wind and tide, we drifted towards the fatal mud-banks.

* * *

Only two of us reached Greenwich—the war correspondent of *Home Chat* and myself. We were pulled ashore, more dead than alive, by friendly Eskimos, who provided us with a tolerable repast of devilled albatross and fermented blubber on board *The Ship*, and sent us home rejoicing by the last tram. So ended the summer of 1907.

The Clubs.

SWIMMING CLUB.

ST. BART'S v. OXFORD UNIVERSITY.

Played at Marylebone on June 24th. Bart's were without Dixon, Capon, and Ferguson.

In the team race of seven a side the University won by half a length of the bath.

In the Polo match which followed Oxford had all the best of the game, and won by 5 to nil. Team:

F. C. Trapnell, J. R. B. Dobson, W. B. Wood (forwards); H. L. Beale (half); R. L. E. Downer, S. Beale (backs); T. K. Boney (goal).

ST. BART'S v. RICHMOND.

At Richmond, July 5th. Richmond were playing Marx and Saunders, and had the best of the game, despite the fact that they were a man short near the close. On one occasion Rice got away, and swimming up the bath, came near scoring, but only four times did Bart's put up a shot at goal. Result: lost, 7—0. Team:

H. G. Rice, T. K. Boney, W. B. Wood (forwards); F. C. Trapnell (half); R. L. E. Downer, J. R. B. Dobson (backs); H. V. Capon (goal).

CUP-TIE.

TEAM RACE (FIRST ROUND).

Bart's met Guy's at Southwark, but were easily beaten, Trapnell being the only one to show good form. Team: F. C. Trapnell, T. K. Boney, J. R. B. Dobson, W. B. Wood.

WATER POLO (FINAL ROUND).

Bart's again had to meet Guy's, the match taking place at Southwark on July 15th. Many of the men having gone down, Bart's could only raise a weak side, and were beaten by 6—1. Team: F. C. Trapnell, J. R. B. Dobson, W. B. Wood, F. Trewby, M. Donaldson, H. T. H. Butt, H. V. Capon.

Reviews.

SKIN AFFECTIONS IN CHILDHOOD. By H. G. ADAMSON, M.D., M.R.C.P. (London: Henry Frowde and Hodder and Stoughton. *Oxford Medical Manuals*.) Price 5s. net.

This little manual will be found of great use to the general practitioner. Each disease is described shortly and to the point, with illustrations here and there. The remarks on congenital syphilis are excellent, and no one who reads this book attentively can in future diagnose every case he is unable to recognise as C.S., since the lesions are, in reality, so few and so well marked.

Rightly, emphasis has been laid on the early diagnosis of lupus, but here, and in many other instances, not quite enough space has been devoted to treatment.

The etiological classification has been adopted, in lieu of Willan's "Elementary lesion," or Hebra's "Pathological anatomy of lesion" system. Unless more is known of the pathology, the cause can hardly be found.

It is rather a pity that the author has taken for granted that his reader is familiar with the recognised elementary lesions, a chapter on which would not have been out of place. On page 61 "palpebrum" is found where "palpebrarum" is surely intended.

On the whole this is an excellent work, and the author has made what is to many an uninteresting branch of medicine a distinctly attractive subject. The writer puts before us in clear, concise form a department in which he proves himself well versed.

LESSONS IN DISINFECTION AND STERILISATION. By F. W. ANDREWES, M.A., M.D., F.R.C.P., D.P.H. and edition. (London: J. & A. Churchill.) Price 3s. 6d. net.

This is the second edition of a most practical little book which was first published four years ago. It is written for the benefit of nurses and of those medical men who have not had the time or opportunity for a complete course of bacteriological study. This edition differs from the first in containing a few paragraphs on the most important disinfectants and the methods employed to "sterilise" them, while the directions at the end of the volume for practical work are considerably simplified.

