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St. Bartholomew's Hospital



JOURNAL.

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OCTOBER, 1907.

[PRICE SIXPENCE.]

St. Bartholomew's Hospital Journal,

OCTOBER 1st, 1907.

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

Calendar.

Tues., Oct. 1.—	Winter Session begins. Dr. Norman Moore and Mr. Cripps on duty. Annual Old Students' Dinner.
Fri., " 4.—	Dr. West and Mr. Bruce Clarke on duty.
Mon., " 7.—	Special Subject Lecture, 1 p.m. Mr. Harmer.
Tues., " 8.—	Abernethian Society. Sessional Address by Dr. Champneys, 8.30 p.m. "Midwives in England." Final Conjoint Examination (Medicine) begins. Dr. Ormerod and Mr. Bowly on duty.
Wed., " 9.—	Clinical Lecture, 12.45 p.m. Mr. Bowly. First Examination, L.S.A. (Biology, Materia Medica, and Pharmacy) begins.
Thur., " 10.—	First Conjoint Examination (Practical Pharmacy) and Final Conjoint (Midwifery) begins.
Fri., " 11.—	Clinical Lecture, 12.45 p.m. Dr. Norman Moore. Final College Examination (Surgery) begins. Dr. Herringham and Mr. Lockwood on duty.
Mon., " 14.—	Special Subject Lecture, 1 p.m. Mr. Cumberbatch. Final Examination, L.S.A. (Surgery) begins.
Tues., " 15.—	Dr. Tooth and Mr. D'Arcy Power on duty.
Wed., " 16.—	Clinical Lecture, 12.45 p.m. Mr. A. W. D.
Thur., " 17.—	Abernethian Society, "Pneumonia and its Complications." Coventon, "Pneumonia and its Complications."
Fri., " 18.—	Clinical Lecture, 12.45 p.m. Dr. West. Dr. Norman Moore and Mr. Cripps on duty.
Mon., " 21.—	Special Subject Lecture, 1 p.m. Mr. Eccles. "Talipes"
Tues., " 22.—	Final Examination, L.S.A. (Medicine and Midwifery). Dr. West and Mr. Bruce Clarke on duty.
Wed., " 23.—	Clinical Lecture, 12.45 p.m. Mr. D'Arcy Power. Conversazione in the New Buildings, 9 p.m.
Thur., " 24.—	Abernethian Society, 8 p.m. Clinical Evening.
Fri., " 25.—	Clinical Lecture, 12.45 p.m. Dr. Herringham. Dr. Ormerod and Mr. Bowly on duty.
Mon., " 28.—	Special Subject Lecture, 1 p.m. Dr. Garrod. M.B., B.S. (Lond.) Examination begins.
Tues., " 29.—	Dr. Herringham and Mr. Lockwood on duty.
Wed., " 30.—	Clinical Lecture, 12.45 p.m. Mr. D'Arcy Power.
Thur., " 31.—	Abernethian Society, 8.30 p.m. Mr. N. G. Horner. "Facial Diagnosis."

Editorial Notes.

CUSTOM demands from the Editor of the Hospital JOURNAL a word of welcome to Freshmen. This is a duty which we willingly perform, since it implies an assumption of nothing more than relative seniority. To the gentlemen who have now associated themselves once and for all with the ancient foundation of St. Bartholomew, we offer the heartiest of welcomes. This we offer on behalf of the Hospital, of the Medical School, and of the Students' Union, which we have the honour to represent. Every Bart.'s man regards himself as a life member of the institution; directly he enters his name as a student he undertakes from that time onward a heavy responsibility towards the place. The fees he pays and the services he performs in the wards are a small return for all that he gets out of the Medical School and the Hospital; no wonder something more is demanded of him.

* * *

THERE are some men whose one object in joining any institution is to get the most out of it with the least possible inconvenience to themselves. This is a very unfortunate attitude for anyone to adopt who hopes to succeed at St. Bartholomew's. The tradition of the place is dead against it. If he manages to hide his true motives during the first few years, he will certainly be found out and shown up as soon as he begins clinical work. We only mention this point, because out of so many Freshmen there are certain to be some who, consciously or unconsciously, openly or in secret, hold this mistaken view of life, and we wish to warn them for their own benefit and for the good of the place.

* * *

AS for the others, the great majority, the men who mean to do their best for the Hospital, in welcoming them among us we also offer them our congratulations on their choice of a School. "Patient merit" does very well at Bart.'s. It may not be recognised at first, but it never fails of appreciation in the long run. The man who gives

up his Saturday afternoon because a fifteenth man is needed for a second team football match, when his inclinations tempt him in other directions, is the same man who puts his back into the drudgery of clinical work when the eye of his superior officer is not upon him. St. Bartholomew's is a very big place, and one might think that these things pass unnoticed and unrecorded. But they do not; and we can assure Freshmen of this stamp that their virtues will find them out before they have been with us long, and that what they do for the good of the School and the Hospital will be paid back in full measure.

We have now welcomed the Freshmen, we have warned some, and encouraged others: all this we have done in accordance with the best traditions. Fortunately for us the Editor is not expected to deliver any formal introduction to the study of medicine. The students' numbers of the principal medical journals have already dealt fully enough with the prospects, opportunities, advantages, and drawbacks of medicine as a profession; and there is no need for us to grind out this familiar tune either in a new key, if that be still possible, or in an old key with new variations. But we may quite appropriately pick out and emphasize one point, which is but lightly touched upon by most of our contemporaries in their introductory articles. This is the question of exercise and fresh air.

Now that the strain of medical education is becoming more and more severe, it becomes increasingly important for every student to plot out his time in such a way that his mental work does not suffer from want of bodily exercise. During the first years at Hospital the Medical School authorities provide ample opportunities for games and relaxation, and only the very short-sighted fail to make good use of them. But once the second examination is passed and clinical work is begun, it needs some forethought and determination to secure enough exercise in the open air. The student now has to make his own opportunities for physical recreation; and there is danger that, left to himself, the absorbing interest of clinical work or the claims of impending examinations may keep him from his proper share of exercise. The time is soon coming when the arduous and responsible nature of some house appointment will detain him within Hospital walls perhaps for weeks at a stretch. But there is no need to anticipate these hardships. Their prospect should rather induce him to make the most of his time and take his exercise whilst he can.

The man who enters St. Bartholomew's this session has distinct advantages over his predecessors. The accommodation provided for him in the new buildings is immeasurably superior to the dingy little old rooms which did

service as Abernethian and smoking rooms for so many years. But if the new common rooms and luncheon rooms and the present midwifery clerks' quarters are, to say the least of it, an improvement on the former state of affairs, we are left with no word to describe the difference between the accommodation for students in the old Out-patient Rooms, and the admirable Dressers' and Clerks' Rooms which are included in the new Out-patient Department.

It is hard to realise that the days of the old Surgery are numbered. When one looks back upon the work that has been accomplished there, one does not marvel so much at the overcrowding and the inconveniences and the makeshifts that were put up with, as at the indomitable spirit which animated the ceaseless struggle against dirt. The present generation of Freshmen, when it comes to work in the new Surgery, will never know the enormous labour which was spent upon trying to keep the old place even passably clean, and it will scarcely believe that Surgery operations in the old days were often attended with aseptic results. One valuable lesson was learnt in the old Surgery which will not, perhaps, be learnt so thoroughly in the new palatial buildings, and that was how to make the best of things and to triumph over difficulties. It was a first-rate training ground for resource and ingenuity. Dressers were never spoilt for future private practice by the ideal conditions under which they worked in Hospital.

We must here acknowledge the many kind things which were said about our Special August Number by the *Guy's Hospital Gazette* in a recent issue. "Approbation from Sir Hubert Stanley is praise, indeed," and we feel highly honoured at this cordial appreciation of ourselves and of our Commemorative Number. The *Guy's Hospital Gazette* is a contemporary for which we have the greatest respect; it is always well arranged and it appears once a fortnight with wonderful regularity.

THE Third Edition of the Students' Union *Year Book* has now made its appearance. Every part of it has been brought up to date; and, after close study of its contents, we consider that Mr. J. E. Hailstone and his assistants are to be congratulated upon the neatness and accuracy with which they have done their work. The *Year Book* is now a permanent feature of hospital life; in less than three years it has established itself as an indispensable reference book for those who take an active part in the affairs of the Hospital. We believe that it is also appreciated—if only for its directory—by old St. Bartholomew's men. When the First Edition was taken in hand in 1905 by Dr. Hogarth we had the honour of helping in a very small way with its preparation, and we know what an arduous undertaking it is. We would, therefore, remind St. Bartholomew's men, past and present, who (owing to the satisfactory

financial position of the Students' Union) have one and all received free copies of the *Year Book* for 1907-8, that they owe a debt of gratitude for this privilege to the Students' Union Council, to the special Year Book Sub-committee, and especially to our Assistant Editor, Mr. Hailstone.

In another part of this issue we devote several columns to an obituary notice of a former Editor of the *JOURNAL*, Captain H. B. Meakin, whose recent untimely death is deplored by a very wide circle of old St. Bartholomew's men. For this memorial article we are indebted to two of his intimate friends, both distinguished members of the Hospital. We have nothing to add to their appreciation of the man and of his work except to say that Captain Meakin became the second Editor of the *HOSPITAL JOURNAL* at a critical period in its career, and that within a very short space of time his enthusiasm and ability established the paper on a sound and successful footing. If only for this reason, we should be justified in printing an extended notice of Captain Meakin in the columns of the *JOURNAL*. The verses which follow the obituary are from the pen of another personal friend who was associated with Meakin until the end.

THE death of Professor Charles Stewart, F.R.S., late in September, removes a distinguished St. Bartholomew's man from the world of science. After studying here Professor Stewart qualified in 1862, and four years later became a Fellow of the Linnean Society, of which body he subsequently served as President for five years. Among the other important positions which he held were those of Hon. Secretary and Vice-President of the Royal Microscopical Society, Treasurer of the Anatomical Society, Fullerian Professor of Physiology at the Royal Institution, Curator of the Museum and Lecturer on Comparative Anatomy and Physiology at St. Thomas's Hospital, and Professor of Biology and Physiology at Bedford College. He was elected a Fellow of the Royal Society in 1896, and obtained the Honorary LL.D. of Aberdeen University. Professor Stewart's chief work, however, was associated with the Royal College of Surgeons, where for the past twenty-three years he held the office of Conservator of the Museum, and of which body he was Hunterian Professor for a long period. His many preparations and dissections in the College Museum are unrivalled, and he was almost equally famous as a lecturer.

OWING to a variety of circumstances we go to press with this number a week later than we should have done. We apologise to our readers for this delay, for we believe that punctuality is the essence of good journalism, amateur as well as professional. If we were in a mood to make excuses we would plead that September is a bad month for

securing "copy." But this explanation, though it may appease the more indulgent of our readers, does not satisfy our own conscience. This tells us that, in a place of the size of St. Bartholomew's, the exercise of a little editorial foresight during the busier season can always secure enough reserve material to tide the *JOURNAL* over the lean months of late summer. *Pecavimus!*

UNPUNCTUALITY in the publication of the *JOURNAL* brings several evils in its train. For example, the Calendar gets out of joint, and its earlier part, instead of reminding people of important engagements, becomes a bald chronicle of past events. Thus, the October Old Students' Dinner is now ancient history; and the Ninth Decennial Dinner, the date of which we hoped to impress upon newly qualified men in order that there might be a representative gathering, will already have been digested by the time this number appears. And, what is far worse, our edifying words of welcome, written with the best intentions at the close of September, for the benefit of impressionable Freshmen, will now be read and scoffed at by hardened and cynical veterans of ten days' standing.

THE annual Old Students' Dinner, held in the Great Hall on October 1st, was indeed a most successful function. We shall publish a full report in our next number; but we may say now that there were about 200 present under the chairmanship of Mr. Harrison Cripps, and that the dinner and the speeches were alike excellent. The miserable weather outside was quite forgotten in the enjoyment of the evening, and the Great Hall looked at its very best. A large number of guests reassembled in the Waiting Hall of the New Block after dining, and made a brief inspection of the more accessible parts of the buildings.

THE Indian Medical Service news, which has languished for so long in the columns of the *JOURNAL*, has at last found a godfather. An anonymous correspondent has kindly volunteered to keep us supplied with information of St. Bartholomew's men in this branch of His Majesty's service. We are grateful for this timely offer of help.

Mr. R. MILBOURNE WEST has taken the M.D. degree at Durham University for practitioners of fifteen years' standing.

THE outgoing Editor takes leave of the *JOURNAL* with regret. He has not satisfied himself, or pleased all his readers; but the work has been interesting, and the encouragement great. He hopes that his successor will be as fortunate in his assistants and contributors as he has been.

The History of a Case of Pulmonary Phthisis.

By T. J. HORDER, M.D., F.R.C.P.

HIS patient was the only child of parents who had always enjoyed good health. As a lad he was considered to be a delicate boy, suffering from frequent "feverish colds," for which there was always adopted a routine form of home treatment which erred perhaps on the side of "coddling." But boyhood passed without any illness of note. School over, the University was entered, and the eighteen years old fresher was a good specimen of English youth, proud of his physique and of his capacity for muscular exercise and nervous endurance. Part of the first summer vacation was spent on the sea coast. Climbing, boating, and bathing filled the day, and cards occupied the evening. The bathing took place from some shelving rocks reached by a walk of three miles across the sands. It occupied from an hour and a half to two hours of each afternoon, and consisted of alternate diving, swimming, and sitting half dried upon the rocks. Pleasant sport when the sun was warm and no breeze was blowing. But after a week the weather changed; the temperature fell, and a north-east wind set in. The bathers scorned to shorten their sport on this account; were they not young Englishmen, capable of "roughing it" with impunity, nay, with gain to their "constitutions"? It was on one of these latter days that our patient noticed more chilliness than usual after the bathing. He took a sprint home across the sands, and, on arrival, a stiff glass of hot whisky and water. The effect was only temporary. During dinner he was conscious of feeling ill, and he made an early excuse for leaving the card table and retiring. He slept badly. Towards morning his sense of chilliness changed to one of heat, he became aware of sharp pain in the left side, and he coughed much. The doctor was sent for, and the illness was said to be pleurisy. The patient made an excellent recovery.

Three years later he entered the Stock Exchange. His health at this time was very good; but his habits were bad. The day was spent in ill-ventilated rooms, and the evenings were no better in this respect for he regularly frequented the theatre, music hall, or club. In summer he played cricket, and in winter he visited a gymnasium, but one half day at either of these forms of exercise was made to last the week. He took to drinking spirits freely, and increased his daily average of cigarettes very considerably. The pursuit of other pleasures was not neglected, and in them also temperance took no part in his counsels.

He was twenty-four years old when an incident occurred which took him to a doctor for the second time in his life. One morning he awoke whilst it was still dark and began to cough. Feeling his mouth and throat full of some warm

liquid, he rose and spat this out, struck a match, and discovered that he had spat about a teaspoonful of bright frothy blood. The cough soon ceased and he went to sleep again. The doctor whom he consulted in the morning, finding no sign of disease, agreed with him that the blood had come from his throat; indeed, this explanation seemed confirmed by the discovery of some dilated blood-vessels in this situation. The patient was advised to smoke less, and was given an astringent gargle to use. Thus reassured, the incident was soon forgotten. A year later, however, the bleeding recurred; but this time the cough continued during the whole day, and with each cough a little frothy blood was expectorated. Somewhat alarmed, another doctor was seen, and by him the throat hypothesis was regarded with suspicion. True, there were no physical signs of disease in the heart or lungs, and the larynx appeared natural. There was no sputum. But the temperature being taken each day between 4 and 5 o'clock revealed a rise to 99.5°—100° on three days out of seven. The patient's weight had fallen during the previous six months. On these grounds the doctor feared the existence of early phthisis, and advised the patient to leave England for the approaching winter, and to stay away for two or three years. He accepted a post at Johannesburg, and, acting on the doctor's advice, gave up drinking spirits, smoked but moderately, and lived largely in the open air. He returned to England in three years' time, feeling and looking in excellent health. He called upon the doctor whom he had last seen, not so much to report the satisfactory results of the treatment recommended, as to express his doubts on the wisdom of having interrupted his work in London for a condition which probably did not exist. He was now twenty-eight years of age.

He returned to the Stock Exchange, and at the same time severed his brief connection with the "simple life." He found his renewed vigour added spice to the old sensations of London life, and he plunged into them more deeply than before. For two years all went well. Then he was seized with an attack of "influenza," which kept him in bed for a week and away from work for a fortnight. The illness left behind it a troublesome cough which "pulled him down," and continued to annoy him long after his return to work. But he gradually "shook it off," and a holiday in Switzerland did him a "world of good." Alas! only to become a victim to a second attack of "influenza." A third and a fourth attack followed at intervals of several weeks, and he became known as having an unfortunate "susceptibility" for the scourge.

It was at this time, when he was thirty years of age, that he once more sought medical advice or, rather, was urged by an anxious father to do so; for he himself made light of his ailments and "had little faith in doctors." In cross-examination he confessed to feeling "permanently run down," and to being "unable to keep warm." There was persistent cough often accompanied by a pain "like tooth-

The Conversazione on October 23rd.

READERS of the JOURNAL will no doubt be interested to learn a few more details of the forthcoming Conversazione, which is to be given in the New Buildings on Wednesday evening, October 23rd, by the Senior Staff and Lecturers of the Hospital. Invitations are being sent out to all old St. Bartholomew's men throughout the country, and to many others interested in, or connected with, the Hospital. The invitation cards to old St. Bartholomew's men were enclosed with their copies of the *Year Book*.

The Conversazione will begin at nine o'clock. The guests will be received by the Senior Physician and the Senior Surgeon in the large Waiting Hall on the ground floor. Here the String Band of the 1st Life Guards will perform a selection of music during the evening, and here also light refreshments will be provided.

Every department of the New Block will be open to inspection. In various parts of the Buildings there will be exhibitions and demonstrations of interesting subjects connected with medicine and the sciences. Each Special Department will be on show, and in most of them a series of demonstrations will be provided by the officers in charge. Thus, we understand that in the Ophthalmic and the Throat Departments four demonstrations will be given during the evening. In the Electrical Department demonstrations will be given of the X-rays. The new Dispensary and Hospital Kitchen will also have their special features displayed, and the new Resident Quarters and Students' Common Rooms will be on view.

Among the exhibitions that in the large Waiting Hall of the Medical Out-patients' Department (on the first floor) promises to be of especial interest. Here will be arranged under the direction of Dr. Leonard Mark a varied collection of Old Prints and Historical Objects relating to the Hospital. In the Surgical Out-patients' Department there will be an exhibition of Pathological Specimens illustrating the advance of pathology during the last twenty years.

Other exhibitions will illustrate the evolution of medical implements and appliances, and the development of those arts and crafts which follow closely in the wake of medical progress. Another item on the programme which is certain to attract much attention is an exhibit of Modern Nursing Requisites together with a Demonstration of Nursing.

Finally, in the new Clinical Lecture Theatre, at the top of the New Buildings, there will be delivered two short lectures by members of the Staff. Mr. D'Arcy Power will give a lecture at 9.45 on "Some Past Worthies of the Medical Staff"; and a second lecture will be given by Dr. F. W. Andrewes on "Medicine and Super-Medicine" at 10.30.

At the close of the evening's entertainment the guests

ache" in the left side. His breath was "not what it ought to be." His voice was often husky, and tired quickly. He was seen to be very thin, and his mucous membranes were anæmic. Below the left clavicle the vocal fremitus was found to be increased, and over the same spot a constant small râle was heard; lower down, on the same side, behind and in front, the percussion tone was diminished, and the breath-sounds were feeble. Examination of the sputum, which was muco-purulent, revealed the presence of tubercle bacilli. The patient was sent to a sanatorium where he put on a stone in weight during a stay of three months. His fever left him, and his energy returned. The signs of active disease in the lung disappeared, but some cough remained in the mornings, resulting in sputum which still contained tubercle bacilli. After a month at the seaside he returned once more to work, this time with his habits re-modelled on the lines of his sanatorium life: he chose well-ventilated rooms, opened his windows wide, fed well, became a teetotaler, and smoked very little.

But this second excursion into personal hygienics, though for a time successful, seemed incapable of restoring him to health as it had done before. The cough gradually increased, and there were occasional bouts of "bad neuralgia" in the chest. His power for work became limited, and his weight sank. Our patient, now in his thirty-fourth year, was found in this condition by his parents, whose minds had been set at ease four years previously by the good results of the sanatorium treatment. They were alarmed, and, acting upon the advice of a physician, they took their son abroad. At Kimberley he improved considerably, but a smart attack of "camp fever" hurried the party down to the Cape. Here he gained ground again, but the improvement was not maintained. The parents again became restless, and took him to a Swiss sanatorium. During the voyage an attack of "acute gastritis" set in, so that on arrival at his destination he was troubled by vomiting, and the fever was high. The physical signs of disease in the left lung were now marked and extensive, whilst the region of the right apex also yielded evidence of disease. The pulse-rate was frequent and the nails were permanently blue. There was some clubbing of the fingers. Two months passed, and the doctors acknowledged that no progress was being made. Panic seized the parents, and they departed hurriedly for England with their son. Hope had been given them by some interested friends, who told of wonderful cures by "vaccination," and how this method of treatment dispensed even with the need for fresh air, so miraculous was it. And if all this was too good to be true they wished at least to have their son at home when the end came. Their hope proved to be a futile one; but their wish was granted. For after three long months of anxious nursing our patient, emaciated and fever-stricken, his own hopes clinging to him till the end, sank into his final sleep. His disease had lasted ten years, for he died at thirty-five.


will be offered soup—"consommé au départ"—which will be served from the large cauldrons in the new Hospital Kitchen.

This brief outline of the arrangements for the evening of October 23rd should be enough to indicate that an entertainment of unique interest is in prospect. We are much indebted to those members of the Staff who have undertaken the arrangement of the programme for the information which they have placed at our disposal.

Applications for tickets from any who may not have received them—and there will be no admission without a ticket—should be made to the Warden, St. Bartholomew's Hospital, E.C.

In Memoriam.

HAROLD B. MEAKIN.

CAPTAIN HAROLD BUDGETT MEAKIN, I.M.S., son of Edward Ebenezer Meakin, a merchant, of Almora, India, was born at Redhill, Surrey, on August 23rd, 1870. His earliest education was at home and at Reigate Grammar School. In 1884, he went to Dollar School, N.B., and in 1885 to Wesley College, Sheffield, under Dr. Dallinger. At Wesley College he won a medal, and passed the Preliminary Scientific Examination of London University. In 1889 he came to the Hospital. He obtained the M.R.C.S., L.R.C.P., and the M.B.Lond., with Honours in Forensic Medicine, in 1894, and the M.D. in 1895. At the Hospital he was House Surgeon to Mr. Howard Marsh, President of the Abernethian Society, and Editor of this JOURNAL. During 1894—1896 he was Senior House Physician and Senior House Surgeon at the Metropolitan Hospital, and Acting Pathologist and Assistant Medical Officer at the London County Asylum, Banstead. Then, for some months, he took Dr. Lancelot Andrewes' practice in Chelsea. In the spring of 1898 he entered the Indian Medical Service, and won the Montefiore Medal and Prize in Military Surgery at Netley; and went out to India in September of that year.

Among all the men of his time at our Hospital, he stands out now, in the memory, with singular clearness. He was one of a remarkably gifted family. The writings of his brother, Mr. Budgett Meakin, on Morocco and the Moors, are of the very highest authority; one of his sisters, also, is a well known traveller and author; and another sister has for some years been in practice in Bombay. It is not fanciful, therefore, to say that he was born to be clever, born to think for himself and act for himself. But this birthright, happily for him, was guarded by a very strict home-life; he was not allowed, as a boy, to read what he

liked, or to do as he liked; and he was under a promise not to go to theatres till he was twenty-one. At first, when these restrictions came to an end, there came a time of reaction; but always he worked hard, and dearly loved his work. He was clear-headed, strong-willed, old for his age, more decisive, more sure of his ground, than most of his contemporaries. Yet it would be a mistake to think of him as merely practical; for he was fond of theory, critical, argumentative, never content to take things for granted. And always he was, in the best sense of the word, ambitious. What he took in hand, he took not as a task to be done under set rules, but as a chance of effecting some improvement. Moreover, he added to his practicality, and to his critical temperament, a great liking for philosophy. He loved to be made to think beyond the immediate fact, and below the surface of experience: there was always at the back of his mind that sense of wonder, without which no man is really well educated.

But none of these gifts, I think, nor all of them together, quite explain his rare power of personal influence. Explain it or not, there the fact is. All his life, he drew men to himself. They delighted in his friendship, they followed his lead, they took his advice. He was not solemn, not oracular; but he was quietly in earnest. He did not pose, or pretend, or talk for the sake of talking. He enjoyed his life, enjoyed it heartily, as much as any man, but in a reasonable way. He was averse from all offhand vagueness, all trusting to luck; I cannot imagine him slack or indifferent; I remember him as one of those happy young men who are always looking ahead, who never play the fool with their lives, but go, with a clean record, from strength to strength. Yet, for all that, the mystery of personal influence remains to me a great mystery; and I only know that he had this influence.

On his arrival in India, he first went up to Landi Kotal, on the frontier, beyond the Khyber Pass. The following year (1899) he went to Lansdown, North-West Province, with the 9th Gourkhas, as medical officer. At the end of the year he came home on three months' leave, and was married at Cambridge on January 6th, 1900, to Frances Amelia, elder daughter of Sir Robert Ball, F.R.S., who is left with a son.

He returned to India at once after his marriage, and on June 16th, 1900, went to Lucknow to help to mobilise a native field force for the relief of Pekin. A fortnight later he sailed with the 43rd Field Hospital. He accompanied the British contingent of the relief force, and his was the first field hospital that entered Pekin, the day after the relief. For this service he received the medal and the military order of the Dragon. He wrote to friends at home: "We left Tiensin on August 3rd, and reached Pekin August 14th. The heat was worse even than at Calcutta, and the natives suffered as much as we did, many of them falling out with heat apoplexy; and several of them died

before we could do anything. It was a most trying march. We were supposed to be accompanied by boats on the river conveying our kit, but we only saw the boats once. All the kit we were allowed were a waterproof sheet and a blanket. I only had my clothes off once all the way up, and they were stiff with dirt. Our food, too, was in keeping with everything else. . . . The first shell that came anywhere near me killed two Japs and two mules about twenty-seven yards in front of me. I think I must have made a record jump; it was most unpleasant, for we thought we were not within the range of fire. The sight of the besieged people in Pekin was very pathetic; their faces were so pale, and they were so glad to be safe at last, for, unlike Mafeking, they *could* not surrender—they would only have been tortured to death. We have had two days' fighting since we took the city, and I have had the good fortune to see the cavalry get home at the Boxers." Later, on September 5th, he wrote from Pekin: "I have seen more of the horrors of war than anything I ever read made me imagine possible."

He remained some time at Pekin, and then went for nine months to Wei Hai Wei. Here he was head of the Native General Hospital.

In the autumn of 1901 he returned to Calcutta. Six weeks later he was sent to the North-West Province with the 5th Bengal Lancers to the blockade of Waziristan (1901—1902). For this service he received the Waziristan medal.

In May, 1902, he received what seemed to him the crown of all his work, the appointment of Surgeon to the Presidency General Hospital, Calcutta. For a year he enjoyed that honour, to which was added, in 1903, the appointment of Officiating Professor of Pathology at the College.

Ten days after this second appointment he fell ill. His hospital work had been very heavy. He was overworked and feverish, and on June 14th, 1903, was sent up to the Eden Sanatorium, Darjeeling, and there was found to have phthisis. He was ordered home, and on July 4th sailed from Bombay for England. After a day or two in London he went down to Nordrach-upon-Mendip, and was there through the winter of 1903—1904 under the care of Dr. Thurnam.

He so far recovered that he could not resist his longing to get back to his work, and in October, 1904, he returned to India. But even before he got there his health failed. For a few months he was at Fyzabad as medical officer to the 2nd Bengal Lancers (Gardner's Horse), then he had to surrender, and in April, 1905, was invalided home, and came again to Nordrach.

Here, under the care of his good friends, Dr. Thurnam and Dr. Snowden, he remained. His illness ran a very slow course. For the last year, he was unable to leave his room. He died on September 21st, 1907, and was buried at Abbey, a village near the Sanatorium.