This book, while especially welcome to those who know hardly anything of bacteriology, will be of great service to more advanced students, since everything that Dr. Andrewes writes is not only worth knowing, but is written in a style which makes the most dry and difficult subject entertaining and intelligible.

In a list published by Mr. Jones, Bookseller, Camberwell, of the Oxford Medical Publications, we notice an amusing misprint. Dr. Gee's classical work is therein referred to as "*Osculation and Percussion*." This is too good to be lost.

*** A large number of volumes have lately been received for review. Owing to pressure upon our space, reviews of these books are held over until the October and November issues of the JOURNAL.—EDITOR.

Royal Naval Medical Service.

Appointments, etc., since 21st July—
Fleet Surgeon H. W. Burke to the "Wildfire," for Sheerness Dockyard, 26th July, 1907.
Surgeon N. H. Harris to the "Defiance," 22nd July, 1907.
Surgeon L. Morris to the "Hampshire," 20th August, 1907.

Royal Army Medical Corps.

London Gazette, July 30th, 1907.

The undermentioned lieutenants to be captains—
Charles H. Turner, Frank H. Noke, George E. Cathcart, Montagu F. Grant, Alban A. Meaden.

* * *
Lieut.-Col. J. R. Dodd has been posted to the Royal Infirmary, Dublin.

* * *
Captain M. H. G. Fell has obtained the D.P.H. of the English Colleges.

* * *
Captain A. H. Morris has joined the Scottish Command for duty as Sanitary Officer.

Appointments.

ARMSTRONG-DASH, C. J., M.B., B.S.(Lond.), appointed House Physician at the Westminster Hospital.

BALL, W. G., F.R.C.S., appointed Assistant Surgeon to the City of London Truss Society.

CATES, H. J., M.B., B.S.(Lond.), appointed House Surgeon at the Westminster Hospital.

GASK, G. E., F.R.C.S., appointed Surgeon to the City of London Truss Society.

GRANDAGE, W. B., B.A.(Cantab.), M.R.C.S., L.R.C.P., appointed Resident Medical Officer at Queen Charlotte's Lying-in Hospital.

HAMILTON, Lieut. A. F., M.B., F.R.C.S., I.M.S., appointed Surgeon to His Excellency the Governor of Bombay.

HAWES, COLIN S., M.R.C.S., L.R.C.P., appointed Assistant Physician at the Nordrach-upon-Mendip Sanatorium.

ILLIUS, J. W., Captain I.M.S., to act as District Medical and Sanitary Officer, Guntur, Madras Presidency, India.

PERL, A. F., M.B., B.S.(Lond.), appointed Assistant Medical Officer at Claybury Asylum, Woodford Green.

WRANGHAM, W., M.D.Lond., M.R.C.S., L.R.C.P., appointed Honorary Assistant Physician to Bradford Royal Infirmary.

New Addresses.

ARMITAGE, C. E. A., 43, Nicoll Road, Harlesden, N.W.

BERKEFF, H. J. D., 3, Clarendon Road, Southsea, Hants.

BOLT, R. H., c/o Messrs. T. Cook and Sons, Bombay.

CONOLLY, N. A. W., "Albion," Thompson Street, Drummoyne, Sydney, New South Wales.

CRALLAN, G. F. J., The Elms, Parkstone, Dorset.

EMLYN, C. W., Culworth Hall, near Banbury.

GRANDAGE, W. B., Queen Charlotte's Lying-in Hospital, Marylebone Road, W.

GURNEY, A. C., The Red House, College Road, Eastbourne.

HAWES, C. S., Nordrach-upon-Mendip Sanatorium, Blagdon, Bristol.

ILLIUS, J. W., c/o Thos. Cook and Son, Bombay.

MAPLES, F. F., c/o S.M.O., Lagos, Southern Nigeria, West Africa.

NIALL, E. M., 2, Arlington Street, Piccadilly, S.W. (Tel.: 1764 Mayfair.)

PERL, A. F., Claybury Asylum, Woodford Green.