Through this long time, he found pleasure in friendship, in books, and, which seems unlike him, in flowers. And he kept always his wonderful influence over men; it happened, again and again, that a man would travel hundreds of miles just to see him. Dr. Thurnam writes of him, "Some one ought to write a sermon on *Hidden Influences*, for if ever a man diffused happiness and love of all that was good amongst those he lived with without being seen by them, he did. His was a name to conjure with in the whole sanatorium, though very few of those here had ever seen him. Both patients and staff know that a good influence has gone, . . . and I have lost a very dear friend."



A pencilled letter to a friend, in January, 1907, tells of his life. . . . "Of course, I write lots of notes about things that can't wait—but I don't call them letters. For a thing worth calling a letter, one must feel that one is going to enjoy a chat—it can't be a decent letter if one is tired and screws oneself up, and grinds out the words and forgets the beginning of a sentence before you've had time to think of the end of it. . . . I agree with you, I don't think Bernard Shaw cares a button whether he means what he says or not. I think his aim is "effect," and the effect he chiefly aims at is "admiration of Shaw," and so he fires off paradoxes and old truths in new clothes, and makes things that aren't true seem so jolly like truth that it takes a mental effort to find the fallacy. 1

don't read him now, but I am glad to have read him, for reading Shaw is like a course in mental gymnastics, and good for the brain—for, whatever else he is, he is a clever man, and a master of the tricks of debate. I confess that when I first read him I had a much higher opinion than I have now; in fact, I believed a good deal more of what he says than I do now, *i. e.* I wasn't smart enough to see the fallacies, but now my brain is the better for the gymnastics! . . . I am sorry professional work is so slack as you tell me. You know, I think that to make a success in surgery nowadays one must be more than a little blatant; a bit of a — or a — (beggin' both their pardons!), and I sometimes wonder how some of the great Kings of Surgery in the past would succeed if they had to compete under present-day conditions. . . . You talk of my writing Essays! There isn't the least likelihood that I ever shall, but, if I did, the first would have for its title "My friends the flowers." No one who hasn't to live in the same room for months, as I do, knows what grand friends flowers are. They really are the best of fellows—from first to last they put on their best faces, and are bright and cheerful as if there wasn't anything else but cheerfulness in all the world, and whatever time in the night one turns up one's light there they are, wide awake and ready for a chat. I always have good supplies of them—sent by my friends—the other day I had eighteen vases and seven pots! But I don't know how I should have managed without them. I think they give a sort of idea of always doing their very best right up to the end. There's nothing half and half about a flower. I wish I could think I deserved to go to Heaven as much as they do! But it is quite certain that I never shall write. I get tired so soon, and the day seems to have so much in it that *must* be done, that I am greedy of my rests. If I had more energy I should spend it in reading or in writing to my friends." Toward the end of his life he had times of great weariness: "You can't imagine what it feels like," he said, "to be perpetually longing just to lie down and sleep on and on without waking," and to a friend who was leaving him for a time he said, "I've always prayed that I might die before you left." Perhaps the best comment on his life may be in the words of Augustine, "Eccisti nos ad Te, et inquietum est cor nostrum, donec requiescat in Te."

D. V. M.

“O! some we loved, the loveliest and the best,
That Time and Fate of all their Vintage pressed,
Have drunk their Cup a Round or two before
And one by one crept silently to Rest.”

Thus runs the verse of Omar whom our friend
Delighted in, and we who sorrow at his end,
Must think in wonder at the mark he made
In those short years here given him to spend.

Strength, thoroughness, and keeness he possessed;
The energy to start and then the zest
To carry through! Deep thinker; above all
A Worker—shall we grudge him then his rest?

Mountaineering.

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

THE popular view of mountaineering may be expressed by slightly altering the well-known definition of a fishing rod, and saying that a climbing party consists of a rope with a guide at one end and a fool at the other.

It is an unfortunate fact that a man with a hobby is always prone to inflict on his hearers, who are not in the least interested, an account of his achievements, and the reason why his particular hobby is the best. Though the temptation to do so is strong, it is the intention here to avoid this as far as possible, and rather to state in some small measure how the rudiments of mountaineering are to be learnt, and what are those necessities, the lack of which accounts largely for the so-called Alpine accidents which figure so prominently in the daily papers. Mountaineering is commonly regarded as a dangerous pastime, and though it has that spice of danger without which no good sport exists, still it is not nearly so dangerous as is made out, if only the rules of the game are followed.

Most of the accidents that occur are due to lack of knowledge and want of common sense. They happen generally on the lower slopes of the mountains, and more often than not to people who cannot, in any sense of the word, be described as climbers, for they are often simply wandering about picking flowers. What so many tourists who visit Switzerland do not recognise is that the mountains demand respect, and that a slip on a grass slope may be just as dangerous as a slip on a snow slope. Many of these accidents occur from the want of proper nails in the boots. Money spent on a good pair of boots built by a man who understands his business is a good investment, for without them little can be done.

It is a noteworthy fact that, during the past season, not a single fatal accident has occurred to English climbers in the Alps. The fairly long list that has, as usual, appeared in the papers was made up largely of young men of the

student class from the German and Austrian universities; the mountaineers are very accessible to these men, and they have a habit of going away for the week-end to try the ascent of some mountain not necessarily very formidable, but dangerous to them on account of their lack of knowledge and caution. The English, as a rule, treat climbing much more seriously, and hence the smaller mortality among them. Most of these accidents are put down to the lack of guides, but on that a word will be spoken later.

Mountaineering is more than a sport, it is a craft; and a fairly long apprenticeship has to be served before a man can be styled a mountaineer. The question now arises as to how this knowledge is to be acquired, and the very debatable question of guideless climbing is opened up.

An excellent training ground for mountaineers are the hills of our own islands, and an increasing number of men may be found at almost all times of the year climbing in the Lake District, in Wales, and in Scotland. One may acquire there much useful knowledge on the subject of rock climbing and the management of a rope, and, in winter time, one may learn something of the proper manner in which to attack a snow slope. All this is of very great service, but it must be remembered that it does not fit a man at once for one of the larger expeditions in the Alps, for, in mountaineering, rock climbing is of minor importance. It is true, of course, that without the capability to climb rocks nothing much can be done, but of much greater importance is a knowledge of snow craft and climatic conditions, and this cannot be acquired in our country.

On our own little hills the expeditions, however hard, are always short, and a man may bungle over difficulties as long as he likes and come to no harm; but in the Alps and other high ranges time is of extreme importance, for a night spent on the mountain is always a danger to be avoided. If the night is warm and still, no harm may ensue; but the weather may change at any minute; and a cold night may lead to frostbite, or to a dangerous slip during the descent on the succeeding morning, when the limbs are cramped and the rocks may be covered with ice. Time then is of greater importance than youth and strength, and the secret of making pace is not the capability of walking fast, but that knowledge of the dangers which allows a man to avoid getting into difficulties. It is essential, therefore, that a guideless climber shall have a sufficient knowledge of a snow-covered glacier and of the danger of hidden crevasses. He must have the power of gauging the strength of a snow bridge and the knowledge of when snow is "avalanchy." And lastly, for therein lies perhaps the greatest of all dangers to climbers, he must know the risk of falling stones.

It is therefore strongly to be urged that a climber in his first two or three seasons in the Alps should employ the services of a first-rate guide, and, by careful observation of his methods, learn as much as possible. After this it may

be justifiable to start guideless if a strong party can be formed; but the greatest care must be observed in picking one's man, for many special qualities are required of him—skill, self-reliance, and good temper being perhaps the chief.

The pleasures of guideless climbing are very great, and the successful passage of even a comparatively insignificant pass, unhelped by professional aid, gives far more satisfaction, and calls for infinitely more skill, than the ascent of a first-rate peak by the help of alternate pulls and pushes from a couple of guides. A guideless party must, however, prove themselves, and it is advisable that in their first season or two they should exercise themselves on mountains such as are to be found in the Graians in Savoy, where the ascents are comparatively slight, and where a man can learn his capacity of way finding and of leading before he attacks the giants of the Oberland.

Guideless climbers are now on the increase, and there are many strong parties who have made many successful ascents in the Alps, the Caucasus, and the Himalayas; but it must be remembered that many of the "older hands" shake their heads and condemn this practice, and it is well first to count the cost, and to consider the last words in Whymper's *Scrambles amongst the Alps*: "Do nothing in haste; look well to each step; and from the beginning think what the end may be."

Many have asked wherein lies the fascination of climbing, and an answer is hard to give. Most people, however, who have once tried become enamoured of it; and to a lover of the mountains nothing gives so much pleasure as these wanderings among the snow and ice, and the conquest of peak or pass; and even those hardships which must inevitably be encountered only add to the enjoyment of the whole.

G. E. G.

Recent Awards of Scholarships, etc.

SENIOR ENTRANCE SCHOLARSHIP IN SCIENCE.

£75 each.—A. J. Clark, King's College, Cambridge; N. Glover, Trinity College, Oxford, *æquales*.

JUNIOR SCHOLARSHIP IN SCIENCE.

£150.—B. W. Howell.

PRELIMINARY SCIENTIFIC EXHIBITION.

£25 each.—D. B. Pascall, W. Simpson, *æquales*.

ENTRANCE SCHOLARSHIP IN ARTS.

£100.—W. D. Christopherson.

JEAFFRESON EXHIBITION.

C. B. Richardson.

A Case of Strangulated Appendix in Left Crural Canal.

By LESLIE E. HUGHES, M.R.C.S., L.R.C.P.

PATIENT was a woman, æt. 41, perfectly well until the morning of August 14th, when she was attacked with sharp colicky pain in the epigastrium, for which she took castor oil. In the afternoon she vomited twice (semidigested food), and the pains continued in the epigastrium. No pain or tumour noticed below the umbilicus.

When seen on August 15th at 2 p.m. patient had an anxious expression. Pulse 100, temp. 101°. Abdomen distended, but the muscles badly developed; moved well on respiration. A tender, soft, solid swelling (1 in. × 1½ in.) in position of left crural canal. Skin over it was red from hot flannels. No flatus passed, and the bowels had not acted since the evening of August 13th.

Immediate removal to hospital recommended, but patient did not arrive until 9.30 p.m. The bowels had then acted four times satisfactorily, and there was less pain. Pulse 100, temp. 99.6°.

August 16th.—Pain worse in abdomen, which was more distended, but moved well. Pulse 104, temp. 100.8°. Femoral swelling more tense, but less painful. Had slept well without opium.

Operation.—Under A.C.E. incision three inches long made vertically on inner side of swelling; sac exposed and found to contain gas and a very little offensive fluid. Three inches of gangrenous appendix were then found in the sac. An incision was then made in middle line of abdomen, reaching to pubes. Recti separated. Having displaced healthy coils of small intestine to the right, the cæcum was found lying without tension to the left of the middle line. There was some offensive fluid and lymph on the cæcum. The appendix was traced to the femoral opening, and gently withdrawn.

The appendix was removed, and found to be five inches long, with a washleather stricture (one sixth of an inch across) two inches from its base, the distal part being gangrenous. After the appendix had been removed from the crural canal there was not room to insert the little finger through the opening through which the appendix had found its way.

This is evidently a case in which there had been no femoral hernia before the appendix.

Notes on Clinical Pathology.

EXAMINATION OF FLUID FROM PLEURAL EFFUSIONS.

THE pathological examination of fluid withdrawn from the pleura aims at distinguishing effusions due to—

1. Simple pleurisy.
2. Tuberculous pleurisy.
3. Pleurisy due to a septic micro-organism.
4. Hydrothorax.

It is of course doubtful whether the first of these classes really exists; probably in most cases the infection is tuberculous. Chemical, cytological, and bacteriological examinations may be carried out, and, if necessary, inoculation experiments on animals.

Chemical investigation helps very little in diagnosis; the fluid is generally highly albuminous, and often coagulates spontaneously, but there are no evident differences in chemical composition between the effusions due to different causes.

The examination of the cells in the deposit, obtained if necessary by centrifuging, will generally help to differentiate a tuberculous pleurisy from one due to a septic micro-organism; in the former lymphocytes are abundant, in the latter polymorphonuclear cells, but the cytological examination unfortunately does not aid us in differentiating tuberculous from simple non-septic pleurisy or from hydrothorax.

Bacteriological examination at once differentiates the septic pleuritis even before the fluid has become obviously purulent, the organisms being detected in films and in cultures. The pneumococcus is the organism present in the majority of cases; it is easily distinguished in films, but it must be remembered that this is a delicate micro-organism, and if the pus or fluid is left for some time before cultures are made, specially if it is left in the cold, the pneumococcus may die out and fail to grow in culture. Streptococci are less commonly present. If they are recovered from cultures they can be differentiated by means of reactions in media into the *Streptococcus pyogenes*, and streptococci of a less harmful nature, occurring normally in the saliva or in the intestine. The presence of *Streptococcus pyogenes* in an empyema is of very grave prognosis. The salivary or faecal streptococci and also the *Bacillus coli communis* are occasionally found in empyemata, which are then usually foul smelling. They may indicate that the empyema really had its origin below the diaphragm, or they may indicate that it communicates directly with a bronchus.

The detection of tubercle bacilli in a pleural effusion is a matter of great importance and of great difficulty. In empyemata due to tubercle, the bacilli may be abundant and easily demonstrated. But it is in cases of simple

effusion in suspected cases of early phthisis that the detection of bacilli is more important and more difficult. Examination of the centrifugised deposit will generally fail; examination of the coagulum which so often forms after digestion and centrifugation is more likely to be successful; but the only method likely to lead to satisfactory results is inoculation of the deposit from the effusion into a guinea-pig. Of course this experiment will take about two months to yield a result, but the question whether the patient, who will probably by that time have recovered from his pleurisy, has a tuberculous lesion or not is of such importance that it is to be regretted that the method is not made more use of.

Pregnancy—Premature Birth—Typhoid.

By J. H. FRANCIS NUNN, M.R.C.S., L.R.C.P.

MRS. S.—, multipara, was a little more than eight months advanced in pregnancy, when I was told that she was unwell, and was losing a little blood. I advised her going to bed, gave some sedative medicine, and directed that I should be sent for if she became worse.

For a week or two it appeared she had been feeling generally unwell, sickly and tired, but this she thought was due to her condition and the hot weather.

Three days after I received an urgent message from Mrs. S.—. I found her rapidly advancing in labour, and soon the child was born. It was healthy, well nourished, and appeared to be about an eight month child.

The next day Mrs. S.— seemed bright, though she did not look well, her face being yellowish, her tongue coated, and her temperature raised. It appeared as if her liverish condition was causing this temporary upset.

The second and third day she was much the same, with a temperature of 100° to 101°. Calomel was given, and after this for several days there was diarrhoea, though not distressing. The temperature still keeping up one concluded that the process of lactation might have some bearing on it, especially so as she had been poorly and bilious before the confinement. There was also present a little general abdominal pain, and tenderness about the liver. I was surprised to find that the spleen was distinctly enlarged. There was also tenderness on palpation in the right iliac fossa, and now the condition suggested enteric fever. The pain was clearly not uterine, the uterus being movable and not tender to touch.

The examination of the patient's blood was negative as to Widal reaction, and the patient gradually getting better the diagnosis appeared doubtful, though the patient was treated personally and as to general hygiene as if the case were enteric.

After about four weeks the patient seemed fairly strong, and she was allowed to leave her bed. The second or third day she had a rigor, and now from day to day as regards temperature and other symptoms the case was fairly typical of typhoid.

The patient was kept in bed a longer period, and had no further relapse. Soon after this the patient's husband, who had been away, returned home. He was taken ill, and my locum (knowing of the wife's illness) considered the illness was enteric fever. He was removed to the Hospital, and had a severe lingering though not very acute attack. Although the blood was tested several times no positive reaction was obtained.

I think this case is interesting as emphasising what is often dwelt upon in the wards, that important symptoms may be missed or masked by some other group of symptoms or condition. Here pregnancy and the premature delivery obscured somewhat the early symptoms, and wrongly deducted from their intrinsic importance.

Enteric poison is known to be a cause of abortion. Neither in these two cases nor in a third, an infant sixteen or eighteen months old, who had definite typhoid with a relapse, was there a positive blood reaction. I am sure many in practice would welcome a short account (in the JOURNAL) of enteric up to date.

Medical Terms Defined.

I. "BORBORYGMI." A Roundel.

BORBORYGMI—often heard
Like a rumbling vehicle,
Many people think the word
Onomatopœical.
So when next I'm feeling queer,
And you jocularly dig my
Ribs, do not be shocked to hear
Borborygmi.

II. "ANASARCA." Another Roundel.

Anasarca in our Ward is
Popularly known as dropsy;
Many a case of morbus cordis
Comes through this to an autopsy.
If an adult or a baby,
One day happens to remark a
Swelling of his legs, that may be
Anasarca.

The Sixth Decennial Club.

THE Thirty-Second Annual Meeting and Dinner of the Club was held at the Albion Tavern, Aldersgate Street, on Wednesday, June 26th, 1907.

Mr. C. B. Lockwood, F.R.C.S., in the Chair, and sixteen members present.

The loyal toasts were duly honoured—"Success to the Sixth Decennial Contemporary Club," "Honorary Secretaries," and the Chairman proposed the health of Dr. Grant, who was present as Chairman at the first meeting in 1875.

Hon. Secs.—Mr. A. E. Cumberbatch, F.R.C.S., 11, Park Crescent, Portland Place, W.; Mr. H. Taylor, M.B., 180, Kennington Park Road, S.E.

N.B.—The Secretaries of the Club would draw the attention of members to the fact that the Annual Dinner and Meeting is held every year on the last Wednesday in June.

The Clubs.

THE FRESHMAN AND THE CLUBS.

Unless he comes to the Hospital with a reputation from Public School or University the Freshman will probably receive nothing more than a general invitation to join those of the athletic clubs in which he wishes to take an active part. He will find this invitation repeated on each of the club notice-boards in the School buildings at the beginning of the season, and we would urge him to subscribe his name immediately to the list which is posted up of those wishing to play. This will at once bring him into touch with the Club Secretary, and before long he is sure to receive a trial, either in a practice game or in one of the 2nd team matches.

In any case, whatever merit the Freshman has will soon be found out, and if he is a keen player he is almost certain of a regular weekly or bi-weekly game throughout the season. A player of ability who is content to assist the 2nd team whenever he is asked to do so, and who does his best under all circumstances, will not be overlooked when vacancies occur in the 1st team.

The Rugby and Association Football Clubs have each a full fixture list of 2nd team matches, while the Hockey Club runs three teams throughout the season. No one need despise these 2nd XV and 2nd XI matches; they provide most enjoyable games, and it is a point of honour with the Secretaries that a full side shall always turn out to play. The Junior Inter-Hospital Football Cup-ties, for which our clubs always enter, provide an excellent stimulus for the 2nd teams.

Before leaving the subject of the athletic clubs of the Hospital, concerning each of which the Freshman will find full information in the *Year Book*, a word should be said here about the question of men playing for outside clubs whilst they are still at the Hospital. The temptation to play regularly, say, for an old boys' club is often very great, and many reasons for doing so are brought forward by the Secretaries of these clubs. But the *present* institution should have the first claim upon all its members, and no other consideration, whether of sentiment or of convenience, ought to stand in the way of the clear rights of the Hospital in this matter. We have spoken strongly because we feel so strongly about this.

Concerning the other winter clubs we have only a few words to say to Freshmen. The Amateur Dramatic Club and the Orchestral Society are both flourishing institutions, and each is ready to welcome junior men among its members, upon whom it may draw for the purposes of the Annual Christmas Entertainment.

The Abernethian Society meetings are well worthy of the attention of every Freshman. The subjects of the papers are of course chiefly clinical, and therefore have no direct bearing upon the preliminary medical sciences; but the hour or two spent on Thursday evenings in listening to the papers and discussions—even if much that is said is at first only half understood—will not be wasted, and

these foretastes of medical study proper will not distract attention from the subjects of the earlier examinations.

New students from Oxford and Cambridge are certain of a cordial reception at St. Bartholomew's, and all the clubs look to them for active assistance and support; but in addition to this there are Graduates' Clubs of Oxford and of Cambridge which organise dinners, formal and informal, and offer a special welcome to new members of the Hospital fresh from the Universities.

Lastly, to return to the subject of the winter athletic clubs, we would draw the attention of Freshmen to the accessibility of the large Hospital Ground at Winchmore Hill, and to the comfort of the pavilion arrangements there. Those men who cannot always spare the time to take a regular part in the games can often manage to put in an hour's exercise on the Hospital Ground, or to encourage the Bart.'s representatives who are playing in "home" matches by their cheers from the touch-line. And we would remind Bart.'s men of every age and standing that the Hospital needs their attendance and their vociferous support on the supreme occasions of the Cup-ties.

CRICKET CLUB.

AVERAGES FOR SEASON 1907.

Name.	No. of runs.	No. of innings.		Highest score in one innings.	Average.
		not out.	out.		
N. F. Norman	495	12	1	137*	45
W. B. Griffin	454	15	2	68*	34.9
A. G. Turner	244	14	1	67	18.78
J. F. Gaskell	150	12	4	40*	18.75
J. Weddell	93	5	0	42	18.6
R. T. Vivian	126	8	1	49*	18
C. Noon	229	13	0	41	17.6
E. de Verteuil	150	11	2	62*	16.7
G. Viner	225	14	0	54	16.1
P. A. With	109	14	0	35	15.3
A. J. W. Cunningham	145	13	1	63*	12.1
C. N. Binney	71	9	0	24	7.9
T. S. Gibson	50	11	1	25	5

* Signifies "not out."

BOWLING.

Name.	No. of wickets.	No. of runs.	Average.
A. J. W. Cunningham	19	236	12.4
W. B. Griffin	24	326	13.6
T. S. Gibson	33	328	18
J. F. Gaskell	49	908	18.5
A. G. Turner	7	236	33.9
N. F. Norman	2	70	35

The Mitre Club.

IN November, 1903, a small club was formed in the Hospital, with a view to the reading and discussion of matters of literary and general interest. The original members were some twelve in number, and the meetings were held on alternate Wednesday evenings at 8 p.m. during the winter months at the Mitre Tavern, Fleet Street. Later the meetings were held at the Old Cheshire Cheese, Fleet Street, which is the present rendezvous.

The club at present consists of fifteen members, and the average attendance at meetings is about nine. As the members are for the most part senior men the club is in some danger of becoming extinct. In placing this paragraph (by the kindness of the Editor) in the *JOURNAL*, the object has been to meet this danger, to obtain the interest and support of Freshmen, and to increase the membership to thirty.

The club is a literary one, but without the usual formalities. A paper is read at each meeting, chiefly with a view to promoting discussion and the free flow of opinion on all questions of general interest.

The first meeting will be held on October 9th. Full information may be obtained from A. Ryland, Hon. Sec.; or from J. R. H. Turton, Assistant Hon. Sec.

Recent Papers by St. Bartholomew's Men.

In future only those papers and pamphlets, of which notification is sent to the Editor, will be recorded in this column. Old St. Bartholomew's men are invited either to forward reprints of their papers or to send post-cards with their titles and dates of publication.

Bousfield, L., M.A., M.D.Cantab. "The Probable Origin of Syphilis in Europe."

Crace-Calvert, George A., M.B.Lond., M.R.C.S., L.R.C.P. "Amyl Nitrite in Hæmoptysis," (*Lancet*, April 6th, 1907).

Hurry, Jamison, M.A., M.D.Cantab. "Vicious Circles" (*British Medical Journal*, May 11th, 1907).

Sandilands, J. E., M.D.Cantab., D.P.H. "Annual Report of the Health of the City of Winchester for 1906."

Whiteford, C. Hamilton, M.R.C.S., L.R.C.P. "A Case of Spreading Peritonitis Cured by Drainage of Pelvis, the Fowler Position, and Rectal Installation of Saline Solution" (*British Medical Journal*, July 13th, 1907).

Reviews.

DISEASES OF THE MALE GENERATIVE ORGANS. By EDRED M. CORNER, M.C., F.R.C.S. (London: Henry Frowde, Hodder and Stoughton.) Oxford Medical Publications. Price 5s. net.

Presumably this book has been written for the use of the General Practitioner, and to him it will quite possibly prove to be of service. It is short, to the point, and eminently practical, being written almost entirely from the writer's own experience, other authorities being scarcely referred to. Both the substance and the style of the work, however, admit of considerable criticism. There is a tendency to lay down the law, to state theories as facts, and to make no attempt to prove them or back them up with reasonable evidence, which might render the book dangerous to the student; whilst the absence of any detailed account of operations also seriously vitiates the book from this point of view. A looseness, even to a carelessness, of expression is also evident, and is somewhat surprising in an Oxford Medical Publication. For example, in the very first paragraph a hydrocœle is defined as an accumulation of fluid in the *tunica vaginalis*, whilst within a few pages hydrocœles of a hernial sac, of the processus vaginalis, of the epididymis, and of the cord are spoken of. In the same paragraph subacute and chronic are apparently used as synonymous terms. On the whole, although the work will make useful and interesting reading to the practitioner, and gave him many new ideas, it is hardly to be recommended to the student.

A MANUAL OF VENEREAL DISEASES. By Officers of the Royal Army Medical Corps, with an Introduction by Sir ALFRED KROGH, K.C.B., Director-General of the Army Medical Service. (London: Henry Frowde, Hodder and Stoughton, 1907.) Pp. 282. Price 5s. net.

This book is one of the series of Oxford Medical Publications, and is based on various reports of sub-committees appointed by the Army Medical Advisory Board relating to venereal disease. For its size the amount of information the book contains is very great, and the authors have adequately fulfilled their intention to provide a convenient manual for the use primarily of the army medical officers. The pathology, diagnosis, and treatment of syphilis are fully considered. There is an excellent chapter dealing with the history of the disease and the methods of preventing it, and a bibliography of the work which has been done in investigating the associated micro-organisms. The book will be found useful to the student and practitioner. There are slight errors on pp. 86, 99, 115, 131, 186, 211, and 231, but the book is free from any serious typographical error.

THE OFFICE OF MIDWIFE (IN ENGLAND AND WALES) UNDER THE MIDWIVES ACT, 1902. By STANLEY B. ATKINSON, M.A., LL.M.(Cant.), M.B., B.Sc.(Lond.). (London: Baillière, Tindall and Cox.) Price 2s. 6d. net.

We have presented to us in this book, firstly, a short account of the evolution of the midwife as she is to-day. Her legal status is traced from the sixteenth century, when Bishop Bonner granted licences to practise, a custom followed by the bishops of their chancellors until legislation began to put midwifery, among other branches of leech craft, on a surer footing. Following this we have a concise explanation of the Midwives Act of 1902, and of rules based on the Act. Lastly, there is a short literary appendix, which shows more graphically than could any technical work the revolution that the growth of knowledge was worked in matters obstetrical. Here we welcome PAINSON YERICK from *Tristram Shanly* and SAIRY GAMP from *Martin Chuzzlewit*.

The book is of great intrinsic interest, and to those who are contemplating the pursuit of obstetric nursing, no less than to the medical practitioner, it should be a useful guide.

NURSING: GENERAL, MEDICAL, AND SURGICAL. By WILFRED J. HADLEY, M.D., F.R.C.P., F.R.C.S. 2nd edition. Pp. 370. (J. & A. Churchill.)

There are several books on nursing which cover the same ground as this one. It contains a good deal of information, but the directions as a whole are too vaguely expressed to be of practical use to a beginner, and fall short of the requirements of a trained nurse. For instance, various varieties of enemata are mentioned, but no directions are given for making them. Splint padding is dismissed with the words "Every nurse should be thoroughly trained in the padding of splints." Some of the directions, moreover, are at least misleading. Specification of the preparation of the skin for operations, a compress of flint soaked in 1:1000 perchloride of mercury is ordered to be left on the skin from the evening of the day before until the time of operation.

However, the book must have a considerable vogue as a second edition has become necessary.

AUSCULTATION AND PERCUSSION. By SAMUEL GEE, M.D., F.R.C.P. 5th Edition. Pp. 325, with diagrams. (London: Henry Frowde and Hodder and Stoughton.) Oxford Medical Publications. Price 5s. net.

Criticism of this admirable book is unnecessary, and appreciation is almost superfluous. Like *Hilton's Rest and Pain*, it has a place in the small group of medical classics. Condensed into the smallest compass, and written in a manner at once simple, rugged, and scholarly, *Auscultation and Percussion* is a constant source of pleasure to the true student of medicine. It is a record of the methods, facts, and doctrines of physical examination of the chest, which have been used and taught for many years by a great clinician. The fifth edition of necessity differs little from those that went before, but what revising of language still reveal themselves on every page. The author proceeds "by cold gradation and well-balanced form" along the lines which he himself laid down in his bedside teaching. He treats the great discoveries of the past with deep and discriminating respect, yet he is never unmindful of the work of recent clinical observers. Of no one can it be said with more truth, the style is the man. Those who have not this book should buy it now. It is a book to read for profit, to read once more for pleasure, and to refer to again and again.

ON TREATMENT. By HARRY CAMPBELL, M.D., B.S., F.R.C.P. Pp. 421. (London: Baillière, Tindall, and Cox.) Price 5s. net.

This is by no means a formal treatise on medical treatment. There is not a single prescription in the whole book, nor is any attempt made to deal in systematic fashion with the treatment of special diseases. The subject of treatment is considered from a broad and philosophical standpoint. Yet this need not deter the ordinary practitioner, with little taste for philosophic argument, from reading these pages, for he will find in them much that is interesting and suggestive. The author writes in a direct and personal manner, and his literary style is clear and unaffected. Treatment forms the main theme of the volume, but many other interesting topics, only remotely connected with therapeutics, are introduced and discussed with freedom. Thus the education of the physician, and his mental

and physical personality, form the subject of the first four chapters, while the evolution of man's diet, with which study Dr. Campbell has already associated his name, is dealt with in a later chapter, and forms the text, as it were, of many of his observations upon diet in relation to health and disease. The chapters devoted to psychotherapeutics, although they do not go deeply into the matter, and advance little that is not already known to the majority of educated laymen, are, nevertheless, quite sufficient for the purposes of the book. In this section, and, indeed, throughout the volume, the author shows much ingenuity in correlating the familiar facts of everyday life, and interpreting them by the light of scientific knowledge. We cannot agree with everything that Dr. Campbell says, and we do not attach the same importance as he does to many of the points upon which he lays emphasis, but we have thoroughly enjoyed reading his latest book, and we recommend it to those of our readers who can appreciate an interesting medical work which departs from the beaten path and approaches old problems from a fresh point of view. The young practitioner will find useful advice in the early chapters, but to the student preparing for examinations this volume will be useless.

SOME SUCCESSFUL PRESCRIPTIONS. By A. HERBERT HART, M.D. Pp. 17. (London: John Bale, Sons and Danielsson.) Price 1s. net.

Dr. Hart offers to his fellow practitioners, in this neatly prepared pamphlet, a series of eighteen or nineteen prescriptions which he has found successful in the course of his practice, together with brief explanations of their rationale. Several of these formulae are old friends in a slightly modified form. We have dispensed one or two of the prescriptions, and have found the resulting mixtures elegant and palatable. The author's pharmacological notes on the action of the various ingredients are picturesque, but not always in accordance with the latest teaching.

DISEASES OF THE EAR. By HUNTER TODD, M.A., M.B., B.C. (Cantab.), F.R.C.S. (Eng.). Aural Surgeon to the London Hospital. (London: Henry Frowde, Hodder and Stoughton.) 1907. Crown 8vo., pp. 317. Price 5s. net. Oxford Medical Manuals.

The aim of this book is to give a short and practical account of the diseases of the ear. This is done in a very clear, lucid, and scientific manner. The illustrations and particularly the diagrams are excellent. The authors conciseness has enabled him to condense a great amount of information into the space at his disposal, and this without spoiling the completeness of the work; moreover, when facts are wanting, matters of speculation are omitted. The book is a very good one, and we can confidently recommend it to the student and practitioner. There are no misprints. This volume is better seen than some of the series which have preceded it, but the illustrations still tend to fall out.

SURGICAL APPLIED ANATOMY. By SIR FREDERICK TREVES, BART., F.R.C.S., and ARTHUR KEITH, M.D., F.R.C.S. 5th Edition. (Cassell and Co., Ltd.) 1907.

This volume has always been, and still is, a most valuable one both to the student and the practitioner.

The present edition of the work has been carefully revised throughout, and no less than forty-three fresh illustrations have been provided. The book is so well known that a description of it would be superfluous, but it can be truly said that no important region of the body has been missed, and that the descriptions given are correct, lucid, and up to date nearly everywhere. There is an excellent account of cranial topography; and the manner in which a knowledge of the anatomy of the skull enters into the realm of practical surgery is very forcibly brought out. Nothing could exceed the clearness and accuracy of the chapter on the surgical anatomy of the orbit and eye, no less than twenty-nine pages being devoted to it. Possibly the discussion of the anatomy of the thorax is too short for the present day, when the surgery of chest cavity is advancing so rapidly.

It would appear to be almost ungracious to criticise any of the pages of the work, but we may point what seem to us a few blemishes in the hope that the authors will not consider that we do so in any carrying spirit. It is stated that the vermiform appendix may find its way into right and left hernial sacs in the inguinal region, but no mention is made of the fact that it may also pass into femoral hernia. Interstitial hernia of the inguinal type is never alluded to, although the bearings of anatomy upon its formation are

of great interest alike to the anatomist and the surgeon. It is stated that only two cases of sigmoid hernia have been recorded. This may have been true at the time of the first edition of the work, but is certainly not so at the present day. It is hardly correct to say that the cremaster muscle is in the spermatic cord; it forms only a covering of that structure. The description given of the trans-sacral excision of the rectum is not a modern one, and should be altered in any future edition. We much doubt whether the account written of the mechanism whereby the patella is transversely fractured is really what takes place. There is much more of displacement than stretching of the inferior calcaneo-navicular ligament in flat-foot than would be thought by the paragraphs devoted to this deformity. We doubt very greatly the statement that the testis has escaped from the abdomen by the crural canal, and still more that it has after this mounted up over Poupart's ligament in the manner in which a femoral hernia sometimes does.

But while we have thought it well to draw attention to the above points, the impression remains with us as strongly as before that this volume ought to be in the hands of every student and on the bookshelves of every practitioner.

Correspondence.

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

"THE PROBLEM OF THE DEAD."

DEAR SIR.—The contributor of the very interesting article on "The Problem of the Dead," in your issue for last month, asserts that the results of cremation and burial are in the end the same. He says, "The fire but analyses quickly what the earth will analyse slowly; burning but produces now what putrefaction will produce then. Either will work out the ultimate analysis unerringly, and both will yield the same answer to the sun."

This statement cannot be allowed to pass unchallenged. The author appeals to the first principles of physiology; it is upon these sure foundations that I base my protest.

Chemical analysis proves that a body buried in the earth is converted into carbonic acid, ammonia, mineral salts, and water; whereas in the reverberating furnace it yields carbonic acid, free nitrogen, water, and salts. The essential difference is that by the latter method nitrogen is liberated in a free state, while in the former the nitrogenous compounds are never broken up to the extent of yielding free nitrogen, but always converted into ammonia or some oxidation product as nitrite or nitrate.

The importance of recognising this essential difference cannot be over-estimated. Although Sir Henry Thompson was aware of the dissimilarity of the processes he left the matter there, and, like your contributor, contented himself with tracing the life-history of the carbon compounds through the animal and vegetable kingdoms. Convinced that the question of burial must be treated as an economic one Sir Henry Thompson referred to the importation into this country of bones for artificial manure as a national waste when so much material of this nature might be obtained at home. But the fact is that the present custom of preserving in urns or other receptacles the ashes obtained by cremation more completely frustrates the end Sir Henry Thompson had in view than even does the usual method of earth burial. He also laid great stress on the rapidity of transformation by cremation of animal carbon compounds into a form available for plants. Yet the question of the carbon compounds is of slight importance in comparison with the problem of maintaining a supply of fixed nitrogen. Carbonic acid will be returned to the atmosphere no matter by what method the dead are disposed of, whilst the consumption of coal and wood, increasing yearly as it does all the world over, is more than sufficient to maintain the supply of carbonic acid required by plants. On the other hand, every body which is saved from the corruption of the grave by the purifying flames and its nitrogen, obtained in the first instance from the vegetable world, thereby set free, is a loss to plant life. The processes by which the supply of fixed nitrogen for plants is maintained are few in number, and may be classified thus—

1. The action of certain bacteria on the roots of leguminosae.
2. The passage of the electric spark through the atmosphere.
3. Evaporation from moist surfaces.
4. Decomposition of proteid matter.

If the last process is largely eliminated by the burning of bodies, associated as it is at the present time with the destruction of vegetable protoplasm from the combustion of large forests of wood, it is obvious that a serious loss of fixed nitrogen is entailed which is not compensated for by any increase in the other methods of production.

I grant that the present system of burying a large number of bodies in a limited space, restricted to that purpose, is as great a hindrance to the economic end and the circulation of the elements—as is cremation. Hence the problem requires to be restated. It is no longer cremation *versus* cemetery, but the discovery of a method for the disposal of the dead, which shall avoid a repetition of the state of affairs brought to light by the Burial Ground Commissioners in 1840, whilst at the same time preserving the orderly revolution of the elements through the eternal circle of animal and vegetable existence.

Two courses suggest themselves. Burial at sea accomplishes the objects in view by keeping the nitrogenous compounds during a further period in the animal kingdom, for it is known that corpses are rapidly devoured by fish. Were this method generally adopted, our useless bodies would serve the laudable purpose of replenishing and enriching the harvest of the sea. But, alas, although we are surrounded by the ocean and our island is not large, yet the cost of conveying the living, to say nothing of the dead, to the coast is so high as to be prohibitive for this purpose. The other method is to widely distribute our dead over the fields and woods. It is now known that a body placed one or two feet beneath the surface of the soil is converted, without annoyance to the living, into the dust from which it came in the short space of twelve months—the mineral parts alone remaining, whereas at lower depths, where the organisms which bring about the dissolution of the body are less plentiful the process takes many years to accomplish. It is not necessary here to suggest a detailed scheme; suffice it to say that the risk of water pollution from bodies buried in shallow graves in wicker coffins is slight compared to the risk from sewage. The weight of the excretions throughout life is considerably in excess of that of the body itself; if, to avoid contamination, these are also to be destroyed by fire we shall still further reduce the total of fixed nitrogen available for plant life.

I believe, and I think all who are scientifically minded will agree, that earth burial is not desirable for bodies where death has resulted from anthrax, scarlet fever, or other diseases with regard to which experience has shown already, or may show in the future, that infection can exist for long periods in the soil. It would be reasonable in such cases to demand compulsory cremation, but their number is not large enough to affect the general purpose of my argument.

Doubtless objections on sentimental grounds might be raised to the arguments I have employed, but I feel sure that these will not be supported by advocates of cremation. They have had to fight too hard a battle against blind sentiment and prejudice ever to be willing to employ such weapons for the advancement of their own cause.

Yours faithfully,
S. SEQUIN STRAHAN.

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

HEART FAILURE.

DEAR SIR.—In daily practice a common-sense hint is sometimes as valuable as more occult information. "Heart failure," of which we hear so much as a cause of sudden death, is often caused by the pressure of flatus in the left end of the stomach. When this little balloon floats up against a fatty or thin-walled heart, the heart begins to flutter, and if not quickly relieved *fails*. Now, it is a prevalent belief that the effect on the heart of an over-distended stomach is best relieved by reclining on the right side so as to remove the pressure from the heart and favour the emptying of the stomach *via* the pylorus, and this is quite right when the contents are solid. But it is the reverse when they are gaseous. In this case, to turn on the right side is to increase the danger, as it favours the rise of the flatus against the heart; whereas by turning on the left side the gases naturally rise to the right or higher part, and the heart is at once relieved. I have not found this fact generally recognised; but a word to the wise is enough, and I need not say more than to give the above hint.

Yours truly,
HORACE DOBELL, M.D. (Retired).

PARKSTONE HEIGHTS,
DORSET;

September 15th, 1907.

Royal Naval Medical Service.

No changes.

Royal Army Medical Corps.

The recent addition of Bart's men to the Corps brings their number on the active list up to eighty-two.

* * *

Movements in troopng season, 1907-8—

Abroad.—Major A. Pearce and Capt. A. L. Scott have embarked to West Africa; Lieuts. A. S. Williams and E. W. M. Paine to India.

Home.—Lt.-Cols. H. G. Hathaway (Poona) and H. J. Barratt (Meerut) from India; Capt. A. J. W. Wells from Burma; Majors F. M. Mangin from Jamaica, and S. P. St. D. Green from Bermuda; Capt. M. G. Winder from South Africa; Capt. R. M. Ranking was due home from China, but exchanges.

* * *

Home on leave (it is regretted that list is belated).—Lt.-Cols. F. H. Treherne and J. R. Forrest from India, and G. H. Sylvester from Ceylon; Major E. M. Williams from Malta; Capt. R. I. V. Foster from Egyptian Army, and F. Harvey from West Africa.

* * *

India.—Lt.-Col. H. B. Mathias, D.S.O., is officiating as secretary to P.M.O., H.M. Forces at Simla; Lt.-Col. F. P. Nichols is at Secunderabad; Major St. J. B. Killery at Shewbo, and Capt. A. O. B. Wroughton at Cannanore.

Home.—Lt.-Col. J. R. Dodd from Dublin to be Administrative Medical Officer, Belfast. Capt. E. P. Sewell is going through the Senior Course at R.A.M. College; and Capt. J. B. Cautley, after attending the previous course, is posted to Eastern Command. Capt. M. H. G. Fell has obtained the degree in tropical medicine of the University of Liverpool, and Lieut. P. A. Lloyd-Jones the M.B., B.C. Cantab.

Indian Medical Service.

Major C. R. Stevens, F.R.C.S. (Eng.), M.D. (Lond.), is appointed Professor of Anatomy, Calcutta Medical College.

* * *

Capt. W. C. Long, I.M.S., acted as Superintendent, Government Maternity Hospital, Madras.

* * *

Capt. F. P. Connor, F.R.C.S. (Eng.), I.M.S., is appointed Resident Surgeon, Medical College Hospital, Calcutta.

Appointments.

DICKINS, S. J. O., M.D. Brux., appointed Medical Officer and Public Vaccinator to No. 2 District of the Cuckfield Union.

JAGO, T. J., M.R.C.S., L.R.C.P., appointed Junior House Surgeon, Taunton Hospital.

KENDREW, A. J., M.R.C.S., L.R.C.P., appointed Assistant House Surgeon to the Metropolitan Hospital.

MEAD, J. C., F.R.C.S., appointed Senior House Physician, Great Northern Central Hospital.

SIMPSON, G. C. E., M.B., B.C. (Cantab.), appointed House Surgeon to the Royal Southern Hospital, Liverpool.

VOSPER, S., M.R.C.S., L.R.C.P., appointed Assistant House Surgeon to the Metropolitan Hospital.

WOODFORDE, G., M.B., B.S. Lond., appointed Junior Resident Medical Officer, Royal Waterloo Hospital for Women and Children.

Examinations.

We regret that the name of J. E. Hepper was accidentally omitted from the list of those St. Bartholomew's men who passed the Practical Pharmacy Examination of the Conjoint Board in July last.

New Addresses.

BURD, C. P., Raleigh House, Upton-on-Severn, Worcestershire.
 BURROWS, H., 1, The Cams, Grove Road, Southsea.
 CONNOR, F. P., Capt. I.M.S., Medical College, Calcutta.
 CROSS, ERNEST W., Lemna House, Leytonstone. Telephone: Wanstead 546.
 DALLY, J. F. H., 105, Sloane Street, S.W. Telephone: Victoria 3574.
 DAVIES, A. T., 9 and 10, Tokenhouse Yard, E.C.
 GREENHILL, J. R., Lt.-Col. R.A.M.C. (retired), Stone House, Rose Hill, Dorking.
 HANAN, ALFRED, c/o Professor A. Hoffa, Achenbad Strasse 16, Berlin, W.
 HINE, T. G. MACAULAY, 19, Lower Seymour Street, Portman Square, W. Telephone: Padd. 2622.
 ILOTT, C. H. T., The Metropolitan Hospital, Kingsland Road, N.E.
 LATHBURY, E. B., Royal Herbert Hospital, Woolwich.
 MACALISTER, Principal DONALD, The University, Glasgow.
 MAPLES, E. E., Medical Officer, Abo Kaliki, *via* Calabar, Eastern Province, Southern Nigeria.
 MCKINNEY, H. G., 6, Wordsworth Avenue, High Street North, Manor Park, E.
 MORRIS, E., 5, Caprera Terrace, Plymouth.
 OLDHAM, B. C., Major, I.M.S., c/o Messrs. Grindlay & Co., Calcutta.
 OLIVER, M. W. B., St. George's Hospital, W.
 PARKER, H. F., Staffa Lodge, Waterden Road, Guildford.
 WILSON, H. W., 42, Wimpole Street, W. Telephone: 3888 Mayfair.
 WOODFORDE, G., Royal Waterloo Hospital for Women and Children, Waterloo Bridge Road, S.E.
 WORTHINGTON, G. V., Queen's Road, Cheltenham.

Births.

DRU DRURY.—On the 1st October, at Corfe Castle, Dorset, the wife of Godfrey Dru Drury, M.R.C.S. (Eng.), L.R.C.P. (Lond.), of a son.
 NAISH.—On the 20th September, at Berryfield House, Upton-on-Severn, the wife of Dr. W. V. Naish, of a daughter.
 ROBERTSON.—On the 31st August, at Ravenstone, Lingfield Road, Wimbledon, the wife of Dr. F. W. Robertson, of a son.

Marriages.

BURFIELD—FENNINGS.—On the 18th September, at "St. Mary of the Angels," Bayswater, by the Rev. Father Worsley assisted by the Rev. Father Miller, Joseph Burfield, F.R.C.S., son of Joseph Burfield, of Hailsham, to Mary Agnes Fennings, daughter of the late Allen Fennings, M.D., of Notting Hill and St. Leonards.

MCKINNEY—STEVENS.—On the 2nd September, at St. Barnabas', Little Ilford, Hugh Giffen McKinney, M.R.C.S., fourth son of W. F. McKinney, Sentry Hill, Carmmoney, co. Antrim, to Louie, youngest daughter of the late Andrew Stevens, of Hayle, Cornwall.

TRAVERS—KINROSS.—On the 19th September, at the Church of St. Alban, Teddington, by the Vicar and the Rev. H. E. Eardley, M.A., Vicar of St. John's, Tunbridge Wells, Ernest Frank Travers, M.D., of 22, Upper Phillimore Place, Kensington, fifth son of the late William Travers, M.D., F.R.C.S., and of Mrs. Travers, of 2, Phillimore Gardens, Kensington, to Edith Mary, only daughter of the late John Kinross, of Dundee.

Deaths.

BARFOOT SAUNT.—On the 31st August, at Oxendon House, Market Harborough, William Henry Barfoot-Saunt, in his 79th year.

CROWFOOT.—On the 11th September, at Beccles, Suffolk, after four days' illness, William Bayly Crowfoot, M.A., M.B., B.C. Cantab., aged 29, from appendicitis.

MEAKIN.—On the 21st September, at Nordrach-upon-Mendip, Capt. Harold Budget Meakin, M.D., I.M.S., aged 37. (Indian papers please copy.)

STEWART.—In London, Professor Charles Stewart, F.R.C.S., Conservator of the Museum of the Royal College of Surgeons of England, aged 67.

Acknowledgments.

British Journal of Nursing, Echo Médical du Nord, Giornale della Reale Società Italiana d'Igiene, Guy's Hospital Gazette, Hospital, International Journal of Surgery, Journal of Laryngology, Rhinology, and Otolaryngology, Nursing Times, Polyclinic, Practitioner, Report of the Health Officer of Calcutta, Mois Médico Chirurgical, New York State Journal of Medicine, 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. XV.—No. 2.]

NOVEMBER, 1907.

[PRICE SIXPENCE.]

St. Bartholomew's Hospital Journal,

NOVEMBER 1st, 1907.

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

Calendar.

- Fri., Nov. 1.—Clinical Lecture, 12.45 p.m. Dr. Ormerod.
 Dr. Tooth and Mr. D'Arcy Power on duty.
 Mon., " 4.—Special Subject Lecture, 1 p.m. Dr. Ormerod.
 Tues., " 5.—Dr. Norman Moore and Mr. Cripps on duty.
 Thurs., " 7.—Abernethian Society. L. B. Burra, M.B., "Sanatorium Treatment of Phthisis."
 Fri., " 8.—Clinical Lecture, 12.45 p.m. Dr. Tooth.
 Dr. West and Mr. Bruce Clarke on duty.
 Mon., " 11.—Special Subject Lecture, 1 p.m. Dr. Lewis Jones.
 Tues., " 12.—Students' Union. Special Lecture by Dr. Herringham, 8.30 p.m. "Some Views in India."
 Dr. Ormerod and Mr. Bowly on duty.
 Wed., " 13.—Clinical Lecture, 12.45 p.m. Mr. Cripps.
 Thurs., " 14.—Abernethian Society. A General Practitioner, "The Management of a General Practice."
 Fri., " 15.—Clinical Lecture, 12.45 p.m. Dr. Norman Moore.
 Dr. Herringham and Mr. Lockwood on duty.
 Mon., " 18.—Special Subject Lecture, 1 p.m. Mr. Harmer.
 L.S.A. Final Medicine, Forensic Medicine, Midwifery begins.
 Tues., " 19.—Dr. Tooth and Mr. D'Arcy Power on duty.
 Wed., " 20.—Clinical Lecture, 12.45 p.m. Mr. Cripps.
 Thurs., " 21.—Abernethian Society. J. F. Gaskell, M.B., "Hereditary in Disease."
 Fri., " 22.—Clinical Lecture, 12.45 p.m. Dr. West.
 Dr. Norman Moore and Mr. Cripps on duty.
 Mon., " 25.—Special Subject Lecture, 1 p.m. Mr. Cumberbatch.
 Tues., " 26.—Dr. West and Mr. Bruce Clarke on duty.
 Wed., " 27.—Clinical Lecture, 12.45 p.m. Mr. D'Arcy Power.
 Thurs., " 28.—Abernethian Society. Clinical Evening. "Children."
 Fri., " 29.—Clinical Lecture, 12.45 p.m. Dr. Ormerod.
 Dr. Ormerod and Mr. Bowly on duty.

Editorial Notes.

OCTOBER 23RD, 1907, was a memorable day in the history of the Royal Hospital of Saint Bartholomew. On that day a *Conversazione* was held in the buildings which have been newly erected, at a cost of £120,000, for the accommodation of Out-patients and the Special Departments; and the gathering together of the friends and patrons of our Hospital was as distinguished as it was numerous.

ABOUT 3000 guests were present, and among them were numbered the Treasurer and Lady Ludlow, the present Consulting and Acting Staffs of the Hospital, together with many other distinguished personages.

VARIED and interesting demonstrations were arranged for their entertainment, details of which will be found in another column, but we must especially call attention to the two lectures which were delivered in the new Clinical Theatre—the one by Dr. Andrewes, entitled "Medicine and Supermedicine," the other by Mr. D'Arcy Power, entitled "Some Past Worthies of the Surgical Staff." We reprint these lectures in full, so that all who had not the advantage of being present may take this opportunity of reading them.

WE need hardly remind our readers that the Foundation Stone of these buildings was laid by His Majesty the King on July 6th, 1904. They were formally opened by His Royal Highness the Prince of Wales on July 23rd, 1907. The *Conversazione* marks the time when work was actually commenced, so that we now have ample accommodation for the treatment of the thousands of out-patients which annually flock to our doors for relief.

THE Sessional Address to the Abernethian Society was delivered in the Medical Theatre by Dr. F. H. Champneys

on Tuesday, October 8th. The subject chosen was "Midwives in England, especially in Relation to the Medical Profession," and Dr. Champneys entertained his large audience by an interesting account which gave in detail the duties and responsibilities of the present day midwife.

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THE subject treated in this lecture, by so eminent an authority, is a very vital one not only to the midwife and the practitioner, but also to the public and the nation at large. We feel that for the benefit of our readers we cannot do better than reproduce it.

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WE have pleasure in noting that Dr. Robert Jones, of Claybury, has been elected to the Fellowship of the Royal College of Physicians of London.

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THE Second Annual Meeting of the Ninth Decennial Contemporary Club was held at Oddenino's Imperial Restaurant on Wednesday, October 9th. A thoroughly enjoyable evening was spent by those present under the Chairmanship of Mr. F. A. Rose. Though the attendance was good the muster was not as great as last year, and we earnestly hope that at the next meeting of the Club the number of members present will be more truly representative.

* * *

THE Annual Dance given by the Students' Union will be held in the Wharnccliffe Rooms, Great Central Hotel, on Wednesday, December 4th. Tickets, price 10s. 6d., may be obtained of the stewards or of the Hon. Secretaries, Messrs. S. Trevor Davies and H. T. H. Butt. It is requested that applicants will state whether they require their tickets for ladies or for gentlemen.

* * *

THE Annual Dinner of the Cambridge Graduates Club will take place at Frascati's Restaurant, on Wednesday, November 20th, at 7 for 7.15 p.m. Professor Howard Marsh will be in the chair. The price of the Dinner is 5s. 6d., and tickets may be obtained of the Hon. Secretaries, Dr. Horton-Smith Hartley and Mr. R. B. Etherington-Smith.

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MR. N. G. Horner has resigned the post of Editor to the JOURNAL, and Mr. J. E. Hailstone that of Assistant Editor.

DR. H. Pritchard has been appointed Editor and Mr. S. Séguin Strahan, Assistant Editor.

* * *

WE cannot go to press without taking this opportunity of expressing our full appreciation of the zeal and untiring energy of these two retiring officers of the JOURNAL. We look forward with pleasure to, from time to time, recording contributions from their talented pens.

The Conversazione of October 23rd.

SPACIOUS as are the buildings of the new Out-patient and Special Departments, they proved none too large for the crowd which assembled at the Conversazione given in them by the Medical School on October 23rd. Though we may wish to see the various sections filled in the future, it is to be hoped, for the sake of the workers, that they will never be quite so full as on this occasion. Estimates place the number present at over 3000, but, in the absence of automatic recording turnstiles, any exact enumeration of the visitors was quite out of the question. For this reason also we are unable to publish a full list of the distinguished guests, and after mentioning that the Treasurer and Lady Ludlow were not only present, but examined and took great interest in the various exhibits, it will, perhaps, be best if we add no further names. Suffice it that all the worthies of the Hospital, past and present, were in evidence, besides many notable visitors from other hospitals and colleges in and outside of London. One guest, however, deserves mention. "Belinda" not only graced the function with her presence, but has since sent us an outsider's account of the evening, which is so admirable in its detail as to very greatly lessen our difficulties in this column. As her name was unaccountably omitted from the list of guests in the fashionable intelligence in the morning papers we are glad to take this opportunity of recording her presence.

First and foremost in popularity during the evening was the large waiting room on the ground floor. Here many of the visitors appeared to spend the greater part of the evening, listening to the strains of the Band of the 1st Life Guards, eating the light refreshments, and, most popular amusement of all, seeking out and chatting with their old friends. Indeed, these constant meetings of old friends, fellow students and fellow nurses, contributed more than any other factor to the success of the evening. It would, perhaps, have served to relieve the congestion of the traffic, if fewer of these conversations had taken place on the staircases, but on such an occasion we must not complain of trifles such as these.

Of the different sections of the buildings the Dispensary, with its basement workshops, and the Kitchen were amongst the most interesting. The means of cooking by steam and gas in the latter serve as a perfect model of convenience and compactness, and as an example of the completeness of detail the existence of a small motor grindstone may be mentioned. The ventilating chamber in the basement was somewhat difficult to find, but well repaid a visit, an excellent view being obtained of the means by which air is drawn over a moistened screen and driven by two large fans over hot pipes into the main conduit, and so to every room of the building.

Judging by the condition of the air during the Conversazione there should be little complaint about the efficiency of ventilation of the buildings in the future.

Ascending to the upper floors in one of Messrs. Waygood's lifts, which were liberally patronised throughout the evening, the Out-patient and Special Departments were found to be filled with a variety of exhibits so numerous as to defy mention.