SHAW, E. H. (Tel.: 2819 North.)

TRAVERS, R., 22, Upper Phillimore Place, W. (Tel.: 1654 Kensington.)

WILLIAMS, A. SCOTT, Military Hospital, Eastbourne.

Births.

COOKE.—On the 7th August, at Fairholme, Walsall, the wife of John G. Cooke, M.B.(Cantab.), of a son.

HEY.—On the 1st August, at 1, Princess Terrace, Ripon, the wife of Samuel Hey, M.R.C.S., of a daughter.

MARTIN.—On the 16th August, at 1, Marlborough Avenue, Hull, the wife of Dr. Edward Lister Martin, of a daughter.

MOLESWORTH.—On the 12th August, at "Knocksedan," St. Margaret's Bay, near Dover, to Dr. and Mrs. Molesworth—a daughter.

PARSONS.—On the 26th August, at 26, Parliament Hill Mansions, N.W., the wife of Dr. W. B. Parsons, of a daughter.

WALKER.—On the 21st August, at Yewdale, Lee-on-the-Solent, Hants, to Dr. and Mrs Lewis Walker—a daughter.

Marriages.

LEVERTON-SPRY—DRURY.—On the 9th August, at Holy Trinity Church, Cambridge, by the Very Reverend the Dean of Ely, assisted by the President of Queen's College, Cambridge, and the Rev. W. R. Whately, M.A., Edward Leverton-Spry, M.R.C.S., L.R.C.P., son of Dr. Leverton-Spry, of St. Keverne, Cornwall, to Catherine Perry, daughter of the Rev. T. W. Drury, D.D., Principal of Ridley Hall, Cambridge, and Bishop-designate of Sodor and Man.

NIALL—HEGARTY.—On the 27th July, 1907, at Westminster Cathedral, by the Rev. Percy O'Connor, Eugene M. Niall, M.D., B.S.(Lond.), of 2, Arlington Street, Piccadilly, S.W., eldest son of Eugene H. Niall, L.R.C.P., of Herne Hill, to Rosa, youngest daughter of the late James Hegarty, of Londonderry.

Deaths.

HIRST.—On the 31st August, at Westfield Terrace, Chapel Allerton, Leeds, Walter Clapham Hirst, M.B.(Lond.) in his 29th year.

MARGRAVE.—On the 19th August, at Moffat, N.B., suddenly, Malcolm Llewelyn Margrave, M.R.C.S., L.R.C.P.Lond., late of Llanely and Newton Abbot, aged 42 years.