Many of these, such as the Nursing, Pathological, and Medical Gymnastic Demonstrations were arranged entirely by the section of the Hospital Staff concerned. Others were contributed to by outside sources. Amongst these Messrs. Arnold and Sons showed a series of operating table, and a large collection of instruments, old and new, some of them of considerable historical interest. Various pieces of apparatus were lent by Messrs. Maw, Son and Sons; electrical apparatus in great profusion by Mr. Leslie Miller; and anæsthetic apparatus by Messrs. Claudius Ash, Son and Co. The Ajax Sanitary Company, whose fittings have been largely used in the buildings, showed many varieties of basins, sinks, etc., on the ground floor. Throughout the evening constant demonstrations of all manner of instruments, from the most highly technical to the most popular, were given in every department. Where all worked so hard it would be invidious to single out any for mention or praise, but the thanks of the guests were certainly due to the energetic heads of the various sections for their efforts at entertainment and instruction.

In the medical out-patient room was placed an exhibit of unusual interest. Dr. Leonard Mark had collected together nearly all the prints, pictures, books, and other small objects which form the authentic history of the Hospital. These were lent by the Treasurer and Almoners, the Medical School, the Morratt Baker Collection, and many past and present members of the Staff. Commencing with views of the Hospital before the present quadrangle was built, and therefore dating from before 1725, there had been collected a fairly complete series of views, not only of the Hospital itself, but also of the Churches of St. Bartholomew-the-Great and Less, of Smithfield Market, and of Bartholomew Fair. Many local incidents were also represented, from Wat Tyler's rebellion, and the burning of the martyrs, to the "snowball row" of 1875. And last, but not least, there was an interesting collection of historical portraits, books, instruments, etc., the whole forming an exhibit which any old Bart's student, who takes a proper pride in his Hospital, should be sorry to have missed seeing. The catalogue was the work of Dr. Mark, and though he asks indulgence for mistakes, it appears to have been compiled with commendable exactitude, as witness:

"149. Portion of Kahere's sandal. Removed from his tomb (surreptitiously) in 1865.

The Vicar of St. Bartholomew-the-Great."

To only one statement do we believe great exception will be taken, namely, that Dr. Patrick Black, whose lancet case is shown, was probably the last physician who bled a patient in the wards of the Hospital.


The Conversazione marked the real opening of the new departments, for the dispensary was in use the following day. This successful and enjoyable evening thus marks the commencement of a new era of out-patient work at St. Bartholomew's. In the future we shall be able to work under conditions equal, if not superior, to those in any other hospital in the world; and it is only to be hoped that



the successful initiation is an omen of the future smooth and successful working of the departments. A word of praise is due to the Committee, who worked quietly and unostentatiously, and whose very names are hardly known. To their efforts the complete success of the evening is due; their arrangements were marked by a completeness of detail which alone could cope with the enormous numbers of the visitors, and enable the evening to pass off without a hitch.

[The above figure, which appeared on the cover of the Catalogue of prints and drawings exhibited at the Conversazione, is supposed by some to represent a licensed beggar in the dress of the time of Charles II, and to have had its place outside the Hospital Gate, and by others to be the effigy of a soldier, and to have stood in front of the Soldier's Ward. At one time the Hospital contained a special ward for Soldiers and one for Sailors.]

Medicine and Supermedicine.

VER the entrance which leads from the Hospital into these new buildings there is written in letters of gold "ὁ Βίος Βααχὺς ἢ ἕτερον μακρὴν." It is not true that ὁ Βίος Βααχὺς is intended to refer to the patients, and ἢ ἕτερον μακρὴν to the five years' curriculum, and the difficulty which students have in passing their examinations. I take this as my text, because even in my short life the art and science which I have the honour to represent in this Hospital has become so long that it would take half a dozen men to keep up with it. Let me bespeak your attention for a few minutes to the part which pathology has come to play not only in the hospital, but in even wider fields.

There was a time when pathology was not of much account, but for some centuries doctors have liked to examine their patients after they were dead to see what they looked like inside. And thus arose the science of morbid anatomy, so magnificently illustrated in our museum, the finest pathological collection, perhaps, to be found anywhere, for it contains the most exquisite flowers plucked in our post-mortem room for at least a century. Then came the microscope, opening new fields for the study of disease, by no means yet exhausted. And less than thirty years ago came those marvellous discoveries as to the part played by minute fungi in the causation of disease which have founded the science of bacteriology. At first scorned and derided, a wider knowledge as to these germs has already revolutionised surgery and midwifery, while the changes which are coming over a large branch of medicine are no less surprising. Not content with teaching us that many diseases are due to different germs, telling us all about those germs, and explaining how they get into the body, modern pathology has proceeded to study how the body tackles the intruders. And behold, a new world has been revealed—a world in which ordinary microscopes and weights and measures are of no account—a world of toxins and antitoxins, before which chemistry stands baffled and aghast, a world of antibodies which wage titanic contest against bacteria, cells, ferments, and things in general, and anti-antibodies which war against the antibodies, a world of phagocytic leucocytes and opsonins, and aggressins and anti-aggressins, and the Lord knows what beside. So that it is quite clear that when you recover from a cold in the head your body has been the theatre of chemical and physical contests so vast and elemental, that the fall of the Roman empire is as nothing to it, yet so ultra-microscopic that nothing can be seen but results. Your get well of your cold, that is all. And the worst of it is that it mostly seems to be true; it is not the product of a disordered imagination, but sheer sober induction from observed facts, testified by hundreds of pathologists all over the world, and argued

about till some sort of agreement is obtained. It is these marvellous bodily reactions against bacteria and their poisons that I venture to call supermedicine, because they can actually be exploited for our own ends in the treatment of disease.

There is another sort of supermedicine, which belongs to Dr. Garrod and the chemical pathologists. I do not count it quite such super-supermedicine as the bacteriological sort, because chemical processes are things demonstrable by weights and measures, whereas a bacterial poison is known only by its effects; it kills a guinea-pig or some other unfortunate animal, and that is how you know it is there; you can measure it by the amount required to kill a guinea-pig, and not in any other way. But the higher chemical pathology is almost as transcendental, for it is largely a matter of inference. If you feed a person with food of known amount and composition, and then carefully analyse all the excretions, you can infer more or less what must have happened inside. In America I hear that they have wonderful machines in which the live pig goes in at one end, while from the other emerge hams, bacon, bristles, saddlery, sausages, and fertiliser, all done up nicely in separate packages. Now if you found one day that the package which ought to have contained ham was filled with fertiliser, or that the sausages were stuffed with bristles, you would justly infer that something had gone wrong with the works. If you were an expert at that sort of machinery you would be expected to know exactly what cog-wheel had gone wrong. This is the sort of thing the chemical pathologist has to do—to tell, from an unusual chemical product leaving the body, where the mischief lies and what is its nature. He is under the disadvantage of not having made the machinery himself; no one has ever seen chemical machinery; it is all induction and guess-work, so that his task is very hard, and it deserves to be included in supermedicine.

I am not a real chemist, and I dare not say too much about this. I think it is a pity Dr. Garrod was not made to give this lecture. But I should like to try and give you some idea of the sort of supermedicine with which I am more particularly concerned. It is well established that a large number of the ills which flesh is heir to are due to invasion of the body by bacteria or other microbes; infective diseases form a very large slice of both medicine and surgery. Now the problems which concern these are of this nature: (1) How do the bacteria harm the body? (2) How does the body protect itself against the bacteria? and (3) How is it possible to help the body to protect itself? The last is the chief question which medicine asks of supermedicine, and for the last ten years hundreds of eager workers all over the world have been seeking to find the way, and not without result.

I must try and explain what has been found out by a metaphor. Suppose you were a violent teetotaler, and

wished to carry out a practical crusade against beer. If you could invent a chemical antidote which, when mingled with the beer reduced it to lemonade, you would have a powerful weapon. You could mix your antidote with all the beer which was made, and so prevent it from doing any harm, even though you did not stop its manufacture. A better plan would be to attack the brewers, and so prevent the beer from being made. One way would be to poison them, and cut them up into little bits. Another way would be to shut them up in prison, so that they died a lingering death.

Now these are the ways in which the body carries out its campaign against bacteria. The bacteria, when they get into the body, brew a kind of poisonous beer, and the body has found out how to make an antidote which will render the beer harmless: we call it an antitoxin. When you are suddenly attacked by bacteria you have no time to make the antidote, so it has been found a good plan to poison horses systematically with the beer, and so cause them to furnish a supply of the antidote, which you can keep in bottles and inject into the patient: by this means the lives of hundreds of diphtheria cases are saved every year.

The body has learned also to attack the bacteria which brew the beer. It has invented poisons which dissolve up their bodies, and so prevent them from brewing any more. It also puts them in prison: there are certain cells in the body which have the property of swallowing them up and putting them to death. Sir A. E. Wright has found out that the cells cannot swallow up the bacteria unless these are first poisoned by a special sort of poison which he calls opsonin, which has to be manufactured by the body, and he has shown how this opsonic poison can be measured, and how the body can best be persuaded to manufacture it.

Now you can easily see how all these discoveries give the poor pathologist a lot of work in a hospital where everybody wishes to do the best he can for the patients, and to employ supermedicine in addition to the ordinary resources of medicine and surgery. The whole face of pathology has undergone such a complete change since I was a student here twenty years ago, that one can hardly realise it as the same subject. All that was then asked of the pathologist was to be able to recognise evident morbid changes in the dead house, to mount preparations of diseased tissues for the museum, and to cut microscopic sections of them and report on what he found; he had also to know about a few simple chemical tests to be used in the wards. There was no need to have a special pathologist for this: it was part of the equipment of any intelligent medical man who had a little experience and practice. I can remember almost the first beginnings of bacteriology—certainly its first beginnings in this Hospital, and how pleased we were when we found tubercle bacilli or pneumococci in the sputum. Any odd room did for this kind of work in those days: now the Hospital is erecting a special

block of laboratories, at a cost of over £20,000, to be devoted to this work alone, and it will be an even greater change from our present accommodation than are the buildings in which we meet this evening from our old surgery and out-patient rooms.

Let me try to explain to you a few of the things that form the ordinary routine work of the pathologist at the present day. There is a disease called malignant endocarditis—an infection of the heart valves which is not very uncommon, but which, when I was a student, was not often diagnosed except in the post-mortem room. Nowadays, if a patient with a heart-murmur has an unexplained fever, the physician at once demands that a cultivation be made from the patient's blood. So the arm is sterilised and blood is withdrawn from a vein with a boiled glass syringe. Cultivations are made from this, and with luck you get colonies of the infecting microbe and find out what it is. You submit it to various tests and see what fermentations it can produce in all sorts of special culture media, and finally you pronounce it some definite species. Then the physician demands to know the opsonic index of the patient for this microbe and that takes a few hours' work. Then he says "make a vaccine and inoculate the patient," and that takes a few hours' work: you have to grow the microbe and make a suspension of it, and kill it by heat and make sure it is quite sterile, and then count how many microbes there are in your brew so that you may give the right dose and then this is injected into the patient. If the physician is quite up to date he wants to know how the patient's opsonic index is getting on, and it has to be taken every few days, so that it is a good part of one man's work to look after this particular case. The surgeons, too, want the same kind of thing for their suppurations and infections, and from every ward in the Hospital come demands for blood cultivations and vaccines and opsonic indices, so that it will speedily be necessary to have a special department for vaccine work. For you must remember that all this supermedicine has not replaced the older pathology, but is pure addition to it. All the old sort of work goes on just the same, or rather is increasing in extent. To take one instance. When a surgeon has a tumour to operate on, about whose nature he is not quite sure, he requires information to guide him as to the extent of the operation he is to undertake. He began by removing a little bit of the tumour beforehand, and having it microscopically examined so that he might be forewarned as to its precise nature. But now he wants a pathologist in attendance in the operating theatre, to report to him during the course of the operation as to the nature of the tissues he is removing. So the pathologist puts on a white sterile garment and attends in the theatre, cutting frozen sections of the tissues the surgeon gives him from time to time. It can be done in a few minutes, and a fairly reliable opinion offered. And while the pathologist is doing his share of

the work, the surgeon could, if he wished, enjoy a sterilised cigarette and an antiseptic whisky and soda, and then go on with the operation, the patient being none the worse for being under anaesthesia all the time.

It is not too much to say that there exists a class of case nowadays in which the pathologist is really more important than the physician or surgeon, for not only does he make the diagnosis, but actually prepares the drug or vaccine used in the treatment. Of course all this supermedicine is truly but a highly specialised branch of medicine, but one can foreshadow, in cases of a certain sort, a curious reversal of the relative positions of the pathologist and the physician or surgeon. Nay, I have even known a patient with a chronic abscess who was being treated by an eminent surgeon, instead of going to consult the surgeon when he felt low in himself, come and call on the guinea-pig which had been inoculated with his pus.

I have only mentioned one or two things of the many that are demanded to-day of the pathologist in a Hospital such as this, but you can very well see that where there are more than six hundred beds, and thousands of out-patients, the total demands upon the pathological department have become very great indeed. It is not too much to say that adequately to carry out all the work which might with advantage be done here would require the services not of five or six but of fifty or sixty skilled workers. And you must remember that the pathologist who is worth his salt is not content merely to apply methods of investigation devised by others; he wants to improve on them, and to devise new methods and to discover new facts; so that the essence of his being is original research and time for such research, and, poor chap, he has to live and pay for his washing. What is wanted is an adequate endowment of pathology. If any of you are millionaires or friends of those with surplus cash, please remember that there is literally no way in which money can be better spent than in subsidising research into the causation and treatment of disease, and no place in which such research can be more efficiently prosecuted than in a great hospital.

Some Past Worthies of the Surgical Staff.

MR. D'ARCY POWER gave a short account of some of the past surgical worthies of the Hospital. He said that Thomas Vicary (1500—1561) was the first surgeon of whom we had any certain information. He was appointed a Governor of the Hospital in 1548, and served as an official, living in the Hospital, and being provided annually with a livery made from four yards of cloth at 12s. a yard. He was a true friend to the Hospital, and seems to have lived on friendly terms with the other officials, for he left 1s. each to forty poor householders living within

the Hospital, and 10s. each to the matron, chaplain, steward, and porter of St. Bartholomew's Hospital. He occupied a high position in the profession, for he was more than once Master of the United Company of Barbers and Surgeons, and he was Serjeant-Surgeon to King Edward VI, Queen Mary, and Queen Elizabeth.

The Englishman's Treasure, a work on anatomy, was published after his death and under his name, but Dr. Payne has shown conclusively that the book is a mere compilation as regards the anatomical portion, based upon the works of Lanfranc and Henri de Mondeville. The *Treasure* contains prescriptions which Vicary had used in the Hospital.

William Clowes (1540—1604) had the merit, Mr. D'Arcy Power said, of being one of the earliest English surgeons to write in English, and his writings were full of interest, for they dealt with cases he had seen and treated. He was strenuous that every surgeon should know something of medicine. He served in the army for some years, and settled in London in 1569, being appointed surgeon to the Hospital in 1575, and he filled a similar position at the Blue Coat School. Clowes seems to have been of a somewhat quarrelsome disposition, and it is recorded that when he was Surgeon to Queen Elizabeth he fought George Baker, afterwards Serjeant-Surgeon, in the fields "when they had misused each other." Mr. Power mentioned that Clowes had a fine talent for abuse, for he called one of his opponents "a great bugbear, a stinging gnat, a venomous wasp, and a counterfeit crocodile."

John Woodall (1556—1643) was appointed Surgeon to the Hospital in 1616. He had travelled extensively in Germany, France, and Poland, where he had great opportunities of treating the plague. When the great outbreak of this disease took place in England in 1603, Woodall settled in London and soon prospered. He became Surgeon-General of the newly-formed East India Company, and in that capacity published *The Surgeon's Mate* for the use of young surgeons who were going to the East. The book is of the utmost interest, and is full of curious details. Amongst other things, Mr. D'Arcy Power read the passages in which Woodall first recommended the use of lemon juice for the treatment of scurvy.

Charles Bernard (1650—1711) was briefly alluded to as an example of the first cultivated Surgeon at St. Bartholomew's Hospital. He was appointed to this office in 1686 upon the special command of the King, and he was afterwards Serjeant-Surgeon to Queen Anne. Mr. D'Arcy Power recently published* two letters of Bernard which had accidentally come into his hands, one of which was peculiarly interesting as it contained a horoscope which Bernard had calculated. Bernard collected a fine library, which was notable for the condition as well as the rarity of the books.

* *St. Bartholomew's Hospital Journal*, July, 1906, p. 147.

Dean Swift attended its sale in the hope of buying, but found that the price they fetched was far beyond his pocket.

Percivall Pott (1714—1788) spent his entire life at the Hospital, which he served as boy and man for more than fifty years. He has appointed surgeon in 1749, and marked, Mr. Power thought, the transition between the mediæval and the modern surgeon. When he first came to the Hospital the cauteries were heated as a routine procedure when the surgeon entered the gates, and it cost Pott a prolonged struggle to obtain recognition for more humane methods of treatment. Mr. Power read the account of the accident which led to the association of Pott's name with a special form of broken leg, and proved that Pott's injury was a compound fracture of the tibia in which the bone projected through the skin by a valvular opening. Pott had a large practice, and amongst other notable patients he treated Dr. Samuel Johnson. He was eminently charitable, and it is told of him that at one time three needy surgeons were living in his house.

John Abernethy (1764—1831) was appointed Assistant Surgeon in 1787, and Surgeon in 1815. He was eminently a teacher, and to him was due the rise of the great Medical School attached to St. Bartholomew's Hospital. Mr. Power read some anecdotes of his boorish manners, but warned his audience that these faults were merely attached to an impulsive and very shy personality, for Abernethy was absolutely honest and straightforward. He was never a great operating surgeon, but he applied the principles of medicine to the treatment of surgical patients.

A brief allusion to Sir William Lawrence (1783—1867), one of the most capable and active-minded men of his generation, with a tribute to the oratory of Sir William Savory (1826—1895), the follower of John Hunter, and to Sir James Paget (1814—1899) who applied morbid anatomy to surgery, brought Mr. D'Arcy Power's short lecture to an end.

Belinda on the Conversazione.

REGGIE told me a long time ago that there was going to be a soirée at Bart's on October 23rd, and asked me if I would like to go with him to it. I said I would, if he was quite sure it was going to be really respectable. So when yesterday evening came he dined with us, and took me in a cab to the Hospital New Buildings. We spent half an hour fighting our way into the reception hall. Some of the women were truly wonderful. Reggie was quite upset at my remarks on their costumes. But then he always fancies everybody is listening to what I say about their dresses and their faces.

There were thousands of people there, all shouting at the top of their voices. Reggie told me there was a band, but I couldn't hear it at first. As I came in I shook hands

with two charming elderly gentlemen in the loveliest gowns. When Reggie is an M.D. I'm going to wear his gown as fancy dress; but we shall both be very old by then, I'm afraid, at his present rate of progress.

The place simply swarmed with people. The nurses looked so nice in their caps and aprons; no wonder they didn't come in evening dress. The waiters were perfection. Of course there were lots of fossils and frumps, but there were some quite reasonable people too. Reggie and I had several jolly cups of coffee and ices in one of the side-rooms; Reggie can be quite nice sometimes, when he really tries. Upstairs on the left—if you survived as far—there was a collection of old prints—not nurses' dresses, but engravings and portraits, and all sorts of historical oddities. It was quite fascinating, much nicer than the Academy or the "Connoisseur." Then we went and saw germs under the microscope. The doctors who showed them off were charming; I know all about typhoid fever and optimistic indexes, and all that sort of thing now; no wonder Bart's is popular when they teach so nicely there. There was also a microby kiss on a plate of jelly, which I thought a little immodest. I was glad mother wasn't there.

Then we saw a room full of shiny instruments, and leading off from it was a lovely chamber of horrors, without having to pay an extra sixpence to go in. Poor Reggie began to fidget then, but I was quite determined to see all the bottled brains and marrow-bones; they gave me delightful little shivers all down my vertical column. So did the model throats and eyeballs, and other creepy things upstairs. I am almost reconciled to marrying a doctor now, if Reggie would only try and get through his exams. It must be awfully interesting to play with Madame Tussaud models of interiors, and do operations and indexes. But the glazed tiles must be trying; no wonder the doctors stare so.

A jolly little lift took us up to the Medical Gymnasium—just like a circus, only much more frivolous—and all sorts of quaint vibrating machines which made you feel like a South Eastern express going over the points. I rather hoped someone would offer to manicure me, but Reggie shut me up so, directly I mentioned it, that I suppose there's been some trouble about that at the Hospital. After this I saw the skeleton of my hand in a sort of lucky-bag in the X Ray place, and there were green flames and weird noises like Dante's Inferno, and real hearts beating, and all sorts of odd entertainments.

Then we slowly pushed and fought our way from one place to another, till it seemed as though we were in an endless tube-station, and Reggie introduced me to some of his friends, and afterwards seemed sorry he had done so, which was silly of him. It was the greatest fun in the world. Mr. — and I got lost in a little black hole off the oculist's place, where there was a rainbow thrown on a white sheet, and Reggie was wild in the eye when he un-

earthed us, but Mr. — laughed and so did I. Presently I found myself in the lift again, and we walked into a dear little theatre, where a tall bald doctor was saying the most amusing things (which I only half understood) about medicine and soup, which reminds me that before we went we had some quite nice soup in the Hospital kitchens out of a Macbeth cauldron without the witches. Then came the chemist's shop where I played with the automatic sweet machine. The doctors there were most polite and wanted me to taste their lemonade, but I suspected they were offering me a tonic in disguise, so I thanked them very much, no.

About this time Reggie began to look restless, as though the only thing in the world he wanted was a smoke. So we put our heads down and scrimmaged past everybody, along corridors and through marble halls, and finally past the gravestone of Henry I over the granite fountain, and so into the outside. And Reggie explained to his friends—who I forgot to say had been most friendly and attentive—that he had arranged to see me home himself. So I thanked them all very much, and sent Reggie to find a cab, and in the intervening half hour I made arrangements to see the Hospital on ten separate days during next week, but I don't think I shall really be there. I like Bart.'s; everybody is so kind; the patients must enjoy themselves awfully. I suppose they won't get coffee and ices in the side-rooms, however—perhaps, only bread and cheese; but they will like the exhibitions, I'm sure. Medical Students I think are quite nice, much nicer than I expected; I always thought Reggie was an exception. It is splendid for him to have such nice friends there. His mother will be so glad when I tell her about it all. I really quite enjoyed myself. But I was a little annoyed not to see my name in the *Morning Post* to-day, though not half so annoyed as Reggie will be when he sees it at the foot of this article.

BELINDA TREHERNE.

Midwives in England, especially in Relation to the Medical Profession.

An address delivered before the Abernethian Society of St. Bartholomew's Hospital, on Tuesday, October 8th, 1907.

By FRANCIS HENRY CHAMPNEYS, M.A., M.D. (Oxon.), F.R.C.P.,

Physician-Accoucheur to the Hospital; Chairman of the Central Midwives Board.

DARE say many of you wonder why I have chosen to address you on the subject of midwives.

It is not a subject which forms part of the medical curriculum; you will not be asked a single question bearing on it in any examination.

It is not a subject whose interest centres in scientific research, which at some time or another has, I hope, fascinated us all.

But you will not be long in practice, those of you at least who enter general practice, especially in the country, without coming across the subject in a practical manner, and I hold that it is of the first importance that you should know something of the facts connected with it.

You will ask me why the subject of midwives is important, and I promise to answer that question to some extent in the short time available for this address.

I will begin by asking you a question. Have you ever thought why so much importance is attached to the branch of practice with which I am connected?

Of course each branch is apt to think itself of supreme importance; I am not touching on that—we will eliminate that. There may be some who think that the department of obstetrics is of comparatively little importance. But that is not the opinion of those able to take a wide view of the scope of medicine; nor, I may add, the view of those who regulate the course of your studies and examinations.

What is the importance of midwifery? It is, in short, because it deals with two great perils, the peril of death to the mother, and the peril of death to the child; and two other perils scarcely less serious, the peril of the loss of health to the mother, and the peril of loss of health to the child.

The peril of death to the mother lies principally in sepsis; the peril of loss of health to the mother lies principally in the results of sepsis, short of death; the loss of health to the child lies largely in the results of sepsis falling on the eyes and causing blindness.

The State has become aware that the responsibilities of our nation cannot be fulfilled without a population adequate in numbers and sound in health. It has considered the questions of physical deterioration of the population, of a diminished birth-rate, of the inadequate feeding of the children of the poor, and various other questions. But all these are to some extent subsidiary to the care which is taken of English mothers and babies during the great peril of childbirth. Over this event preside doctors and midwives.

From 1871 to 1903, 130,506 deaths in childhood were registered, 67,596 being due to "puerperal fever." Every year 4000 women in England and Wales die in childbirth; and a much larger number of women lose their health in consequence of mischief befalling them at that time. Just think what this means. Puerperal fever is a preventable disease, is it not ghastly!

I do not believe that it is possible for any ordinarily humane person to realise these figures without horror, and without asking himself, "Can I do anything to prevent it?" In the case of medical students it will surely lead to a conscientious study of the subject of midwifery, and espe-

cially of aseptic methods, and to a determination to lose no chance of instruction and experience during their training, so that no one may have on his conscience the death or maiming of a mother confided to his care.

But you will ask me again: what has all this to do with midwives? I will endeavour to answer this question.

There are at present on the Midwives Roll no less than 24,500 midwives. It is true that not all these are acting as midwives; a considerable number of those on the Roll acting only as monthly nurses. But this leaves a great number of midwives acting as such.

As a matter of fact it is to the hands of these women that the safety of the majority of the poor mothers of England is confided, and it is largely (though by no means exclusively) to their failure that the appalling puerperal mortality to which I have referred is due. It is calculated that some 500,000 women are confined annually without a skilled medical adviser.

Midwives have probably practised from pre-historic times, and it is supposed that Bishop Bonner was the first to grant licences to them. In a visitation in 1554 he enjoined that "a mydwyfe shal not use or exercise any witchcraft, charmes, sorcerie, invocacions or praiecs other than suche as be allowable and may stand with the lawes and ordinaunces of the Catholicke Church."

Those who are interested in the history of midwives may consult Dr. Aveling's *English Midwives*, 1872, and Dr. Stanley Atkinson's work published in this year under the title *The Office of Midwife*, which gives in a compendious and convenient form the bulk of the facts relating to the subject.

The late Queen Victoria was the first Queen of England attended in her confinement by a man.

The question arises whether, if midwives are answerable for the bulk of the cases of "puerperal fever" in the country, it would not be best to abolish them altogether.

Such a course was, on the face of it, impracticable, no House of Commons and no House of Lords has ever contemplated the possibility of such a proceeding, and it has never entered into practical politics so far as legislation is concerned.

The only alternatives have been either to regulate them or not to regulate them. To regulate them and to admit them to a Roll would be to recognise them; to refuse to regulate them would be to leave them to continue their dangerous and ignorant practices unchecked.

It will hardly be believed that the latter alternative was preferred by a large number of our profession.

Those who are interested in the history of the Legislation for Midwives may find what they require in Dr. Stanley Atkinson's work, in my own Presidential addresses delivered before the Obstetrical Society, March, 1895 (*Obst. Trans.*, vol. xxxvii), and February, 1896 (*ibidem*, vol. xxxviii), as well as in the addresses of other Presidents of that Society.

After much controversy the present Midwives Act was passed under the following title:

Midwives Act, 1902.
[2, Edw. 7, Ch. 17.]

An Act to secure the better training of midwives, and to regulate their practice [31st July, 1902].

This Act provides—

1. (1) That no woman after April 1st, 1905, shall call herself a midwife unless she is certified under the Act.
- (2) That no woman after April 1st, 1910, shall, "habitually and for gain," act as a midwife unless she is so certified.
- (4) That no certified midwife shall employ an uncertified person as her substitute.
- (5) That no certified midwife shall claim to be a registered medical practitioner nor to act as such.
2. Provides for existing midwives—
3. Deals with the constitution and duties of the Central Midwives Board, including the framing of its own rules, which must be approved by the Privy Council after considering any representations made on them by the General Medical Council.

These rules relate to the admission of midwives to the Roll; to the regulation of the course of training and the conduct of examinations; to the restrictions within due limits of the practice of midwives, to their suspension from practice, to their removal from the Roll, and for their restoration to the Roll.

4. Provides for an appeal to the High Court of Justice by a midwife whose name has been removed from the Roll.
8. Provides for the local supervision of midwives by the local supervising authority.

As regards the Rules framed by the Central Midwives Board, it is unnecessary to go into details of most of the sections at this time.

But Rules C is important for our consideration. It is headed thus: "Regulating the course of training and the conduct of examinations, and the remuneration of the Examiners."

1. (1) Requires attendance (of specified thoroughness) on not fewer than 20 labours;
 - (2) And 20 lying-in cases;
 - (3) Also a sufficient course of instruction of not less than three months.
 3. A candidate may be rejected for want of elementary education.
 4. "The examination shall be partly oral and practical, and partly written, and shall embrace the following subjects:—
 - (a) The elementary anatomy of the female pelvis and generative organs.
 - (b) Pregnancy and its principal complications, including abortion.
 - (c) The symptoms, mechanism, course, and management of natural labour.
 - (d) The signs that a labour is abnormal.
 - (e) Hæmorrhage; its varieties and the treatment of each.
 - (f) Antiseptics in midwifery and the way to prepare and use them.
 - (g) The management of the puerperal patient, including the use of the clinical thermometer and of the catheter.
 - (h) The management (including the feeding) of infants, and the signs of the diseases which may develop during the first ten days.
 - (i) The duties of the midwife as described in the regulations.
 - (j) Obstetric emergencies, and how the midwife should deal with them until the arrival of a doctor. This will include some knowledge of the drugs commonly needed in such cases, and of the mode of their administration (see E 17).
 - (k) Puerperal fevers: their nature, causes, and symptoms.
 - (l) The disinfection of person, clothing, and appliances.
 - (m) The principles of hygiene as regards the home, food supply, and person.
 - (n) The care of children born apparently lifeless."
- Rules E is headed thus:
- "E. Regulating, supervising, and restricting within due limits the practice of midwives.
 - "Directions to midwives concerning their person, instruments, etc.; their duties to patient and child; and their obligations with regard to disinfection, medical assistance, and notification."
 1. Deals with personal cleanliness, dress, and disinfection.
 2. Specifies the appliances and antiseptics the midwife must carry.
 3. Directs thorough disinfection of the hands and forearms before examination.

4. Prescribes the mode of disinfection of appliances which may touch the genitals of the patient.

5. Prescribes the mode of disinfection of the midwife's person, instruments, and dress after infection.

DUTIES TO PATIENTS.

6. Specifies the duty of a midwife not to leave a patient in the second stage of labour, nor until the third stage is safely over.

7. Prescribes the mode of cleansing the genitals in the course of labour, etc.

8. Forbids unnecessary internal examinations.

9. Prescribes the careful examination of the secundines.

10. Prescribes the removal of soiled linen, evacuations, etc., from the lying-in chamber.

11. Prescribes the duty of giving full directions for the proper care of the mother and child for ten days.

12. Defines a normal labour for the purposes of these regulations.

DUTIES TO CHILD.

13. Prescribes the necessity of attempting the resuscitation of children born apparently dead.

14. Prescribes the duty of cleansing the eyelids before the child opens its eyes.

15. Prescribes the duty of informing one of the parents if a child seems likely to die, and (in a note) states the desirability of notifying all births within forty-eight hours to the local supervising authority.

GENERAL.

16. Forbids the midwife to follow any occupation liable to be a source of infection.

17. "A midwife must note in her Register of Cases each occasion on which she is under the necessity of administering any drug other than a simple aperient, the dose, and the time and cause of its administration."

CONDITIONS IN WHICH MEDICAL HELP MUST BE SENT FOR.

18. "In all cases of abortion, of illness of the patient or child, or of any abnormality occurring during pregnancy, labour, or lying-in, a midwife must explain that the case is one in which the attendance of a registered medical practitioner is required, and must hand to the husband or the nearest relative or friend present the form of sending for medical help [see Rule 21 (a)], properly filled up and signed by her, in order that this may be immediately forwarded to the medical practitioner. If for any reason the services of a registered medical practitioner be not available, the midwife must, if the case be one of emergency, remain with the patient and do her best for her until the registered medical practitioner arrives, or until the emergency is over."

"After having complied with the rule as to the summoning of medical assistance, the midwife will not incur any legal liability by remaining on duty and doing her best for her patient."

19. "The foregoing rule shall apply:

(1) In all cases in which a woman during pregnancy, labour, or lying-in appears to be dying or is dead.

"Pregnancy:

(2) In the case of a pregnant woman:

(a) If the patient is a dwarf or deformed.

(b) When there is loss of blood.

(c) When there is any abnormality or complication such as—

Excessive sickness.

Puffiness of hands or feet.

Dangerous varicose veins.

"Labour:

(3) In the case of a woman in labour or at near term, when there is any abnormality or complication, such as—
A malpresentation.

Presentation other than the uncomplicated head or breech.

Where no presentation can be made out.

Where there is excessive bleeding.

Where two hours after the birth of the child the placenta and membranes have not been completely expelled.

In serious cases of rupture of the perineum, or of other injuries of the soft parts.

"Lying-in:

(4) In the case of a lying-in woman, when there is any abnormality or complication, such as—

Abdominal swelling and tenderness.

Offensive lochia, if persistent.

Rigor, with raised temperature.

Rise of temperature above 100.4° F., with quickening of the pulse for more than twenty-four hours.

Unusual swelling of the breasts with local tenderness or pain.

Secondary post-partum hæmorrhage.

White leg.

"The child:

(5) In the case of the child, when there is any abnormality or complication, such as—

Injuries received during birth.

Any malformation or deformity in a child that seems likely to live.

Dangerous feebleness.

Inflammation of the eyes, however slight.

Serious skin eruptions.

Inflammation about the navel."

21. "For the purposes of the preceding rules the use of the following forms shall be compulsory:

(a) Form of sending for medical help:

No.

Date.

This notice is sent on behalf of* (here fill in name of patient).

Address.

I have advised that medical assistance be obtained on account of

Signed

Certified Midwife.

† The case is urgent. (If the case is not urgent cross this out.)

Sent to (name of doctor).

at (address).

Time of sending message.

(c) Form of notification of stillbirth:

22. "A midwife shall keep a Register of cases in the following form:

No.

Date of expected confinement.

Name and address of patient

No. of previous labours and miscarriages.

Age.

Date and hour of midwife's arrival.

Date and hour of child's birth.

Presentation.

Duration of 1st, 2nd, and 3rd stage of labour.

Complications (if any) during or after labour.

Sex of infant. Born living or dead.

Full time or premature. No. of months.

If doctor sent for. Name of doctor.

Date of midwife's last visit.

Condition of mother then (see Rule 11, above).

Condition of child then.

Remarks.—(Note. If any drugs, other than a simple aperient have been administered, state here their nature and dose, the reason for giving them, and the stage of labour when given.)"

26. "The proper designation of a certified midwife is 'certified midwife,' thus, e.g.,

Mary Smith,

Certified Midwife.

No abbreviation in the form of initial letters is permitted, nor any other description of the qualification."

The recent edition of the rules contains a glossary.

(To be continued.)

Books Recently Added to the Library.

The Technique of Operations upon the Intestines and Stomach. By Alfred H. Gould, M.D.

The Skin Affections of Childhood; with special reference to those of more common occurrence and their Diagnosis and Treatment. By H. G. Adamson, M.D.

Art and Medicine: being the Presidential Address delivered at the Inaugural Meeting of the West London Medico-Chirurgical Society, Session xxv. By Leonard P. Mark, M.D.

Malignant Disease of the Larynx.

From notes of a Clinical Lecture at St. Bartholomew's Hospital.

By W. DOUGLAS HARMER,
Surgeon to the Throat Department.

GENTLEMEN,—Malignant disease of the larynx is a condition of adult life, and affects men more than women. It is common between fifty and sixty, but rarely occurs before forty. It has been suggested that excessive use of the voice is a predisposing cause, and that it starts in those parts of the larynx which are most liable to slight injury. Carcinoma and sarcoma both occur, and the former is more common. Sarcoma may be round, spindle, or even mixed celled, but carcinoma is nearly always epithelioma. It is advisable to follow Krishaber, and divide these forms of cancer into two classes, the *intrinsic* and the *extrinsic*.

The term *intrinsic* implies a growth springing from the vocal cords, the ventricular bands, the ventricles, or the region below the vocal cords, and the growth must lie entirely within the laryngeal cavity. The course of these tumours is slow, ulceration is slight, and the disease merely infiltrates the soft tissues of the larynx, stopping where it meets with the cartilage; and the resistance of the latter against invasion by growth is indeed striking. The cervical glands are rarely affected. Symptoms, though few, are early in appearance, so that early diagnosis is possible. Here are the histories of three of our cases during the last eighteen months—

CASE 1.—A man, æt. 59, was sent to the Hospital by Dr. Brown, of Frimley, complaining of sudden loss of voice and hoarseness, which was first noticed five weeks previously. There had been no other symptoms, but he had consulted his doctor, who discovered a small tumour attached to the anterior part of the left vocal cord.

CASE 2.—A man, æt. 55, came to this Hospital and said that six months before he caught a bad cold, and then lost his voice; he did nothing for six months; after that he attended at this Hospital for eighteen months. He had had syphilis three years before. Treatment was advised, but no improvement resulted. Two years after the onset of symptoms he was referred to the Throat Department with advanced malignant disease.

CASE 3.—A man, æt. 59, was sent by Dr. Bower with a history of hoarseness, which had gradually increased for fifteen months; he did not consult his doctor until the symptoms had been present fourteen and a half months. Four of his near relations had died of malignant disease; he had extensive disease of the larynx.

These three cases illustrate well how insignificant are the symptoms. All of them had loss of voice, and the typical

hoarseness; their disease was intrinsic, and in two, well advanced; yet there had been no cough, no hæmorrhage, no dyspnoea, no offensive breath, no discomfort. It would be possible to refer to many similar cases, even to distinguished men who have suffered for a long time from this disease without any suspicion of their complaint. Left to themselves these growths are slow; they steadily progress for two, three, or more years; in the end they are always fatal.

Extrinsic is a term used for a growth affecting the arytenoids, the inter-arytenoid space, the aryepiglottidean fold, the epiglottis. Such a growth is not entirely limited by the larynx, but also involves some part of the pharynx. Its course is always rapid; ulceration is early and causes excessive secretion of mucus, of pus, or even blood. Pain is soon definite, and is aggravated by swallowing. Dyspnoea, dysphagia, alteration in voice supervene; neighbouring tissues become infiltrated, cervical glands are affected, the structures in the neck are pressed upon or displaced, cachexia is caused, and the whole course of the disease is run in twelve months or less. Here is a case of the kind:

CASE 4.—A man, æt. 46, came to the Hospital complaining of indigestion with frequent vomiting, which had troubled him for three months; cough and a swelling in the neck for two months; hoarseness for three weeks; his cough has been very troublesome; he has had difficulty in swallowing, but no dyspnoea; he is certainly thinner.

You see a large swelling in his neck which pushes the larynx over to the left; seen from inside the growth is extensive, and involves the right side of the larynx, the pharynx, and extends to the base of the tongue, so that the latter cannot be protruded; there is a large mass of glands in the right side of the neck, and smaller ones on the left.

Perhaps it may appear as if the diagnosis of these tumours is an easy one. That is far from being true. I have already shown you that the symptoms are very slight, that there may be so little discomfort that a doctor is not consulted till late in the disease, that the doctor is apt to make a mistake, even at such an institution as this. Other affections of the larynx, such as chronic laryngitis, tubercle, syphilis, and innocent tumours have similar histories, especially if intra-laryngeal.

All patients over fifty who complain of such symptoms should be regarded with suspicion, and every part of the larynx must be examined with the greatest care and attention. The laryngoscope alone may suffice to determine the diagnosis, but other parts of the body should never be neglected. If tubercle is suspected the chest should be examined, the sputum should, if necessary, be stained on several occasions; the help of the X-rays should be obtained. A history of syphilis necessitates a complete examination of other regions. When the diagnosis is uncertain, you must never be satisfied, especially if no improvement results from your treatment; laryngeal growths vary greatly in

appearance; in early stages they are like warts, with irregular surfaces, red or grey in colour, without a definite pedicle; the surrounding mucous membrane is congested, and there may be an enlarged vessel running towards the tumour; as with carcinoma of the tongue, so with the larynx, the mobility of the muscles is soon impaired, and movement of the vocal cords is sluggish or absent; at first the disease is local and affects one part only of the larynx, but later it extends until both sides are involved; general inflammation and tumefaction are excited, and the growth itself hidden from view; it is in such cases that Killian's tube speculum is useful.

If a tumour or swelling can be seen a radical operation must be considered, whether a portion of the growth has been previously removed or not; it is of little importance whether the growth is a carcinoma or sarcoma, whether the patient is old or young; the position of the tumour, and its extent are the main facts which influence the decision. If the growth is intrinsic, a radical operation will remove it; if the growth is extrinsic, the difficulty of the operation is far greater. For intrinsic tumours thyrotomy is the operation. This is illustrated by Case 1, who was in Harley. He was found to have a small tumour attached to the anterior part of the left vocal cord. Tracheotomy was performed and a Parker's tube introduced; four days later he was anaesthetised, and Hahn's tube put into the trachea and allowed to block it. A median incision from the hyoid to the tracheotomy wound; the thyroid cartilage split open with bone scissors and its two alae widely retracted; the bleeding stopped by equal parts of cocaine 20 per cent., and adrenalin 1—1000, so that the tumour could be thoroughly explored. This was cut away very freely with a surrounding area of healthy tissue on every side. The perichondrium was removed with the tumour, and the inner aspect of the ala on the same side scraped with a spoon. The two portions of the thyroid were allowed to fold together, and kept in position by a suture. The upper part of the wound was closed, but free drainage left in the lower half. The after-treatment was carefully studied. The patient was nursed on his face, with the foot of the bed raised, so that all discharge flowed to the dressings, which were frequently changed. Rectal feeding was given for forty-eight hours; after twenty-four hours the patient was allowed to suck some sterilised water through a tube, and could swallow easily owing to the fact that the posterior part of the arytenoid had been left; then he was fed entirely by mouth in the same manner. The Hahn's tube was replaced by a Parker's tube in twenty-four hours. The patient had no distressing symptoms, and you see his condition two months after the operation. You notice how he speaks and what he says of himself.

Cases 2 and 3 both had advanced carcinoma within the larynx, which was treated in a similar manner, the former by Mr. Bailey during my absence. He has had no recur-

rence, and is well eleven months after the operation. The latter died three days after operation from bronchitis.

Extrinsic tumours are far more difficult to treat; they are often advanced as in Case 4, whom you have seen. Here the tumour is very extensive, and involves the pharynx and base of the tongue, and the cervical glands are widely affected; only palliative treatment has been advised. On the other hand, in early cases a radical operation must be considered, such as extirpation of the entire larynx (laryngectomy) or a part of it. Until recent years these operations have been more popular in Germany than in England, the mortality has been high and the after results have been bad. At the present time owing to improvements in surgery, and to a great extent to the researches of Mr. Butlin, Sir F. Semon, and other English surgeons, these operations are now performed, and it seems probable that they will again find favour and that better results may be expected; that even if they are not curative, they may still serve to prolong life for two or three years, and to relieve the patient from great suffering.

Here then is a sketch of the two forms of laryngeal cancer. In the first place the intrinsic growths, which are so slow in their course, so local, so favourable for diagnosis that they constitute some of the least malignant forms of cancer; in the second place the extrinsic, which are more serious, and, from their position, more ready to affect other parts of the body.

Let me remind you that the prognosis of the first class is a good one, and that this form of cancer, if seen early, may be completely cured by thyrotomy; that although the second class is more dangerous to life and more difficult to treat, the operations have improved, and there is good reason to believe that in the future they will be more successful.

Notes on Clinical Pathology.

ON CEREBRO-SPINAL FLUIDS.

THE diagnostic value and importance of making chemical, cytological, and bacteriological examinations of the cerebro-spinal fluid cannot be over estimated in differentiating the several forms of infective meningitis and in distinguishing them from various pseudo-meningitic conditions.

To enable a reliable examination of the fluid to be made it is essential that it should be properly and skilfully collected, and so perhaps a few words may be said with regard to the method of performing lumbar puncture. The usual situation chosen is a point on a level with the mid-point between the spines of the third and fourth lumbar

vertebræ, and three quarters of an inch on one or other side of the middle line. The exact point differs somewhat in adults and in children; the younger the patient the nearer the middle line the needle is inserted, so that in very young infants it can often be passed straight forward in the middle line between the vertebral spines.

A hollow needle is used, such as that generally supplied with the syringe used for injecting antidiphtheritic serum. No syringe or suction apparatus of any kind need be attached to the needle; once the spinal meninges have been entered, the fluid will flow out, the rate of flow depending on the pressure under which it is contained.

The spine being well arched with the convexity backwards, the needle is passed in a direction forwards, upwards, and inwards, the object being to penetrate the space between the laminae of the third and fourth lumbar vertebrae. If the point of the needle is felt to strike bone, it is partially withdrawn and directed a little further downwards. When the needle has penetrated the spinal theca the point will be felt to be freely movable.

If the fluid is contained under pressure (as it commonly is in inflammatory conditions of the meninges) it will spurt out in a continuous stream at first if not under pressure (as it normally is not): it will simply come out drop by drop, so that at most not more than a few cubic centimetres can be collected.

Now cerebro-spinal fluid ought *never* to contain blood; of course assuming that the case is one in which blood is not present before withdrawal. The presence of blood in the fluid renders the chemical examination for albumin valueless, and materially vitiates the cytological count. The presence of blood usually means either that the meninges have not been entered at all and the blood has been withdrawn from the lumbar muscles, or that the spinal plexus of veins has been wounded.

It is always advisable to collect the first few drops of fluid separately from the rest, so that any blood that may have got into the needle in passing through the muscles may be dislodged before the fluid required for examination is collected. The whole operation is of course carried out under the strictest aseptic precautions.

When the fluid comes out under pressure there is usually some inflammatory condition of the meninges present, though not invariably so, for undoubtedly increased pressure may occur in cases of pseudo-meningitis in infants, the meningeal aspect being part of the clinical picture of broncho-pneumonia or other disease.

The value of the chemical examination of cerebro-spinal fluid is practically confined to estimating the albumin present. Normally the fluid contains no albumin or just a trace only. The quantity of albumin is increased in all forms of infective meningitis, and the increase is the more marked when the infection is due to a pyogenic organism such as the meningococcus or the pneumococcus. The

fluid in these cases is often turbid, and may be purulent. In the case of infection by the tubercle bacillus the fluid is usually quite clear, and the quantity of albumin not so markedly increased.

The cytological examination is made by centrifugalising the fluid and examining the deposit (or lowest layer of the fluid where there is no obvious deposit); films being made and stained by Leishman's or other appropriate stain.

In normal fluid cells are not found at all, or, if any, one or two lymphocytes and endothelial cells only.

In tuberculous meningitis a large number of cells are present, and the differential count shows the presence of a marked lymphocytosis. Lymphocytes will be found to account for as much as 90 per cent. of the cells present.

In pyogenic infections (meningococcal, pneumococcal, streptococcal) the predominant cell present in the fluid is the polymorphonuclear leucocyte.

Bacteriological examination of the fluid is of the very greatest importance.

By staining the films by appropriate methods the infecting organisms can usually be found in them; no exception to this statement must be made in the case of tuberculous infection, for, in fluids taken from cases of tuberculous meningitis (clinically such, and confirmed post-mortem) the writer has found tubercle bacilli present in over 60 per cent.

In order to successfully cultivate the infecting organism the greatest care must be taken in the method of handling the fluid. For example, the meningococcus is a very delicate organism, and easily and rapidly dies when exposed to cold; every means should therefore be taken to keep it at body temperature.

Blood-agar is the best medium on which to grow it. This is prepared by smearing the surface of an agar slope with a few drops of fresh blood. The medium may then with advantage be placed in the warm incubator at 37° C. for half an hour or so before it is required. It should then be taken to the bedside in a beaker of warm water, and the spinal fluid allowed to drop directly from the needle on to the surface of the medium.

This is a most satisfactory way of obtaining a growth, but unfortunately it is not always a practical one for the bedside and the incubator are often necessarily far apart.

Diagnostically, lumbar puncture and examination of the fluid is of the greatest value; in skilled hands and under aseptic conditions it is a perfectly harmless procedure.

As a therapeutic agent lumbar puncture has not taken the place that originally was expected of it, though the withdrawal of fluid and relief of pressure is often attended with temporary beneficial results.

Bacteriology for the Million.



OUR contemporary, the *Daily Telegraph*, seeking fresh worlds to conquer, has invaded the realm of bacteriology, and, through the agency of a distant correspondent, has analysed the dust from a first class carriage in the Bordeaux-Paris Express.

We have not had the privilege of reading the original communication in the *Telegraph*, but a cutting from it in the *Evening Standard* is quite sufficient to show how much the medical profession still has to learn from the scientific experts of the lay press.

We venture to reproduce our contemporary's *gram*-analysis, with grateful acknowledgments to all concerned. The *Italics* alone are ours. We use them to emphasise certain remarkable differences between the orthographical and bacteriological teaching of the *Telegraph Research Laboratories* and that of the London schools.

The dust yielded the following germs:

- "(1) The *Penicillium glaucum*, which produces *appendicitis*.
- "(2) *Aspergillus niger*, which affects the digestion.
- "(3) The *Bacterium termo*, or *Proteus Zuckeri*, which generally weakens the human body.
- "(4) The *Staphylococcus pyogenes aureus*, which begets phlegmon.
- "(5) *Micrococcus tetragenos* of tuberculous.
- "(6) Koch's bacillus of tuberculosis.
- "(7) Klebsiöffer's bacillus of diphtheria.
- "(8) The *Coli bacillus*, which produces typhoid.
- "(9) The *Streptococcus lanceolatus niger*, the microbe of pneumonia.

"(10) *Legros' Bacillus septicus*, which inflicts gangrene." These few terse and vigorous sentences are in striking contrast to the nerveless prolixity of the bacteriological communications to professional journals. "No obscurity, no half-statements here." We hope shortly to read in our morning paper a critical inquiry, from the same gifted pen, into the dual personality of Professor Klebsiöffer.

Obituary.

WALTER CLAPHAM HIRST, M.B.LOND.,
of Chapel Allerton, Leeds.



HE tragedy of Dr. Hirst's death, is sufficient to incite a feeling of dread in the heart of anyone, and to impress all with the uncertainty of human existence.

According to the *Times* Dr. W. C. Hirst was assassinated in his own house on August 31st, 1907, by a madman. The circumstances of his death are especially sad, for only three months previously had he married the daughter of Mr. J. E. Oldroyd, for whom all who knew Dr. Hirst must feel the truest sympathy.

Dr. Hirst, who was twenty-nine years of age at the time of his death, was the son of Mr. Dixon Hirst, of Roundhay. He matriculated in the London University from Wheelwright Grammar School, Dewsbury, and entered the Leeds Medical School as a Scholar of Yorkshire College in 1894. In 1897 he came to London, and entered St. Bartholomew's Hospital as a student. Here he graduated M.B.London in 1899, gaining Honours in Medicine. After taking his degree he returned to Leeds, where he held various appointments at the Dispensary and Fever Hospital, and afterwards at Bradford Infirmary. Of the latter Institution he eventu-

ally became Surgeon, but through ill-health he resigned, and, some three years ago, commenced to practise at Chapel Allerton, where he was doing particularly well.

Hirst was a man possessed of some fine qualities which claimed the highest confidence and esteem. He was a thorough clinician—painstaking in his work, cautious in his judgment, and sound in his practice. He was a good all-round man, and keen at games generally; he proved a valuable "half" in the Hospital Rugby team in 1898—1899.

Cut off suddenly, as he was, on the very threshold of a prosperous career his loss will be severely felt by all St. Bartholomew's men to whom he was known.

The Clubs.

RUGBY FOOTBALL CLUB.

The prospects of the Rugby team for the present season seem fairly good, as most of last year's team are still available. A very useful addition to the forward line is J. Van Schalkwyk, who was in the Cambridge team last year, and joined the hospital during the summer. So far three matches have been played, and the Hospital has been successful on each occasion. We are glad to see Adams, Coombs, Richards, Van Schalkwyk, and Ferguson playing in the Middlesex County trial game.

RESULTS.

- October 5th, at Winchmore Hill, St. Bartholomew's Hospital v. U.C.S. Old Boys. 6 points (2 tries)—3 points (1 try).
- October 12th, at Winchmore Hill, St. Bartholomew's Hospital v. Upper Clapton. 32 points (4 goals, 4 tries)—5 points (1 goal).
- October 19th, at Wembleton, St. Bartholomew's Hospital v. London Devonians. 10 points (1 dropped goal, 2 tries)—Nil.

ASSOCIATION CLUB.

The football season has commenced, but at present with far from satisfactory results. Only two matches have been played at present, and these two were played with weak teams owing to people scratching.

We have entered for the Middlesex Charity Cup, the first round of which we play on November 30th. If men continue to scratch our prospects for this and also the Inter-Hospital Cup are small; so it will be hoped that in future a full team will turn out on every occasion, and so get a team used to each other's play and to get to combine well.

With regards to Freshmen it is rather hard to say at present what form they show; P. Whipple and H. Wilson show a good deal of promise. If any Freshmen who play football, and have not yet played at the Hospital are particularly requested to give their names to the Secretary.

HOCKEY CLUB.

- Capt. 1st XI.*—C. K. Sylvester.
 - Hon. Sec.*—H. E. Robinson.
 - Capt. and Sec. 2nd XI.*—H. E. Hepper.
 - Capt. and Sec. 3rd XI.*—W. R. Robinson.
- This Club will have almost all last year's members available again this season, the first team only losing W. B. Griffin, whose place will be filled by E. T. Glenny, the old Essex forward.
- No very brilliant Freshmen have yet been discovered, but several of last year's 2nd XI players have greatly improved, so a very successful season is to be expected.
- The Club will again run three teams every Saturday, and it is hoped that all hockey-playing Freshmen who have not already given their names to the Secretary will do so without loss of time.

List of Fixtures for the First Half of the Season.

Date.	Opponents.	Ground.
Oct. 5th	Broxbourne	Broxbourne.
" 12th	Architectural Association	Away.
" 16th	R.M.C.	Camberley.
" 19th	St. Albans	St. Albans.
" 26th	Hendon	Hendon.
Nov. 2nd	Croydon	Croydon.
" 6th	Aldershot Army Corps	Aldershot.
" 9th	Novedians	Willesden Green.
" 16th	Berkshire Gentlemen	Reading.
" 20th	R.M.A.	Woolwich.
" 23rd	Hanley	Edgware.
" 30th	Malden	Malden.
Dec. 4th	Wednesday Occasionals	Teddington.
" 7th	Old Elstonians	Brentford.
" 14th	Rishop's Stafford	Rishop's Stafford.

ST. BART'S v. BROXBOURNE.

The first game of the season, on October 5th, ended in a defeat for us by 6 goals to 3. We had a very weak team out but managed to lead at half time by 3 goals to 2. Then we fell off completely, as usual, our forwards never seeming to get together. This was chiefly due to the halves who used little discretion in their passing, though their defence was fairly good, especially Bomford's. It is not enough for a half merely to get the ball away from the opposing forward but he must dribble it up and draw the opposing half off the forwards as far as possible before passing. It is absolutely fatal to hit hard up the field straight to the opposing back. Viner at back saved a good many goals and played a sound game all the time. Gaskell (2) and and Lewis scored our goals.

ST. BART'S v. ARCHITECTURAL ASSOCIATION.

We had a fairly strong team out on October 12th and won by 6 goals to 2. We had the best of the game all through, and on a good ground our score would have been larger. Glenny, whom we are glad to have playing for us again, and Gaskell played well. Goals were scored by Glenny (2), Gaskell (2), Robinson and Sylvester.

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

Played at Camberley on October 16th. We had a fairly strong team out with Page and Vivian playing for us, and after a very good game were defeated by 6 goals to 7. At half time the score was 5—3 in our favour and shortly afterwards we got another goal, but in the last quarter of an hour they got through four times. Page, who was playing as "flying half," worked very hard and stopped a good many rushes. Hopper and Romford also played a good defending game. Goals were scored by Vivian (3), Sylvester, Robinson, and Turner.

Reviews.