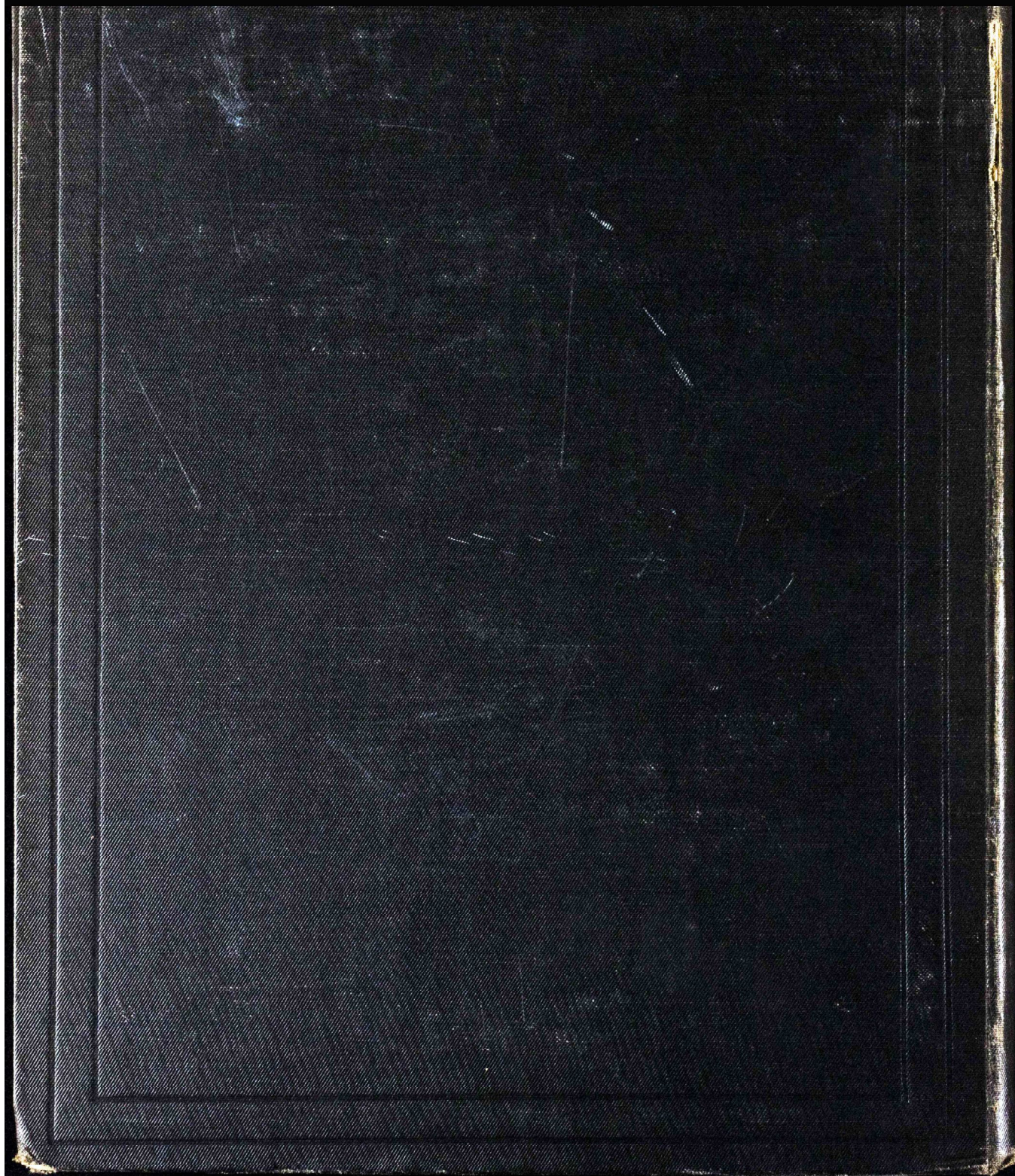
WHITCHURCH.—On the 16th August, at Dharamsala, Punjab, India, of enteric fever, Major Harry Frederick Whitchurch, V.C., I.M.S., only son of Frederick Whitchurch, St. Catherine's, Blackgang, Isle of Wight, in his 41st year.

Acknowledgments.

British Journal of Nursing, Eagle, Echo Médical du Nord, Giornale delle Reale Società Italiana d'Igiene, Guy's Hospital Gazette, Health Resort, Hospital, Journal of Laryngology, Rhinology, and Otology, Medical Review, Merck's Annual Report, Mois Médico-Chirurgical, New York State Journal of Medicine, Nursing Times, Practitioner, Stethoscope.

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, Smithfield, E.C.
The Annual Subscription to the Journal is 5s., including postage. Subscriptions should be sent to the MANAGER, W. E. SARGANT, M.R.C.S., at the Hospital.
All communications, financial or otherwise, relative to Advertisements ONLY, should be addressed to ADVERTISEMENT MANAGER, The Journal Office, St. Bartholomew's Hospital, E.C. Telephone: 1436, Holborn.
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Blue	White	White	White
Green	White	White	White
Yellow	White	White	White
Orange	White	White	White
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Blue	Yellow	Cyan	Black
Purple	Green	Magenta	Black
Olive	Purple	Yellow	Black
Blue	Red	Red	Black
Brown	Blue	Green	White
Brown	Orange	Blue	White