DISEASES OF THE NOSE. By ERNEST B. WAGGETT, M.A., M.B., B.C. (Cantab.), Surgeon to the Throat and Ear Department of Charing Cross Hospital, etc. (London: Henry Frowde, Hodder and Stoughton, 1907.) Crown 8vo, pp. 282. Price 5s. net. Oxford Medical Publications.

In this book an account is given of the symptoms, signs, prognosis, and treatment of the chief diseases of the nose and accessory sinuses. There are chapters on the anatomy and physiology of the organ and on the examination of the patient. There are many words of caution for the unwary. The book is short, concise, and, above all, readable. The illustrations are original and are very good. There are no misprints.

HOLLAND: HOLIDAY RECOLLECTIONS AND IMPRESSIONS. BY HENRY RUNDLE, F.R.C.S. (London: The Academic Press.)

Mr. Rundle originally contributed this paper to the *Medical Magazine*, and now reprints it in the form of an illustrated pamphlet. His reminiscences of a leisurely holiday in Holland give a pleasant bird's-eye view of that picturesque country. In the short description of his stay at the Hague we find an interesting note on Rembrandt's *School of Anatomy*, which hangs in the picture gallery there, while a visit to Leyden calls forth some observations on Boerhaave, the great clinical teacher in that University. Mr. Rundle describes with keen appreciation the many interesting features of the cities of Holland.

Royal Naval Medical Service.

Fleet-Surgeon F. J. Dalton to the "Egmond," for "Maine" (Hospital ship), undated.
Fleet-Surgeon H. Clift to the "Cyclops," undated.
Staff-Surgeon W. H. Pope to the "Topaze," to date 19th September.

Royal Army Medical Corps.

An examination for thirty commissions in the Corps will be held at end of January next.

Lt.-Col. J. H. Sylvester, F.R.C.S., retires on retired pay.

Lt.-Col. E. J. E. Risk is selected for increased pay of his rank.

Examinations.

The following gentlemen have completed the Final Examination of the Conjoint Board, and have obtained the diploma of M.R.C.S. Eng. and L.R.C.P.Lond.:
R. M. Coalbank, R. Crawford, A. J. W. Cunningham, N. C. Davis, R. L. E. Downer, P. H. G. Gosse, J. E. Hailstone, M. J. Holgate, P. Lang, E. W. Lowry, A. T. Nankivell, L. L. Phillips, G. B. Scott, R. B. S. Sewell, G. W. Twigg, E. I. de Verteuil, R. T. Williams, A. L. Yates.

SECOND EXAMINATION.

C. R. B. von Braun, C. Noon, E. G. Stanley, E. L. Sturdee.

FIRST EXAMINATION.

Pharmacy.—A. H. Owen.
Biology.—R. E. T. Waddington.

The following gentlemen have obtained the D.P.H. Cantab:
F. A. Bainbridge, C. N. Davis, F. H. Noke.

Appointments.

BINNS, J. B., L.R.C.P., M.R.C.S., appointed Third Assistant Medical Officer to the Bethnal Green Infirmary, Cambridge Heath, N.E.

BROWN, A. C., L.R.C.P., M.R.C.S., appointed Resident Medical Officer at the Farringdon General Dispensary and Lying-in Charity.

BURKE, G. T., M.B., B.S.Lond., appointed Senior House Physician at Prince of Wales' General Hospital, Tottenham.

DAVIES, J. J., L.R.C.P., M.R.C.S., appointed House Physician at the Royal Free Hospital.

FARNLEY, A. B., M.B., B.S.Lond., appointed Junior House Surgeon to the Norfolk and Norwich Hospital.

HOGARTH, R. G., F.R.C.S., has been appointed Surgeon to the General Hospital, Nottingham.

JAGO, W. I., L.R.C.P., M.R.C.S., appointed Assistant House Surgeon, Taunton and Somerset Hospital, Taunton.

OLIVER, M. W. B., L.R.C.P., M.R.C.S., St. George's Hospital, Hyde Park, W.

ROBERTS, J. E. H., L.R.C.P., M.R.C.S., appointed House Physician to the Hospital for Sick Children.

RUSSELL SQUARE, W., L.R.C.P., M.R.C.S., appointed House Surgeon, Westminster Hospital.

STIDSTON, C. A., M.B., B.S.Lond., appointed Resident Medical Officer and Secretary to the General Infirmary, Hertford.

WRANHAM, WILLIAM, M.D.Lond., appointed Chief Police Surgeon for the City of Bradford.

WRIGHT, E. LISTER, L.R.C.P., M.R.C.S., appointed House Surgeon to the Royal Boscombe and West Hants Hospital.

New Addresses.

ADDISON, C., Pretty Corner, Northwood, Middlesex.
 ATKINSON, T. R., 18, Marlborough Road, Ganneshbury, W.
 BROWN, A. C., 17, Bartlett's Buildings, Holborn Circus, E.C.
 BURKE, G. T., 14, Somerset Road, Ealing, W.
 COOPER, Sir ALFRED, Cooper Angus Lodge, Whiting Bay, Isle of Arran.
 DODD, Lt.-Col. J. R., A.M.O.'s Office, Victoria Barracks, Belfast.
 DOUTY, E. H., 8, Rue du Mont-Thabor, Paris.
 FINIGAN, D. O' C., 2, Woodville Road, Haren Green, Ealing.
 FISHER, H. H., 69, High Street, Sittingbourne, Kent.
 GANE, E. P. S., Colinsburgh, N.B.
 JAGO, W. J., Taunton and Somerset Hospital, Taunton.
 JAMES, P. W., 1A, Langdale Road, Thornton Heath.
 MARSH, Professor HOWARD, The Lodge, Downing College, Cambridge.
 MASTERMAN, G. W. G., English Hospital, Jerusalem, Syria.
 MILLER, G. W., Pinhoe House, N. Thoresby, Lincs., S.O.
 MORTIMER, J. D., 15, St. Leonard's Terrace, Chelsea, S.W. Telephone: Kensington 204.
 NEILL, C., Windross Villa, Liskeard, Cornwall.
 POPE, Staff-Surgeon W. H., H.M.S., "Topaze," Channel Fleet.
 PRICKETT, M., Westgate, Bridlington.
 PRITCHARD, J., 77, Richmond Road, Montpellier, Bristol.
 REED, G., The Warren, Telscombe Cliffs, near Newhaven.
 SHAW, H. C. C., 11, Belsize Road, Hampstead, N.W. Telephone: Paddington 752.
 STEINTHAL, W. O., Gwynant, Wilmshaw Road, Withington, Manchester.
 WEST, C. E., 60, Queen Anne Street, W.

Births.

GOULD.—On the 24th October, at Castle Hill House, Shaftesbury, the wife of Harold Utterton Gould, M.B., B.C., of a son.
 HORDER.—On the 19th October, at 141, Harley Street, W., the wife of Dr. Thomas J. Horder, of a daughter.
 JEANS.—On the 13th October, at 43, Canning Street, Liverpool, the wife of Frank A. G. Jeans, M.B., F.R.C.S., of a son.
 MICHELL, M.D., F.R.C.S., of the 26th October, the wife of Robert Williams Michell (Robert Gillies). (New Zealand papers please copy.)
 PARKER.—On the 26th October, at Staffa Lodge, Guildford, the wife of Herbert F. Parker, M.D. (Cantab.), M.R.C.S., of a daughter.
 RICHMOND.—On the 20th October, at 57, Drayton Gardens, S.W., the wife of W. Stephenson Richmond, M.R.C.S. Eng., of a son.
 THOMPSON.—On the 5th October, at Tutshill, Chepstow, the wife of Cecil C. B. Thompson, M.R.C.S., L.R.C.P., of a daughter.

Marriages.

BALL—COWIE.—On the 30th September, at St. Jude's Church, South Kensington, by the Rev. Prebendary Eardley Wilmot, Vicar of the Parish, assisted by the Rev. G. H. Torrance, Charles Rowan Hamilton Ball, M.R.C.S., L.R.C.P., of Hunstanton, Norfolk, third son of Sir Robert Ball, F.R.S., to Ann Josephine, third daughter of George Cowie, of 11, Courtfield Road, Kensington.
 BATTEN—STEVENSON.—On the 19th October, at Holy Trinity Church, Paddington, by the Rev. B. H. Alford, Frederick Eustace Batten, M.D., youngest son of the late John Winterbotham Batten, K.C., to Jean Evelyn, youngest daughter of J. J. Stevenson, F.S.A., Architect, of 4, Portchester Gardens, W.
 FAIRLIE CLARKE—LYELL.—On the 21st October, at St. Stephen's, Gloucester Road, S.W., by the Rev. Canon J. Erskine Clarke, Chaplain to the King, assisted by the Rev. Canon Shearman, Vicar of Oakwood Hill, Allan Johnston Fairlie Clarke, M.C., F.R.C.S., of Horsham, Sussex, youngest son of the late W. Fairlie Clarke, M.D., F.R.C.S., to Violet, elder daughter of Captain F. H. Lyell, of 2, Elvaston Place, and Ruckmans, Oakwood Hill, Surrey.

FINIGAN—HENDEKSON.—On the 5th October, at St. John's Wood Presbyterian Church, by the Rev. J. Monro Gibson, D.D., assisted by the Rev. Bruce Taylor, M.A., Daniel O'Connell Finigan, M.D., M.R.C.P., of 2, Woodville Road, Ealing, to Margaretta Colquhoun (Sissy), eldest daughter of the late John Henderson and of Mrs. Henderson, of 51, Lancaster Road, Hampstead.

TRAVERS—KINROSS.—On the 19th October, at the Church of St. Alban, Teddington, by the Vicar and the Rev. H. E. Eardley, M.A., Vicar of St. John's, Tuubridge Wells, Ernest Frank Travers, M.D., of 22, Upper Phillimore Place, Kensington, fifth son of the late William Travers, M.D., F.R.C.S., and of Mrs. Travers, of 2, Phillimore Gardens, Kensington, to Edith Mary, only daughter of the late John Kinross, of Dundee.

VERLING—BROWN—HAIR.—On the 9th October, at St. Peter's Church, Belsize Park, N.W., by the Rev. A. J. Rendle, M.A., Rector of St. Aldate, Gloucester, cousin of the bridegroom, assisted by the Rev. J. Hockey, M.A., Charles Richard Vering-Brown, M.D. Lond., of Seymour House, Sutton, Surrey, elder son of the late Charles Brown, of "Carnarvon," Bournemouth, and Mrs. Brown, and Jane, younger daughter of J. Hair, Esq., of 14, Upper Park Road, Hampstead, N.W.

Death.

ADAMS.—On the 13th August, at the Lawn, Maitock, Somerset, Ernest Beadon Adams, M.R.C.S., late of H.M. Colonial Medical Service.

Acknowledgments.

All India Hospital Assistants Journal, British Journal of Nursing, British Journal of Inebriety, Broadway, Echo Médical du Nord, Giornale della Reale Società Italiana d'Igiene, Guy's Hospital Gazette, Hospital, Health Resort, International Journal of Surgery, Journal of Laryngology, Rhinology, and Otolaryngology, London Hospital Gazette, Magazine of London (Royal Free Hospital) School of Medicine for Women, Medical Review, Middlesex Hospital Journal, Nursing Times, Polyclinic, Annual Report of Henry Phipps Institute, St. Thomas's Hospital Gazette, University of Durham College of Medicine Gazette.


Answers to Correspondents.

G.B.S.—Certainly not, the title of the lecture given at the Con- versazione has nothing to do with the title of your play.

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. XV.—No. 3]

DECEMBER, 1907.

[PRICE SIXPENCE.

St. Bartholomew's Hospital Journal,

Editorial Notes.

DECEMBER 1st, 1907.

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

Calendar.

- Mon., Dec. 2.—Special Subject Lecture, 1 p.m. Dr. Morley Fletcher. Exams. for M.D. and M.S. (London) begin.
- Tues., „ 3.—Dr. Herringham and Mr. Lockwood on duty.
- Wed., „ 4.—Clinical Lecture, 12.45 p.m. Mr. Lockwood.
- Thurs., „ 5.—Abernethian Society. T. J. Horder, M.D., F.R.C.P. "Treatment of Specific Inoculation—Practice and Theory."
- Fri., „ 6.—Clinical Lecture, 12.45 p.m. Dr. Herringham. 1st and 2nd Exams. for M.B. (Oxford) begin. Dr. Tooth and Mr. D'Arcy Power on duty.
- Mon., „ 9.—Special Subject Lecture, 1 p.m. Dr. Ormerod. 1st and 2nd parts of 3rd Exam. for M.B. (Cantab.) begin.
- Tues., „ 10.—Dr. Norman Moore and Mr. Cripps on duty.
- Wed., „ 11.—Clinical Lecture, 12.45 p.m. Mr. Lockwood. Part 2 of 3rd Exam. for M.B. (Cantab.) begins.
- Thurs., „ 12.—Abernethian Society. B. T. Lang, M.B., M.R.C.S., "Local Anæsthesia."
- Fri., „ 13.—Clinical Lecture, 12.45 p.m. Dr. Tooth. Dr. West and Mr. Bruce Clarke on duty.
- Mon., „ 16.—Special Subject Lecture, 1 p.m. Mr. McAdam Eccles. L.S.A. Final Medicine, Forensic Medicine, and Midwifery begin.
- Tues., „ 17.—Dr. Ormerod and Mr. Bowly on duty.
- Fri., „ 20.—Dr. Herringham and Mr. Lockwood on duty.
- Tues., „ 24.—Dr. Tooth and Mr. D'Arcy Power on duty.
- Fri., „ 27.—Dr. Norman Moore and Mr. Cripps on duty.
- Tues., „ 31.—Dr. West and Mr. Bruce Clarke on duty.

THE Foundation Stone of the new Pathological Block was laid by The Lady Ludlow on Thursday, December 5th, at 2.30 p.m. We hope, in our next issue, to be able to furnish our readers with a detailed account of this interesting occasion.

A LITTLE more than a year ago it was announced in the columns of this JOURNAL that the work of building a new Pathological Department was about to be undertaken, and during the past year those at the Hospital have watched with eager anticipation the pulling down of the old Inquest room and adjoining buildings, and the clearing of the ground where the new building is destined to stand. We now see that the bricks and mortar have become fashioned into shape, and that real and recognisable walls and windows have sprung up around us. Thus commences a new era in the life-history of the Pathological Department of St. Bartholomew's. The days of the old Pathological Department are now numbered, and good and royal service has it done. To the credit of St. Bartholomew's it was actually the first of the Metropolitan Hospitals to found a special Pathological Department, and though at first the space allotted was found to be adequate, of recent years the demands on this department have become so great that it is found quite impossible under the existing conditions for the work to be performed in a manner worthy of the traditions of our great Hospital.

A large sum of money is still needed in order that the work of construction may be completed, and we once more appeal to our readers to use their influence, so far as they in reason can, with their more wealthy patients and friends to respond to the call of their Hospital's needs.

THE cost of the Building is to be £30,000—in itself a truly formidable sum, but one which does not appear nearly so formidable when we realise what this increased accommodation means to St. Bartholomew's. Up to date the funds subscribed amount to £3873 18s. 7d.

* * *

In the equipment of a modern teaching Hospital an efficient Pathological Department is the very essence of its being, and it is impossible to overrate the importance of sparing no effort or expense in providing St. Bartholomew's with a department which will enable it, not only to afford its many students room and opportunity for becoming acquainted with the ever widening fields of pathological and bacteriological science and research, but also one which will enable its many patients to reap the benefit of the most modern forms of scientific treatment which the recent advances of that science afford.

* * *

We heartily congratulate Mr. A. A. Dowlby on being appointed one of the Consulting Surgeons to Queen Alexandra's Military Hospital.

* * *

We also offer our congratulations to Mr. F. Trewby on being appointed second Assistant (Non-Resident) Anesthetist to the Hospital.

* * *

We are glad to learn that the Dramatic Club is in a flourishing condition this season, and that there is a satisfactory increase in the number of new members. Although rehearsals did not start till late in November, there is already every indication that the Christmas Entertainment will satisfy the high expectations with which everyone at the hospital looks forward to this function. The dates fixed for the performances are December 30th (dress rehearsal for patients), December 31st, and January 1st. We hear that the Club will again have the advantage of the services of ladies in the female parts, but that the custom followed during the last two or three years of producing a three-act play will be varied on this occasion by presenting a dual, or possibly, even a triple bill.

* * *

We are pleased to be able to record that the following represented St. Bartholomew's in the Middlesex Rugby XV in their various matches, namely Messrs. E. V. Oulton, H. Coombes, E. D. Richards, F. Trewby, and W. B. Grandage. Surely with so many first class players we ought to stand a very good chance of bringing the Inter-Hospital Cup back to the Library after a lapse of several years.

Some Views in India.

By W. P. HERRINGHAM, F.R.C.P.



HOPE that the title of my lecture will have prevented you from expecting that I was going to air any views *about* India, or to hold forth upon political, or social, or moral questions, or on any of the subjects which India implies to a politician, or a philosopher, or a missionary. To speak in that way after a few months' visit would be to have little respect for India, less for myself, and least of all for you.

For you may remember that India is a very large country. If you get into a train at Peshawur you will reach Tuticorin, in the extreme south, after about a week's continuous travelling. It is not a homogeneous country. There are one hundred and forty-seven different vernacular languages in India, of each and all of which we were blissfully ignorant. It is no recently settled or simple state of society. Three hundred years before Christ, when our ancestors were clothed in blue paint, and only wore that on view day, India already possessed large and rich towns, and an elaborately organised social system, which was described by a Greek geographer. Now she contains three hundred million people, some of whom are pure barbarians armed with bows and arrows, while the great mass are welded together in a system more intricate than any other in the world, beside whose iron barriers our class distinctions, of which we make so much, are mere shadows. Here, it is true, a costermonger does not often dine with a duke; but that is only because he does not get the chance. If he did, neither of them would be a penny the worse; indeed, the costermonger would probably be several pence the better. But the Indian census recognises over 2300 different castes, of which the rule is broadly true that not one of them can eat with or marry with another without one of the parties becoming polluted by the intercourse. We know in the west the phrase "forty-rod whiskey"—whiskey so fiery as to kill at that distance. That is paralleled in India by some low castes, which have the power of polluting at sixty-four feet. It is within historical memory that some castes claimed and exercised the right of killing any low-caste man who came within polluting distance. This idea of pollution, though not completely unknown to the west, as witness the French eighteenth century idea that a peasant's blood polluted a gentleman's sword, and the limitation everywhere in Europe of the right to "the satisfaction of a gentleman," has yet so completely died out now that it is almost incomprehensible to us.

And again, of one whole side of Indian society—the domestic life—we are quite ignorant. No white man ever sees an Indian lady, and very few white women. So long as that system of seclusion continues, so long must there be misunderstanding between the races. We shall always be

apt to think that their system leads to tyranny and misery, and they will, I suppose, look upon our freedom as something disgusting and immoral.

From this I, of course, except the Parsees, whose women are as free and educated as our own; but they are a small community, numbering only 150,000 persons.

And, lastly, in no country in the world does religion play so vital a part in life. From the cradle to the grave, and long before the cradle too, a Hindu is surrounded by religious observances in every act and hour of his life. All that this means is unknown to us. It is true that learned men, by diligent inquiry, have discovered something of the religion or philosophy of Brahmanism. But to begin with, few of us have read their books (*e.g.* Monier Williams on Hinduism and Brahmanism, Max Müller, and others); and, secondly, to him who wishes to understand a people's religion, the dogmatic or theological side of it matters but little. It is not what they think, for they seldom think at all, but what they feel which he wishes to grasp; and that must to us always be a sealed book. For any man may become a Christian, any man may become a Mahomedan or a Buddhist, and Jews tell me that Judaism also is open to all, and a man who professes one of these faiths will no doubt in time appreciate what it means to his co-religionists; but no man may become a Hindu, nor can any enter the pale of Brahmanism from the outside.

Of course it is easy enough to collect opinions about India; they are to be had for the asking. But if you go to the Indian civilian he will tell you that well though he knows the people in a distant way, yet he has always been prevented by his official position, and by the fear of being asked, or even suspected, to use his influence on behalf of his private friends, from forming any intimacy with natives.

If you ask an officer of the Indian army—those of the British army know less of India than their own soldiers—he can tell you much. He will yarn to you by the hour about his men, about their bravery, their dash, their affection, their frank and simple natures. He loves them, he would take them anywhere, and he thinks they would go anywhere with him. And they could tell you some queer stories too. We called upon a staff officer in Bombay, and were shown in by a fine native. He was a tall and very well built man, with one of those beautiful faces that you sometimes see in the North Italian peasantry, of the type that in old pictures is generally given to the Christ. I admired him, and asked what he was. My host told me he had been a trooper of his own on the frontier. One day he had asked for leave to go to his home in the hills, and had returned in about a week so badly wounded that he had to be discharged. It transpired that his father had been murdered. Most people on the frontier are. It became incumbent upon the son to exact the price of blood. He had gone off alone with his rifle to the village where the murderers lived, had shot three men stone dead,

but had missed the fourth, and had been almost cut to pieces by him. This was our friend with the angelic countenance.

Or if you ask people who have lived in Rajputana, they will be loud in their praises of Rajputs. A Rajput gentleman is a country squire of long descent and of perfect manners, a fine sportsman, and a brave and chivalrous soldier. Such the Rajputs always have been, and such people are sure to be popular among the English.

Nor is it the soldiering classes alone who are appreciated. I met a man returning from India who had spent thirty years in business in Calcutta. He had been out on a visit, and he told me that the pleasantest part of it had been to see again his old clerks who had served him faithfully, and the native merchants with whom he had had long and friendly dealings.

Something too even a stranger may see for himself. He can see the immense trouble and expense to which even poor people will go in order to pay their devotions at some sacred place. He can see them sitting for hours near the station waiting patiently till the train comes, into which they are packed like herrings in a barrel, for the stifling heat and discomfort of an Indian journey. He can easily learn the extreme respect paid in India to a reputation for holiness. We must confess that here in the west a holy man is admired and loved by the few who know him, but that holiness does not lead to political influence or to a comfortable income. In India any religious reformer, and they spring up frequently, will at once obtain a following of hundreds or even thousands of people; in fact, almost as many as he would find in America. And any man who will make up his mind to abjure the world, will take off all his clothes, will cover himself with ashes, and will let his hair grow long and matted, will at any rate be secure of a living for the rest of his life.

He can see too the great kindness of the people to animals. The little birds hardly get out of your way on the roads, the hawks and kites walk about your compound like chickens. I saw a crow fly into the club at Bombay and sit screaming on a chair, and when you are having your breakfast in some little Dak bungalow the sparrows will fly through and help themselves. In some parts the monkeys are a perfect pest, but no one kills them, and people hardly drive them away. The religions of India prohibit the taking of animal life. Judging by its history the rule has not applied with the same force to the life of man.

But I did not mean to give you views about India, but rather to tell you what we saw. And even here I am afraid I shall be disappointing. An old friend of mine, when he heard we were going, said the jolliest six months of his life had been spent in India. "Of course," he said, "I didn't go and see the Taj and that rot, but I had some thundering good sport." Now, the Taj and that rot was

just what we did go to see. I did not go for sport, and did not get any, but we travelled pretty far and wide to see the architecture of India, and as much of the manners and customs as we could understand.

And travelling in India is not a luxury. The journeys are very long, and in consequence every carriage is arranged for sleeping, not as with us in separate berths, but with two long couches ranged lengthwise, and two bunks overhead, which can be let down and form another pair of bunks. These are covered with hard leather cushions, and on these you spread your little thin cotton-wool quilt, which answers some, but not many, of the purposes of a mattress, your sheets, if you are luxurious enough to use them, and your rug to cover you. And very hard and jolting and dusty the journeys are.

But often we wanted to go to out-of-the-way places where there was no railroad. Then we took to bullock carts, for there are no carriages in India except in the towns; and a bullock cart is not very enervating either. It has no springs and no seat, and as the mat hood is too low to allow you to sit on your luggage, there is nothing left but to lie down. The first day the drivers suggested stuffing the bottom with hay. I accepted the offer gladly, for I thought hay was made of grass; but in India it is made of barbed knitting needles, and though it is all right for women who can sit on their petticoats, it is torture when you are only wearing a thin pair of flannels. I learnt better after the first day.

The bullocks are slow, going about two and a half miles an hour, but they are very strong, and will take the cart over ground that would be too rough for a horse. They are very hardy, and they are very enduring. One day we started at 3.30 p.m., and with one half hour's rest for a cup of tea, we went right through till 7 a.m. the next morning.

The driver sits on the base of the pole next the cart. He either squats, or else dangles his legs and kicks the bullocks with his naked toes in the stomach. His hands are never still. First he scratches the beasts above the tail, then he pinches the soft fleshy part between the thighs, then he twists their tails, and then he flourishes his stick violently in a highly threatening manner, which usually ends in nothing but a threat. He is generally silent, but sometimes he wails softly to himself, which he calls singing, and sometimes he suddenly breaks out with a wild howl of rage, which is simply meant to cheer up his beasts like a cabman's "Pull up." This minatory character is common to all Indian speech. Everyone talks at the top of his voice, and the simplest sentence sounds like a threat of death.

The roads of India, though, I dare say, dull enough to those who know them, were full of interest to us. They are often avenues, for Government plants trees to protect them, but there is no grass along their sides, no green hedges, and no wild flowers. Sometimes the country is pretty, especially in the hills, but usually on either side lies a brown stony waste on which herds of cattle and goats

pick up an unexplained living, with occasional patches of plough land covered with great clods of red or black earth as hard as stone. As we journeyed we met the men going to their work with their hoes and water-bottles, and the women with baskets on their heads. Now and again a little painted cart would come by drawn by a pair of little trotting bullocks, and containing four or five natives in a space about large enough for one European. Sometimes the cart would be curtained, and then as we passed we could see a brown hand and a flash of silver, and a chink would be opened in the curtains for the ladies inside to catch a glimpse of the Mem Sahib; and then a soldier would come riding by on leave, with his sword clanking by his side, or a pair of Dak runners with the post-bags on their backs. If we crossed a small stream we should see a woman washing her clothes on the stones, and in the evening the cattle would come trooping home, while under the tree outside the village we should see the parish council discussing affairs of State.

The end of a journey in India is not usually as here, a comfortable hotel. Hotels exist only in the great towns. Elsewhere you go to a Dak bungalow, which, in the towns, is a little simple inn with a resident cook, but in the country is just an empty house kept up by Government for officials on their rounds, which may be used by other travellers if not thus occupied. If you are lucky and find it empty you drive into the compound, hunt up the old man who keeps the key, and find a couple of truckle beds, a table, and a chair or two. You deposit your luggage, your boy takes your provisions and cooking box to the cookhouse, and sets to work to get ready your curry and your soup, and whatever you have brought with you. And after you have had your very simple meal you drag a long chair into the deep verandah and smoke your pipe, and look up at the wonderful purple sky of an Indian night lit up by thousands of stars brighter than any we ever see in the north. These nights passed in little out-of-the-way bungalows remain with me almost more than anything that I saw in India.

[The lecturer here showed a series of lantern slides illustrative of the journey, and comprising Buddhist remains, cave temples, Mahomedan architecture, Delhi and Agra, the cities and forts of Rajputana, Bhopal, Gwalior, and Benares.]

But if I were to talk about the colour of India I should never stop. I call to mind a crowded street. It is like nothing but a magnificent bed of flowers. Every shade of red and crimson, and orange and purple and pink, is dashed about among the white clothes of the men; and everywhere are dusky faces, and flashing teeth, and glittering silver ornaments. Overhead is the everlasting sun pouring down its floods—its blinding floods—of light and heat. Or I think of a scene in the country. It was evening, and the setting sun had turned the dull brown plain to a brilliant orange. From it rose a magnificent

clump of deep green forest trees, and through their trunks came winding, on their way from work, a troop of red-robed women like little spots of blood. Or I think of yet one more. We had come down from Chitor, and I was thinking of the thousands of brave men who had died there, and of their wives who had fought as bravely by their side. The sun set, and the hill behind us flushed a deep crimson. The plain in which we stood was all in dark blue and violet shadow. Far away we heard the faint babel of a distant village hidden in the trees, and just then a temple bell struck out like the church bells at home, telling that the day was done. Then all was dark. And as we found our way to the railway carriage that was our house for the night I do not think that either of us felt inclined to break the charm, or to dispel by a word the mystery and the glamour of the East.

The Cambridge Graduates' Dinner.

THE thirty-second annual dinner of the Cambridge Graduates' Club of St. Bartholomew's Hospital was held at the Restaurant Frascati on Wednesday, November 20th. Professor Howard Marsh, the Master of Downing College, was in the chair.

The number of members and guests present reached the record total of ninety six, thus testifying to the ever-increasing popularity of this annual function.

So large a gathering must have been a source of satisfaction to the Hon. Secretaries, Dr. Horton-Smith Hartley and Mr. R. B. Etherington-Smith, to whose trouble and untiring exertions the success of the dinner was largely due. After dinner and the usual loyal toast the Chairman proposed the health of the Club. He spoke of the pleasure it gave him to take the chair at this dinner, and to see such a goodly muster of members of the Hospital where he had spent so many years of his life.

He told how he appreciated being a member of the University of Cambridge, and gratefully acknowledged the high honours which that University had conferred upon him.

He pointed out that sixty years ago Cambridge was regarded as little more than the home of ancient languages; that later men of science appeared there; that now he found Cambridge University fully equipped in all the branches of modern science; this he thought was responsible for the wave of prosperity now existing at Cambridge.

Cambridge men were wanted everywhere, and deservedly so.

The Chairman told, in his happiest vein, how he remembered there used to be some idle people even at Bart's,

but he felt sure that there now existed a wave of prosperity there also, and this he largely attributed to the influence of Cambridge University.

True, Cambridge had given a lot to Bart's in sending some of her most talented sons there, but Bart's had, in years gone by, been privileged to supply Cambridge University with men whose ability and energy in the fields of teaching and research were as far-reaching as they were far lasting.

The health of the guests was proposed by Mr. Holmes Spicer, who said that the presence of the guests largely contributed to the success of the dinner. Sir Thomas Smith and Dr. Calvert replied. Sir Thomas Smith, after thanking the members present for the kind and enthusiastic way in which they had responded to the toast, humorously referred to the deficiencies he was conscious of, through not having been to Cambridge. He even thought that he might now join Downing College, as he had heard it was a place where elderly gentlemen might repair the defects of their youth.

Dr. Calvert also replied, and commented on the advantages of a University education. He had never known an idle Cambridge man!

Dr. Norman Moore proposed the health of the Chairman, and it is hardly necessary to add that his speech was received with the greatest enthusiasm.

He pointed out that at Bart's every man had many masters; that all present that night were assembled under the Master of Downing College. He recollected that, as an undergraduate, he used to regard the master of a College as one might some great heathen god—a sombre and imposing being, capable of speech indeed, but totally without words. On the contrary, he now found the Master of Downing a pleasant, genial, and delightful companion.

Professor Marsh, in replying, said that, if the House of Commons was the best club in London, he certainly regarded Cambridge as the best club in the provinces.

Dr. Lewis Jones proposed the health of the Secretaries.

Dr. P. Horton-Smith Hartley, in replying, deplored the absence of his co-Secretary, Mr. R. B. Etherington-Smith, an absence which was enforced in strict obedience to the calls of duty. His place was ably filled by Dr. H. N. Burroughes. During the evening many excellent musical performances were given by the members and guests.

A violin solo by Mr. Gillies, songs by Mr. T. B. Davies, Mr. E. R. Evans, Dr. H. N. Burroughes, and Mr. H. M. J. F. P. de P. Leite. Mr. R. A. P. Hill and Mr. Waller kindly acted as accompanists.

Auld Lang Syne was then sung, and the Company departed. A large number of those present repaired to 98, Harley Street, where they were hospitably entertained by Dr. Morley Fletcher as on many former occasions.

Hints to Beginners in Cataract Extraction.

By T. HARRISON BUTLER, M.D.(Oxon.),

Hon. Ophthalmic Surgeon to the Coventry and Warwickshire Hospital; late Assistant Surgeon to the British Ophthalmic Hospital, Jerusalem.

FEEL sure that many students who might take up eye work as a speciality, and escape the tedium, discomforts, and worry of private practice, are deterred by the idea that operations upon the eye are very difficult, and that when the left hand must be used the difficulty is almost insuperable.

In reality ophthalmic operations do not demand the dexterity required in many dissections which the advanced student has performed in the zoological laboratory, and success is largely attained by attention to detail.

Certainly the ophthalmic surgeon must possess hands which respond to his intentions, and which have been trained by some pursuit other than surgery. A man who has relied entirely upon the ordinary medical course of study to train his fingers can rarely hope to become a good operator in any branch of surgery. Dexterity must be gained in the workshop, at the carpenter's bench, by carving, by drawing, and similar amusements. The skill so gained is specialised in the zoological, the physiological, and the pathological laboratories, and finally in the dissecting room. For eye work a further training is necessary, the left hand and arm must be educated to almost the same degree as the right. I remember asking Mr. Henry Power some thirteen years ago how he had learned to use his left hand so marvellously. He said, "I made a practice of always shaving with the left hand, and I advise you to do the same." The student who decides to take up eye work should make a practice of using the left eye for the microscope, and should use his left hand whenever he can. As an ophthalmic dresser he should determine to become as proficient in ophthalmoscopy with the left as with the right eye.

When the time comes to commence operating, the surgeon should buy a "phantom," and practise the various operations on pig's eyes. By far the best phantom is that made by Messrs. Curry and Paxton, and sold by them for 8s. Any butcher will supply pig's eyes. The surgeon should practise at the phantom till he can make a cataract section, either upwards or downwards, with the right or left hand with absolute confidence. It is absolutely essential that the left hand be used to make a section on the left eye. It is *far more difficult* to stand in front of the patient and use the right hand, and the operator is in the wrong position to deal rapidly with any complication.

The beginner should choose his first patients very carefully, for an initial failure will tend to spoil his nerve, and "nerve" is as necessary for successful ophthalmic surgery

as in any other branch of the art. Avoid a nervous patient, and one with any mental trouble; avoid a patient with degenerated arteries and renal trouble, or with diabetes. Look out for any septic conditions, such as boils, bad teeth, or whitlows. Avoid an alcoholic patient, they often move during the operation, and more easily become infected.

Choose a right-handed cataract to begin with, with a deep anterior chamber, and be certain that it is quite mature.

The lids must be in good order, and the lachrymal passages patent and free from pus.

Make a culture from the conjunctival sac on agar smeared with human blood. It is of no use to make a culture on plain agar, for neither the gonococcus, the Koch-Weeks bacillus,* nor the diplo-bacillus of Morax Axenfeld will grow on it, and the pneumococcus grows very badly.

Put a clean pad on the eye overnight, and inspect it before the operation.

See that the cocaine is sterile and sufficiently strong. A 4 per cent. solution can be brought to a boil and still be sufficiently powerful, but a 2 per cent. solution if boiled does not anaesthetise satisfactorily. Probably 50 per cent. of the cocaine in a solution is decomposed by boiling.

I do not propose to give the technique of the operation. This is best described in Haab's book on *Ophthalmic Operations*, which has recently been translated, but the complications which beset both the novice and the expert are so numerous that I will mention them with their treatment and prophylaxis. The beginner will probably be well advised to do a preliminary iridectomy, and he should certainly avoid the simple operation.

COMPLICATIONS IN EXTRACTION.

1. The knife may be put in backwards. This accident happens more easily than one would expect, but not to the beginner. There is only one remedy. The knife must be withdrawn, and the operation postponed till the next day, if the patient does not seek another surgeon. It is criminal to rotate the knife, and it is impossible to reinsert it and complete the section without cutting the iris.

2. The iris may rise up in front of the knife. The correct procedure is to continue to cut as though the iris were not there. You may find that you have made quite a fair iridectomy. The accident happens because the hand is unsteady, and the aqueous escapes. The section may be a little too large or have been made too slowly. The first half of the section should be made quickly, the last more deliberately. If eserine be instilled an hour before the operation this accident is less likely to occur. It happens more frequently with a left-handed section.

3. The counter-puncture is too scleral. The refraction

* The Koch-Weeks bacillus has been cultivated on ordinary media, but such attempts usually fail.

of the cornea distorts the apparent relation of the knife-point, and makes it appear more superficial than it is. If you aim two millimetres in front of the corneo-scleral margin you will come out in the margin. Should the counter-puncture be too deep it is generally possible to withdraw the point before it pierces the conjunctiva. Scleral incisions are apt to favour loss of vitreous and iris prolapse.

4. The knife may jam. I have never experienced this myself, but have seen it happen. It is due to giving the knife a twist between puncture and counter-puncture, and generally only happens to a thin knife. The beginner should use a new and very perfect knife.

5. As soon as the section is completed the iris may prolapse and the vitreous present, and the lens may even be spontaneously delivered in its capsule with great loss of vitreous. Carefully make a large iridectomy, and deliver the lens with the vectis. In the second case where the lens has been delivered it is generally impossible to do anything for the patient who has squeezed out his lens will not look down. All attempts to perform iridectomy or replace the iris only cause further loss of vitreous. It is better to close the eye and hope for the best. It is wonderful how well these bad cases do. The speculum should always be held away from the eye by the assistant.

6. There may be difficulty in delivering the lens. The causes are generally as follows: the incision is too small for the lens, and must be enlarged with scissors, when the lens can easily be extracted. The capsule has not been ruptured; the pricker must be reinserted. There may be a shrunken vitreous, with a softish eye and an absence of vis a tergo. In these cases a little extra pressure is required to coax the lens out. Finally, the sphincter iridis may have escaped division, and forms a band over the lens. It can be divided by the assistant with the Graefc knife while the lens is being expelled by gentle pressure. On one occasion I saw a lens delivered through the coloboma instead of the pupil.

7. Vitreous may follow the lens. In this case, if the loss be slight and the patient quiet the iris toilet can be completed, but no attempt should be made to expel the soft lens matter. If, however, much vitreous escape or the patient be inclined to strain the eye had better be closed. Iris in the wound is a lesser evil than loss of vitreous.

During convalescence complications may set in. On two occasions I have had serious secondary hæmorrhage caused by the patient leaving his bed. For this nothing can be done beyond rest, bandages, and atropine. One of my cases did very well, the other very badly.

Prolapse of the iris may occur even after the combined operation. If it occur during the first day or two the tags should be cut off and the wound freed from iris with the retractor. If iris tissue or capsule remain in the wound union is delayed, and a filtering scar may result. This may

lead to sepsis and loss of the eye. As a matter of fact, the evils of iris enclasis are much exaggerated. I have seen a large number of eyes which show this condition and have remained sound for years.

If the beginner carefully choose his case, if he give attention to detail, and have acquired the necessary dexterity, he should get good results from the first. My first three extractions were among my best. Sooner or later, however, complications will be met with, and should be treated with courage and decision. One need never despair of an eye till it has lost its tension or has an obviously fatal panophthalmitis.

The ophthalmic surgeon should keep "fit." He should avoid alcohol, and should smoke little or not at all. He should avoid cycling, dancing, or carrying a heavy parcel just before operating. Even a heavy overcoat may cause the arm to tremble if it be carried long on one arm.

It is well to avoid operating upon a case in which one lens has been extracted by another surgeon with an unsatisfactory result. Generally the second operation fails as well. In one case I tried to extract a lens in a case where the first operation had resulted in a panophthalmitis. I did a preliminary iridectomy, and six months later extracted the lens. I took extra precautions against sepsis, but that eye is the only eye which I have lost from suppuration!

Midwives in England, especially in Relation to the Medical Profession.

An address delivered before the Abernethian Society of St. Bartholomew's Hospital, on Tuesday, October 8th, 1907.

By FRANCIS HENRY CHAMPNEYS, M.A., M.D.(Oxon.),
F.R.C.P.,

Physician-Accoucheur to the Hospital; Chairman of the Central Midwives Board.

(Continued from p. 26.)

OBSERVATIONS ON THE ACT.

IT will be seen that the name of midwife is protected from April 1, 1905, and the calling of a midwife from April 1, 1910 [1 (1)].

From the first of these dates no woman can use the name unless she is on the Roll, from the second of these dates no one can "habitually and for gain" act as a midwife unless she is on the Roll.

The words "habitually and for gain" are inserted to protect a woman acting in an emergency and rendering such services as any person, male or female, may be called upon to render in the name of common humanity.

But the date sounds the death-knell of uncertified midwives.

There are a certain number of midwives on the Roll in

virtue of having been, at the passing of the Act, at least one year in *bonâ fide* practice and being certified as being of good character. These women are popularly known as "*bonâ fides*" (2).

This group contains, of course, the most ignorant and dangerous members of the whole calling; but it also contains, I am convinced, many women of excellent character, of great sympathy, and (according to their knowledge) of great devotion.

This class, like all the others, is now bound to observe all the rules of the Central Midwives Board, and a large number are constantly being removed from the Roll, partly in consequence of complaints made to the Board, and partly at their own request, as they find that the rules and inspection make life somewhat harassing.

It is a serious question whether the numbers of certified midwives in country districts will suffice in the future for the poor in those districts; and more than one society exists for supplying this want. The smallness of the fees obtainable by midwives in rural districts naturally fails to attract women whose standard of comfort is anything more than very moderate. How to meet this want is a problem of the near future. I believe myself that the problem is akin to the problem of providing missionaries. Just as a religious mission cannot be said to be in full working order until it has an adequate native ministry, which can understand and sympathise with the people whom it wishes to evangelise, so an obstetric mission cannot be said to be in full working order until it has an adequate native ministry, which can understand and sympathise with the people whom it wishes to safeguard in the time of their peril of childbirth. This is largely a matter of finance, and the problem is not yet solved.

As regards the duties of the Central Midwives Board, you will see that they include the regulation of the admission, training, examination, practice, suspension, expulsion, and restoration of midwives.

You will require very little persuasion to believe that the care of 24,500 women in England and Wales is no sinecure.

OBSERVATIONS ON THE RULES.

As regards attendance on labours [C. 1 (1)] I need only say that this has to be done under supervision satisfactory to the Board; that the candidate must "make abdominal and vaginal examinations during the course of labour and personally deliver the patient" in each case, and that no case can be counted to more than one pupil.

As regards attendance on lying-in cases, this must be also under supervision satisfactory to the Board [C. 1 (2)]; the instruction is similarly safeguarded [C. 1 (3)].

The subjects of examination as scheduled (C. 4) lay great stress on the parts of midwifery concerning the practice of a midwife, and equal stress on her duties with regard to the summoning of medical aid.

Rules E, regulating, supervising, and restricting within due limits the practice of midwives, has been already summarised above. I venture to think that it would do no medical student anything but good to study it, so carefully has it been drawn with the view of pointing out the dangers of midwifery practice, dangers which affect doctors and individuals alike.

You will observe how very stringently the duty of sending for medical aid in any abnormal circumstances has been laid down. Failure in this respect is quite enough in certain cases to ensure the removal of the offender's name from the Roll.

CONSIDERATION OF THE PRESENT POSITION OF MIDWIVES IN RELATION TO MEDICAL MEN.

In the long controversy which has agitated our profession on the subject of midwives, various statements have been made, refuted, disused, and revived.

Among these is the statement that the population would do better without midwives.

The most recent example of this attitude with which I am acquainted appears in a number of *Nursing Notes* for July, 1907, page 104.

"MIDWIVES AND MEDICAL ATTENDANCE.

"We have received the following letter from a lady much interested in the efficient supply of well-trained midwives for rural districts. The questions dealt with are becoming of pressing importance. The letters speak for themselves.

"To the Editor of '*Nursing Notes*'

"MADAM,—I venture to send you a letter I received a few days ago from a certified midwife who is anxious to work in a rural district. Always considering both sides should be heard, I communicated with the Local Supervising Authority of the County in question. I send you his letter also.

"Yours faithfully,
"P. PERPLEXED."

"DEAR MADAM,—Knowing what great interest you take in all matters connected with midwifery, I should like to ask your advice about the following:—Hearing that a good many of the *bonâ fide* midwives were leaving off practice and that there would be likely to be a good opening at A.—I intended setting up there myself as I am a certified midwife. Dr. B— heard that I was thinking of doing so, and called a special meeting of all the doctors in the neighbourhood. They resolved to practically boycott any midwife, and agreed together that, in the event of being called in in an emergency, none of them would attend for a less fee than £1 11s. 6d. There own fee for a confinement is £1 1s. 6d. Dr. B— went so far as to say to me that the 'Midwives Act was useless; it was a pity they had not turned their attention to something sensible,' and so on. And when I explained to him that women will have women to attend them, and how much better it is to have a woman who knows her work than an old 'Gamp,' who sometimes loses her patients, and 'surely he didn't wish the mothers to die?' He replied, 'let them, and we shall all the sooner get rid of the midwives.' I am wondering whether I shall find the same difficulty everywhere. Can you give me any advice?"

"Yours faithfully,
"C. D., Certified Midwife."

"DEAR MADAM,—I saw Dr. B— to-day. He is, as I expected, quite reasonable from the point of view of one who does not realise the value of a thoroughly trained and practical midwife, thinking it far best for the public to be encouraged to be attended only by medical men.

"Consequently the A. Medical Society decided that they would not let a midwife to get a footing by employing her themselves.

"The fee when called for medical aid, they suggested, should be one-and-a-half guineas, whereas their ordinary fee when called to a confinement without being previously engaged is two guineas, and the Relieving Officer has authority to give £2. This seems all well within their rights, although to our minds short-sighted. If I were your nurse *protégée* I should steer clear of A.

"Yours sincerely,
"Y. Z."

"The above is a truly 'Gilbertian' condition of affairs. For thirty years the medical profession has waited for a midwife who would send for them in time; they have got her and now won't go to her when she *does* send, or if they do go hold her responsible for the payment of their fee, which they increase to double their ordinary confinement fee because it is a midwife that sends for them.

"Up till lately, when a midwife called in a doctor the patient was expected to pay a reasonable fee, and in this case the midwife often remitted her own fee in very poor cases—this is hard enough when her ten days' attendance is taken into consideration, but to expect her as well to pay a double confinement fee to the doctor is extortionate in the extreme. The present trained midwife will not practise unless she knows she can obtain a doctor as required by the rules of the C.M.B., and the result of this boycott will be that in 1910 the doctors will have succeeded, not in attracting all the cases to themselves, but in driving them into the hands of 'the friendly neighbour,' who will be quite sharp enough to evade the Act by pleading emergency or practice for no payment. We who are fully aware of the magnificent work done by eminent members of the medical profession to improve the training of midwives, and to have their practice regulated by law for the sake of the improvement of the health of the mothers and infants of England view this prospect with the deepest regret."

Now the question of the disappearance of midwives altogether was seriously debated some years ago, and those who favoured this solution were obliged to confess that the mothers of England could not be attended in their confinements by doctors only, that doctors would be unable to attend them all; and in the many investigations which have taken place it has been acknowledged that midwives are a *necessity*.

As to the midwife's plea that "women will have women to attend them," that varies in localities and classes, and is too large a proposition.

The question of the fees of doctors called in consultation by midwives is not so simple as it appears.

Let us put midwives out of the question altogether, and talk of doctors. If a doctor undertakes to attend a woman in her confinement for a certain fee he takes his chance of the case. It may be an easy case and he is well paid, or it may be a bad case, and he may wish that he had never seen it; but in any case he takes the rough with the smooth, and in the end it works out pretty fairly. But it would

obviously be unfair to expect him to undertake bad cases only for his ordinary fee.

In consultation the same is true to a certain extent, and there is some justification for an enhanced fee on this ground.

But there is never the same anxiety about a bad case in consultation as there is for a case of which the doctor has had entire charge. In the one case he does his best for a bad case over which he has had no control, and in the other case he is regarded by the public as presumably answerable for the misfortune whatever it may be—eclampsia, morbus cordis, or what not. It is this unfair responsibility which makes midwifery practice so trying and so anxious.

But, although a doctor called in consultation by another doctor may naturally expect an adequate fee for an obstetric operation or other skilled assistance furnished by him, no doctor would decline to give his help in such a case unless he received an enhanced fee, where the circumstances of the patient forbade an adequate fee.

This is where the doctor quoted in the extract from *Nursing Notes* in my opinion went wrong. But I have very little doubt that he is really very far from being the callous individual which he would have us think he is, and that he is really a man who is as unselfish and as kind to the poor as most of his profession are.

The payment of doctors when called in consultation by midwives is a matter requiring adjustment.

According to the rules midwives are not to attend other than normal cases without a doctor.

The wording of the rule in question has been altered as follows:

Rules, 1903, E 17.

"In all cases of abortion, of illness of the patient or child, or of any abnormality occurring during pregnancy, labour, or lying-in, a midwife *must decline to attend alone, and must advise that a registered medical practitioner be sent for, as, for example, under the following circumstances:*"

Rules, 1907, E 18.

"In all cases of abortion, of illness of the patient or child, or of any abnormality occurring during pregnancy, labour, or lying-in, a midwife *must explain that the case is one in which the attendance of a registered medical practitioner is required, and must hand to the husband or the nearest relative or friend present the form of sending for medical help [see Rule 21 (a)], properly filled up and signed by her, in order that this may be immediately forwarded to the medical practitioner. If for any reason the services of a registered medical practitioner be not available, the midwife must, if the case be one of emergency, remain with the patient and do her best for her until the registered medical practitioner arrives, or until the emergency is over.*

"After having complied with the Rule as to the summoning of medical assistance, the midwife will not incur any legal

liability by remaining on duty and doing her best for the patient."

The Rule of 1903 contains words in italics, which forbade her "to attend alone."

The Rule of 1907 obliges her to "explain" to the patient or her friends, to hand to them the form for sending for medical help, which they must send to their own medical man, or a medical man of their choice, and to remain in the case of emergency and to do her best.

The midwife therefore asks for no favour from the medical man, and is not in any way responsible for the fee. In spite of this it has repeatedly happened that the midwife has paid the doctor's fee out of her own pocket.

Still, as the Legislature has intervened, and has prescribed the attendance of a doctor in certain cases, it is highly desirable that proper arrangements should be made for the payment of the doctor's fee.

It is, therefore, with great pleasure that I am able to state that such arrangements have been made in certain districts.

I quote again from *Nursing Notes*, July, 1907, p. 103.

DOCTORS' FEES IN MIDWIVES' CASES.

"In connection with the question of the payment of the doctor when called in by midwives, it is satisfactory to know that arrangements have been made by the Guardians of Hammersmith, Lambeth, Wandsworth, Tooting, South Putney, Paddington, Earlsfield and Fulham on this matter, and they have sent circulars to the midwives in their various areas, giving the names of certain medical practitioners in the districts to whom the midwives may send without first going to the relieving officer in the case of poor patients. The fee is, in such cases, allowed by the guardians, if the patient cannot pay. We hope this example will be widely followed by Boards of Guardians all over the country. It will mean, at least, a partial elucidation of many pressing difficulties."

The following circular to the Guardians shows that the Local Government Board is taking active steps in this direction (a matter of great importance).

Circular LOCAL GOVERNMENT BOARD,
Guardians. WHITEHALL, S.W.;
July 29th, 1907.

Payment to Medical Practitioners called in on the advice of Midwives.

"If, where the Articles referred to are in force, the District Medical Officer attends in cases of the kind above mentioned, he will be entitled to the payments for which the Articles provide should the woman be actually in receipt of relief, or should the Guardians subsequently decide that she was in a destitute condition, although no order for his attendance was given by a person legally qualified to make such order. Moreover, the Section alluded to empowers the Guardians, 'if they think proper, to pay for any medical or other assistance which shall be rendered to any poor person on the happening of any accident, bodily casualty, or sudden illness, although no order shall have been given for the same by them or any of their officers, or by the overseers,' and the Board are advised that, under

this enactment, it is competent to the Guardians to pay the fee of any medical man called in on the advice of a midwife to attend upon any poor person in case of difficulty.

"The Board would suggest that medical men and certified midwives practising in the Poor Law Union should be informed that, in cases arising under Rule 18, the Guardians will, on being satisfied that the woman is too poor to pay the medical fee, be prepared to exercise their powers under the Section, and to pay a reasonable remuneration to the medical man called in. Any such payments should be on a definite scale, which should be suitable to the local circumstances and to the services rendered, and which should be duly notified to the local medical practitioners.

"It appears to the Board that the exercise by Boards of Guardians in a careful but liberal spirit of their powers under the enactment quoted will furnish a satisfactory solution of the problem to which they have referred, and that no reasonable ground of complaint should remain either to the public or to the medical profession. Moreover, general action on the part of Boards of Guardians in the direction indicated would tend to the preservation of two most important principles which are in danger of being overlooked; first, the responsibility of the husband or natural guardian of the patient to provide for her necessities, and secondly, the right of the Guardians to determine who, by reason of poverty, is entitled to medical assistance at the expense of the rates."

After hearing the above, the following will seem somewhat strange to you:

"ANOTHER SIDE OF THE QUESTION.

"A correspondent, a certified midwife in large practice, writes to us as follows:

"It seems a good thing for the Guardians to be willing to pay the doctor's fee when the midwife has to call him in in an emergency, but there is a disadvantage in this.

"There was a case in this district of a poor but decent woman whose husband has just got work, after weeks of idleness. The baby was premature and might not have lived, so the midwife 'advised' that a doctor should see it. They said they would like their own doctor, and could pay his fee, anticipating the usual 2s. 6d. or 3s. 6d. for a visit.

"The doctor saw the baby, then told the midwife he would send in her 'notification' to the Guardians. The parents need not mind about the fee.

"But this means that the parents will have to pay a guinea to the Guardians instead of the 2s. 6d. to the doctor!

"He did not consult them as to their ability to pay him, and the midwife did not feel that she could explain matters to them, and by so doing make an enemy of the doctor. Is it not difficult?"—*Nursing Notes*, July, 1907.

This will seem to you, as it seems to me, a dishonest proceeding on the part of the doctor.

PROCEDURE ON THE REMOVAL OF A NAME FROM THE ROLL.

Rules D prescribes this procedure. The usual course is that the Local Supervising Authority is referred to, and states whether, in its opinion, a *prima facie* case has been established. The cases are then classified and summarised by a Committee of the Central Board, which advises the Board as to the procedure to be adopted, the final decision remaining with the Board.

In certain cases, especially those in which the question of removal from the Roll is in point, the midwife is summoned to appear. If she does not appear her case is thoroughly investigated in her absence, including a reply to definite charges which she has been asked to make. No charge which has not been communicated to her in writing can be entertained. This obviously fair limitation has not always

been understood by authorities bringing cases to the notice of the Board.

A midwife may be, and sometimes is, defended by a lawyer. This ought always to be, and sometimes is, an advantage to her, but I am bound to state, on the one hand, that some lawyers are apt to attempt to urge small legal points, which may be in place in a police court, but are not to the purpose before a Board such as ours; and on the other hand that the Board takes great care that a woman undebated by a lawyer shall have full justice done to her.

The following statistics will be of interest:

NUMBER OF PENAL CASES DEALT WITH BY THE BOARD.

1905	15
1906	43
1907 (to date)	80

These cases were disposed of as follows:

Struck off	98
Censured, or severely censured	20
Cautioned	12
No action taken	7
Adjudged for further evidence	1

Of the 32 who were censured or cautioned, a report by the Local Supervising Authority on their conduct at the end of three months was called for in 16 cases.

The causes of removal were as follows:

Convicted of felony	5
Keeping disorderly houses	2
Drunk on duty	8
Falsification of Register of Cases	1
Giving false certificate of stillbirth	1
Employing uncertified substitute	1
Practising under suspension	3
Suffering from a disease liable to be a source of infection	1
Failing to send for medical help when required by the Rules	29
Uncleanliness and want of appliances and antiseptics	47
	98

The number of women removed from the Roll at their own request is 13.

It may interest you to hear a short account of a case which went through every possible stage.

Case of *Ita Feldmann*, July 12th, 1906.

The charges were that the midwife on two occasions sent her husband, an unqualified person, as her substitute, and on another occasion called him in instead of a doctor (Act, Section 1 [4], and Rules E. (17)).

Mrs. Feldmann, being a foreigner, her evidence was given in Yiddish, and interpreted.

There was great difficulty in ascertaining the occupation of the husband. He was said to be a barber's assistant in the Russian hospitals (Felscher), at one time to be a partially qualified medical man, and at another to be quite non-medical, according to the line of argument.

One of the patients informed the Inspector of the London County Council that Mrs. Feldmann fetched her husband in consultation, but that she would not allow him to attend her. She subsequently, however, said that the husband merely came to fetch his wife, and put his head inside the door.

Another witness was traced to five different residences in a very short time, and finally disappeared. The husband also vanished.

The defendant appeared to think that, as the Board could not compel the attendance of witnesses, all that need be done was to make those witnesses vanish, and the case disappeared.

The "interpreter" was a feature in the case. (I quote from the shorthand notes.)

"Mrs. FELDMANN. Examined by her Solicitor, Mr. Lilley.

Q. Did she send one Feldmann? A. No.

Q. Did she ever send one Feldmann? A. I never sent Mr. Feldmann anywhere. If I want something I send to the hospital for a doctor.

The Chairman (to the Interpreter).—She did not say all that now. I understand a little German. That is not interpreting. There were three sentences you said; she said only one.

The Interpreter.—She told me she never sent Feldmann anywhere.

The Chairman.—And so you put in about the Hospital.

Mrs. FELDMANN. Cross-examined by Mr. Duncan, Secretary of the Central Midwives Board.

Q. Does your husband keep a barber's shop? A. Yes.

Q. Does he claim to have any foreign medical degrees? Is he qualified in Poland? Is he a doctor abroad? A. He has got papers from Russia that he was an assistant doctor.

The Chairman.—I should like to ask her why did she show the diploma papers to the inspector? A. The inspector asked me where my husband was. I told him my husband went away to America. Next time when the inspector came he asked, 'What is the news of your husband from America?' I told him he had come back.

The Chairman.—That is not what I want to know. She showed the inspector the papers to show her husband was an assistant doctor in Russia. Why did she do so? A. The inspector asked me, 'What is the news of your husband?' So I told him he came back from America. He was trying to get into a hospital there. Now he came back to London, and I showed him the papers.

The Chairman.—To show he was a doctor? A. I told him he was learning to be a doctor.

The Chairman.—Quite so, a medical student." Subsequently the inspector of the L.C.C. said that Mrs. Feldmann said her husband 'could act as a doctor.'

One of the patients flatly contradicted the information she had given to the Inspector; the defendant also contradicted herself.

The Board decided to strike Mrs. Feldmann's name off the Roll.

Section 4 of the Midwives Act gives an appeal from the Board to the High Court. Order 59, Rule 19, of the Supreme Court Rules provides—

"An appeal from any decision of the Central Midwives' Board under the Midwives Act, 1902, shall be made to the Divisional Court by notice of motion, and supported by affidavit, or, if the Court shall so direct on the hearing of the motion, by oral evidence."

The arguments of counsel for the appellant were that there was no legal evidence against her. He went on to say:

"This Board seems to be constituted in such a way that it is not capable of understanding the difference between the two sorts of evidence."

The Lord Chief Justice, however, in his Judgment said: "The Court ought not to doubt the correctness of the Board's decision, because people made affidavits supposed to support the case made on appeal. It was impossible to say on the strictest view of the matter that the Board had not evidence before them that the appellant had allowed her husband to do work in her place."

He concluded: "I think it is quite impossible to accede to the appeal, and the decision of the Board must be confirmed and the appeal must be dismissed."

The other judges (Darling and Phillimore) agreed.

(See *Times*, February 1st, 1906.)

Since these proceedings the appellant has been fined in a police court for professing to be a registered midwife; she has also applied to the Board to be reinstated.

We have now considered the principal aspects of the Midwives Act so far as it concerns medical men.

You will perhaps allow me to quote from an inaugural address which I delivered before the Obstetrical Society in 1895, for it will illustrate the position at that time, and will help to contrast it with that existing at the present time.

"The question is not whether midwives shall exist, but whether they shall be as bad or as good as possible.

"To put the question briefly, absence of examination and registration of midwives means widespread loss of life and health to mothers and children; . . . midwives are a necessity."

THE LENGTH OF TRAINING OF MIDWIVES.

"Among many arguments against the registration of midwives may be mentioned one—that the present length of their training is insufficient. This is purely a matter of money. The midwives are poor women, and find it difficult to procure the money to pay for their present training and examination. In many cases this is provided, partly or entirely, by their more wealthy friends, and often with the view of acquiring the services of a midwife for a country district. In many foreign countries the expenses are defrayed by the State.

"Until midwives are subsidised, either by the State or by some other extraneous body, it is useless to expect an increase in the length of their training.

"The means of subsistence must be provided somehow: if by the midwives themselves, the course of training must necessarily be short; if it is desired to lengthen it (an object much to be wished), the money must be provided by extraneous aid.

"But some training is better than no training at all, and these are the real alternatives at the present time.

"A regulation by which the State should insist on longer training, and at the same time make it possible, is much to be wished. A system by which midwives in a district should be placed under the direction of a leading local practitioner would be beneficial both to the poor and to midwives. We should then cease to hear complaints of midwives acting as medical women.

"A pushing, usurping midwife can only be controlled when she is in some way recognised; and the only way to defend doctors against the privateering of midwives is by registration.

THE INTERESTS OF DOCTORS NOT PREJUDICED BY PROPERLY REGULATED MIDWIVES.

"But we must remember that the Select Committee [of the

House of Commons, August 8th, 1893], after hearing the evidence for and against the proposition that midwives injure doctors, pronounced emphatically that the reverse was the case, and it is within the knowledge of Fellows that midwives are, in some districts, actually provided by doctors, to help them with cases of natural labour among the poor. And even some of our medical schools make use of them (*Guy's Hospital Gazette*, February 9th, 1895, p. 48).

"It is hard to imagine that the few shillings which is all that many of the poor can afford for a confinement can in any sense repay a medical man for the time expended, or that the bodily handing over of all such cases to trustworthy midwives would be anything but an unmixed relief to the hard worked doctor of poor districts.

"The Committee, however, after hearing all the evidence on both sides, stated its opinion strongly as above.

"In conclusion, your committee desire to refer to the apprehension expressed by certain witnesses belonging to the medical profession, lest their interest might be injuriously affected by an improvement in the status of midwives. The great preponderance, however, of medical and other evidence, having regard to both the authority and number of the witnesses, was to a contrary effect. Your committee, therefore, whilst giving due consideration to the expression of such fears, believe that the suggested injury is not likely to prove serious, and they are of opinion that medical men will not only be relieved of much irksome and ill-paid work, but also that improved knowledge on the part of midwives will induce them to avail themselves more frequently, and at an earlier stage than at present, of skilled medical assistance in time of emergency and danger. On this point your committee had full and substantial evidence."

It is interesting to read the following comparatively recent statement, bearing on the question whether the Midwives Act injures medical men:

"Up to the passing of the Midwives Act we did not attend on an average one case a year. Since the passing of the Act we have attended twenty-six cases in the first twelve months."

Extract from letter of the Medical Officer, Banbury Union (Dr. Innes Griffin) to the President of the Local Government Board, *Poor Law Officers' Journal*, Sept. 21st, 1906, p. 941.

What was aimed at is now an accomplished fact. Midwives are now under control.

As regards the poor, they are defended from incompetence by the Act, and by the Rules.

As regards midwives, in return for recognition, they are now under proper restraint, by the same means.

As regards the medical profession, midwives are put into

proper relation to it, and are definitely restricted in the scope of their practice.

It is not to be expected that relations which have furnished material for friction for centuries should suddenly become smooth; but the Midwives Act has advanced such a desirable consummation immensely, and with patience and goodwill all round should bring it within sight.

It is with the object of enlisting your sympathies in the pursuit of such an object—an object which has for some years been very much at my heart—that I have chosen the subject of my address to-night, and I venture to ask you all to help to the best of your ability—not so much to uphold the precedence of our profession (though that is certainly a desirable object)—as to save the mothers and new-born children of England from the death and disease which are preventable, and which are so terrible a reproach to our country.

The Clubs.

RUGBY FOOTBALL CLUB.

Since the last issue the Hospital XV have continued as well as they began. So far all the Saturday matches have been won, and the only reverse has been at Sandhurst, where a strong "A" team came to grief, partly owing to bad luck, but chiefly because they played a great deal below their usual form. We were pleased to see that five members of the team have been playing for Middlesex—Oulton, Coombs, and Richards in the back division, and Trewhy and Grandage among the forwards. J. van Schalkwijk continues to render excellent service in the forward line, and a welcome addition to the backs has been found in Chillingworth, who played a good game against the Old Alleynians and against Bedford, getting the ball away clearly, and saving well in both matches. Let us hope he will continue to improve.

ST. BART.'S v. LONDON IRISH, at Winchmore Hill, October 26th.

In this game the Hospital, who had rather a weak side out, had the worst of the game forward, but managed to score a couple of tries through the agency of the backs. Neither try was converted. Fortunately, the Irish backs were incapable of taking advantage of the opportunities given them by their forwards, and the Hospital defending well retired winners by 6 points to nil.

ST. BART.'S v. HAMPSTEAD WANDERERS, at Winchmore Hill, November 2nd.

The Hospital, although having a very weak side representing them, completely overran their opponents, and won a most uninteresting game by 26 points to 3.

ST. BART.'S "A" v. R. M. C. SANDHURST, at Sandhurst, November 6th.

The Hospital took a strong side down, and a hard game resulted. Unfortunately, one of the three-quarters missed the train, and, although Sandhurst very kindly lent a substitute, the three-quarter line was rather disorganised. At half-time the Hospital were leading by 5 points to nil, but during the first half one of the forwards had to leave the field owing to an injury, and being one short the forwards were beaten in the second half, and Sandhurst eventually won by 16 points to 8.

ST. BART.'S v. OLD ALLEYNIANs, at Winchmore Hill, November 9th.

For this game the Hospital were well represented, and the visitors being at full strength a good game resulted. The forwards played well together both in the scrums and in the loose, and gave the backs plenty of opportunities, which they made good use of, the scorers being Richards (twice), Bremer, and Coombs. Two of the tries were converted, and the visitors only scoring only one try, which

was not converted, the Hospital won by 16 points to 3. Chillingworth made his first appearance for the first fifteen this season and played well, making an excellent partner for Coombs.

ST. BART.'S v. BEDFORD, at Bedford, November 16th.
Won by 3 goals 2 tries (21 points) to 1 try (3 points). A full account will appear in our next issue.

ASSOCIATION CLUB.

ST. BART.'S v. THE OLD ETONIANs.

This match was played at Catford Bridge on October 28th, and resulted in a win for the Hospital by 5-3. At half-time we were leading by 3 goals, the Old Etonians, then, by making a great effort, managed to draw level. Soon after this Norman scored, and then Gordon, by good individual play, added another goal.

ST. BART.'S v. OLD QUINMORIANs.

Played at Quinmore on Saturday, November 2nd, and resulted in a win for the Hospital by the odd goal. We had a weak team out, and started the game one short; after about ten minutes play our opponents scored their only goal; this proved to be the only scoring in the first half, but on changing over Hodge equalised for us, and soon after scored again.

ST. BART.'S v. WELLINGBOROUGH MASTERS.

This game was played on November 9th at Wellingborough, and resulted in a win for our opponents by 5 goals. The Masters had a very good forward line, their combination giving our backs, who both played a very sound game, plenty of work to do.

HOCKEY CLUB.

ST. BART.'S v. HENDON, at Hendon, on October 26th.

We succeeded in winning by the wide margin of 4-1, this success was due to excellent combination between the forwards backed up by the halves who exercised much better discrimination in their passing. Our present plan of playing four halves and no goalkeeper has worked very well so far this season, the backs having very little difficulty in holding the opposing forwards. The goals were scored by Glenn (2), Gaskell and Robinson. Team: A. G. Turner, G. Viner (backs); A. Feiling, K. S. Caldwell, T. L. Bomford, G. C. Gray (half-backs); L. F. G. Lewis, J. F. Gaskell, H. E. Robinson, E. T. Glenn, and C. K. Sylvester (forwards).

ST. BART.'S v. CROYDON, at Croydon, on November 2nd.

We took down rather a weak team, and lost 7-2; our defence played well on the whole, and gave our forwards plenty of opportunities, but to no purpose, as the forward line was very weak in the circle. The opposing backs were treated leniently by the umpires, and we ought to have had no difficulty in scoring several times. Both our goals were scored by Sylvester, who had had luck in not getting a third.

ST. BART.'S v. ALDERSHOT ARMY CORPS, on November 6th.

We lost this match after what might seem to have been an even game from the score 6-7, but in reality they were the better side all through and were in our "25" most of the game; we scored our goals by means of the hit and rush game, whereas they obtained theirs by good combination, which our backs were unable to cope with. We went down one short, but our opponents very kindly lent us a substitute and played one short themselves; our halves were very weak, and gave a good many fouls against us through "sticks," Hepper being still very impetuous, although he has played some very good games this season. Team:

F. Whitty, A. G. Turner (backs); T. L. Bomford, H. E. Hepper, A. S. Coalbank, L. F. K. Way (half-backs); R. L. Haines, A. T. Vivian, H. E. Robinson, A. N. Other, and L. F. G. Lewis (forwards).

ST. BART.'S v. NOVEDIANs.

This match was played on November 9th at Wembley Park, and lost by the odd goal in 13. The Hospital turned up one short besides having a very weak team out. The game was of a very scrappy nature, and a good deal of hard hitting was indulged in, the forwards being handicapped considerably from want of passes from the half-backs. Though leading 6-4 till about ten minutes from time we were beaten 6-7. F. Whitty played a fine game at back all through the game. The goals were scored by Sylvester (3), Lewis (2), and Gaskell. Team: F. Whitty, G. C. Gray, A. G. Turner, T. L. Bomford, H. E. Hepper, H. Candler, L. F. Lewis, C. K. Sylvester, J. Gaskell, and N. A. Noble.

BOXING CLUB.

We note with satisfaction that the energetic attempt to revive the Boxing Club has culminated in a general meeting, which was held in Mr. Trewby's room on November 15th, the following officers being elected:

Captain.—T. M. Brown.

Vice-Captain.—R. G. Riches.

Hon. Secs..—J. A. Noble, C. F. Willes.

Committee.—Trewby, Hoskyn, Wolferstan, and Donaldson.

It was further decided to invite Mr. Bruce Clarke to be President, and Drs. Drysdale and Morley-Fletcher to be Vice-Presidents.

It is hoped that the club will be allowed the use of the old surgery, which will probably be vacant after January 1st; but this matter is still on the knees of the gods, as the consent of the Treasurer and Almoners has not yet been obtained.

By the time this notice appears in print a committee meeting will have been held to decide on the instructor, the nights on which the club will meet, etc.

One of the chief drawbacks to Hospital life is the difficulty in getting sufficient exercise without the necessity of going by train to a sports ground, whereas in boxing exercise can be taken at any time of the day and in all weathers, while as for time saving in twenty minutes enough exercise can be obtained to satisfy anyone for several days.

Up to the time of going to press twenty-six names have been given in, and doubtless more men will join later, so that with a reasonable amount of keenness the club should be a success.

The old boxing club was disbanded in the latter part of 1904 chiefly on account of unsatisfactory accommodation.

In Memoriam.

CECIL LACY DAWSON.

"The Moving Finger writes, and having writ
Moves on, nor all the Piety nor Wit
Shall lure it back to cancel half a Line,
Nor all thy Tears wash out a word of it."

THOSE of us who were connected with the Hospital from 1885 to 1890 will hear, with a pang of sincere grief, of the death of Cecil Dawson.

Few men were more popular than Dawson, and none deserved their popularity more than he. A man of singularly fine character he possessed a sweetness of disposition which was as delightful as it was rare, and the remembrance of his friendship, though sixteen years have passed since he returned to Australia, will be found green in the hearts of all those who knew him well.

He was in practice in Berry, N.S.W., for the last ten or twelve years where he was greatly esteemed, and where he died. He leaves a wife and three children to mourn his loss. Of him it may truly be said—

"He scarce had need to doff his pride or slough the dress of earth,
E'en as he trod that day to God, so walked he from his birth
In simpleness, and gentleness, and honour, and clean mirth."

C. W. E.

Recent Papers by St. Bartholomew's Men.

Haynes, G. S., M.D. "Some considerations in the Use of Cardiac Tonics" (*Folia Therapeutica*, October, 1907).

Howell, C. M. Hinds, M.A., M.B., M.Ch. (Oxon.), M.R.C.P. (Lond.), and Wilson, Harold W., M.B., B.S. (Lond.), F.R.C.S. (Eng.). "Movable Kidney" (*Practitioner*, October—December, 1907).

Abstracts from Minutes of the Recent Abernethian Meetings.



IRST Ordinary Meeting was held on October 11th.

Dr. A. W. D. Coventon read a paper on "Pneumonia"—dealing especially with the clinical diagnosis of the disease and its complications.

At the second Ordinary Meeting a Clinical Evening was held.
Mr. Elmslie showed a case of Gonorrhoeal Arthritis of the Hip-joint.

Mr. Favell showed a case of Branchial Cyst, a case of Interstitial Hernia, and a case of Ischaemic Contraction.

Mr. Alyward showed a case of Fracture of the Neck of the Humerus simulating Dislocation.

Mr. Hill showed an Obscure Nervous Disease.

Mr. Almond showed a case of Tuberculous Fibrosis of the Lung.

The third Ordinary Meeting was held on October 31st.

Dr. N. G. Horner read a paper on "Facial Diagnosis," dealing, in the first place, with the facies generally recognised as typical of certain common diseases, and, secondly, with the value and limitations of physiognomy in diagnosis.

The Fourth Ordinary Meeting was held on November 7th.

Dr. L. T. Barra read a paper on "The Early Diagnosis and Sanatorium Treatment of Phthisis."

He dealt at length with the number and variety of the symptoms in early phthisis existing either alone or together, especially pleurisy, dyspepsia, and haemoptysis. He also treated of the physical signs and their significance. He gave some account of the sanatorium treatment as used at the King's sanatorium at Midhurst, to which he was attached. He described the diet-sheet, the regulated exercises, and the daily time table, and was particularly optimistic of the results obtained in early cases. He referred briefly to the complications.

The Fifth Ordinary Meeting was held on November 14th.
Dr. J. D. Rawlings read a paper on the "Management of a General Practice."

He first dealt with club-work and its relation to private practice. He touched on some points of vaccination, and warned members against taking posts as Public Vaccinators without careful thought. He gave an account of some of the ways in which the general practitioner is bilked, and of the annoyances and ways of avoiding night calls and Sunday work. He then dwelt at some length on the question of dispensing and the difficulties that arose in the transference of prescriptions. The relations of doctor and patient and doctor and consultant were discussed and illustrated by cases from his own practice.

The Sixth Ordinary Meeting was held on November 21st.

Dr. J. F. Gaskell read a paper on "Mendel's Laws of Heredity and their Application to Disease."

He gave a short account of the history of Mendelism, of the experiments which Mendel himself had performed fifty years ago, and of those which are now being done at Cambridge along similar lines. He insisted that any conclusions arrived at in experiments with plants must apply to animals, and so to man. He produced charts showing genealogical tables of families suffering from diabetes insipidus, and from Huntington's chorea, most accurately bearing out the Mendelian law. He made a special appeal for the collection of statistics of the family histories in such cases and showed that, although the idea was still in its infancy, it was already bearing fruit.

Books Recently Added to the Library.

A System of Medicine by many Writers. Edited by T. Clifford Allbutt, M.D., and H. D. Rolleston, M.D. (Second Edition.) Vol. III.

The Operations of Surgery: intended especially for the Use of those recently appointed on a Hospital Staff and for those preparing for the Higher Examinations. By W. H. A. Jacobson, M.Ch., F.R.C.S., and K. P. Rowlands, M.S., F.R.C.S. (Fifth Edition.)

Elements of Human Physiology. By Ernest H. Starling, M.D. (Eighth Edition.)

Ellis's Demonstrations of Anatomy, being a Guide to the Knowledge of the Human Body by Dissection. Edited by Christopher Addison, M.D., F.R.C.S. (Twelfth Edition.)

The Influence of Growth on Congenital and Acquired Deformities. By A. B. Judson, A.M., M.D.

Reviews.

LIGHT AND X-RAY TREATMENT OF SKIN DISEASES. By MALCOLM MORRIS and S. ERNEST DORE. Modern Methods of Treatment. (Cassell & Company, 1905.) Price 5s.

This little book, as is set forth in the introduction, is not intended to be an exhaustive monograph on the subject of which it treats, but a concise summary of the methods of application, and results of Finssen's light treatment, X Rays, and other therapeutic agencies (such as radium and high frequency currents), which have been introduced into dermatological practice within the last ten or twelve years. The book is clearly written, without undue padding, the conclusions drawn being based mainly on the experience of the authors, which makes it more valuable than a mere compilation from the work of others; the results, however, of other workers in the same field have received due attention. The advantages and disadvantages of the Finssen-light treatment are fully discussed, the conclusions drawn being agreed with the authors when, on p. 15, in mentioning the Miller lamp and others of a similar type, they state, "The effect of these rays is too superficial to be of use in a deep-seated disease like lupus." This is rather too sweeping a statement, and while admitting the superiority of the Finssen reeler lamp, a lamp such as the Miller certainly has its sphere of usefulness, and in suitable cases many excellent results have been obtained with it at St. Bartholomew's Hospital. The book fulfils its object, and can be recommended to all those who wish to get a fair idea of what can and cannot at the present time be expected of the various therapeutic agencies of which it treats.

MANUAL OF SURGERY. By ALEXIS THOMSON, F.R.C.S. Ed., and ALEXANDER MILES, F.R.C.S. Ed. Vol. II (2nd Edition). Pp. 784. 21s. net. (Young J. Pentland.)

The second volume of the second edition of this manual has now appeared. It treats of regional surgery. Like Vol. I, it is clear, practical, and well up to date. The authors have abandoned an irritating habit of many text-book writers who describe obsolete methods of treatment in full detail only to point out their uselessness. In this book such methods are omitted altogether or dismissed at once. The book, therefore, is admirably suited to students who wish to get at the essentials of surgical diagnosis and treatment without burdening themselves with matter of merely historical or academic interest. Its chief fault is that the small size of the illustrations prevents full justice being done to them.

Correspondence.

We have received a letter from Dr. Leonard Mark which will be published in our next issue.

Royal Army Medical Corps.

An examination for thirty commissions in the Corps will be held at the end of next January. Application for details should be made to the Director General, Army Medical Service, War Office, S.W.

* * *

Lt.-Col. F. H. Treherne has been appointed to the charge of the station hospital at Ambala, and Lt.-Col. S. Westcott, C.M.G., to that at Mhow.

Major H. E. Winter is on embarkation duty at Bombay during this trooping season.

Lieut. W. S. Nealar has been transferred to Burma.

* * *

Major A. Wright on retirement is posted to retired pay appointment at Falmouth.

Major S. F. St. D. Green, on return from Bermuda, is appointed to the Military Families Hospital at Aldershot.

Capt. R. H. Lloyd is in charge of Pierhill Barracks, Edinburgh.

Indian Medical Service.

Capt. F. N. White, M.D., I.M.S., and Capt. E. C. Hodgson, I.M.S., are placed on special duty at the Central Research Institute, Kasauli, under the orders of the Sanitary Commissioner with the Government of India.

Major B. C. Oldham, I.M.S., on return from leave proceeds to Patna District.

Major F. O'Kealey, I.M.S., completes his tenure of appointment as Civil Surgeon of Darjeeling in November, and will probably act as Superintendent of the Medical School, Sealdah, Calcutta.

Lieut.-Col. C. P. Lukis, M.D., F.R.C.S., I.M.S., Principal of the Medical College, Calcutta, returned from leave on November 10th.

The following officers joined the Punjab for plague duty as Assistant Plague Medical Officers:

(i) Capt. H. M. H. Melhuish, I.M.S., July 9th, 1907, Amritsar.

(ii) Lieut. N. M. Wilson, I.M.S., July 17th, 1907, Jullundur.

Lieut. A. D. White, M.R., I.M.S., has proceeded for three months to the Dehra Dim X-ray Institute for a course of training.

Examinations.

UNIVERSITY OF LONDON.

M.B., B.S. Examination, October, 1907.

Pass List.—E. J. de Verteuil, H. L. E. Downer, M. Fawkes, C. H. Fielding, J. Hadwen, D. W. Hume, J. Ramsay, S. S. Rendall, R. S. Townsend, H. W. Wilson.

Supplementary List (Group 11).—M. J. Holgate, A. L. Yates.

VICTORIA UNIVERSITY.

Examination for D.P.H.

J. M. Woolley.

ROYAL COLLEGE OF PHYSICIANS.

Examination for Membership.

Major R. F. Standage, I.M.S.

ROYAL COLLEGE OF SURGEONS.

First Fellowship Examination.

Pass List. M. A. Anvari, A. J. Clark, J. M. Waddell, R. P. Wilson.

Appointments.

BARBER, F., M.B., B.S. (Lond.), appointed Surgeon to "Umsinga."

COALBANK, R. M., M.R.C.S., L.R.C.P., appointed Assistant House Surgeon to Royal Berkshire Hospital, Reading.

DINGLE, P. A., M.R.C.S., L.R.C.P., appointed Medical Radiographer to the North-Eastern Hospital for Children, Hackney Road.

GOSSE, PHILIP, L.R.C.P., M.R.C.S., appointed House Surgeon to the Essex and Colchester Hospital, Colchester.

GRIFFIN, W. B., M.R.C.S., L.R.C.P., appointed Assistant House Surgeon at the Infirmary for Children, Liverpool.

HUTT, C. W., M.B., B.C. (Cantab.), appointed Senior Resident Medical Officer to the Chorlton Union.

LILLIE, C. F., M.D. (Lond.), M.R.C.S., L.R.C.P., appointed House Surgeon at the Albany General Hospital, Grahamstown.

NANKIVELL, A. T., L.R.C.P., M.R.C.S., appointed House Surgeon to the Westminster Hospital.

PHILLIPS, D. L., M.R.C.S., L.R.C.P., appointed Surgeon to the s.s. "Jelunga."

FRITCHARD, H., M.D., M.R.C.P., appointed Assistant Physician to the West London Hospital.

REICHWALD, M. B., M.B., appointed Surgeon to the "Atrato" (Royal Mail Steam Packet Co.).

WILLIAMS, R. T., M.R.C.S., L.R.C.P., appointed Surgeon to s.s. "Umvolosi."

WILLIS, J. K., M.B., appointed Medical Officer to Cranleigh Village Hospital.

New Addresses.

AUBREY, G. E., Hong Kong, China.

BAINBRIDGE, F. A., 9, Rugby Mansions, Addison Bridge, Kensington, W.

BARKEE, TOFT, Whitley Cross, Reading.

BEST, F. A., 21, Royal Parade, Cheltenham.

BURFIELD, J., 49, Prince of Wales Road, Norwich.

BURROWS, H., 1, The Caves, Grove Road, Southsea.

BUTCHER, C. R. D., English Sanatorium, Lysin, Switzerland.

BUTLER, C., Hansford Barton, Chulmeleigh.

CROWLEY, R. H., 31, Wilmer Drive, Heaton, Bradford.

DEEBLE, Surg.-Lt.-Col. W. C. B., 1st Life Guards Hospital, Regent's Park Barracks, N.W.

DICKSON, H. S., R.A.M. College, Millbank.

DOUVE, F. H., La Madeleine, Cannes, France.

FOLLIOTT, Staff Surg. E., R.N., Bryn Tavy, Mary Tavy, Devon.

GANE, E., Sunderland Borough Asylum, Ryhope, Sunderland.

HASSARD, Major E. M., R.A.M.C., St. Leonard's Camp, Ringwood.

HARKER, T. H., Dovercourt, Essex.

ILLIUS, Capt. J. W., I.M.S., Dist. Med. and Sanitary Officer, Guntur District, Madras Pres., India.

JORDAN, A. C., 14, Weymouth Street, W. (Tel.: 3485 Mayfair).

LILLIE, C. F., Albany General Hospital, Grahamstown, Cape Colony.

LAUND, J. H., Grosvenor House, Newmarket.

MCDUGAL, E. D., 43, Park Street, Grosvenor Square, W.

NANKIVELL, A. T., Westminster Hospital, S.W.

OLDHAM, Major B. C., I.M.S., Bankipore, East India Railways, Deogal, India.

O'SULLIVAN, H. D., 177, Horninglow Street, Burton-on-Trent.

OWLES, O. W., Beccles, Suffolk.

PICKETT, J., The Grosvenor, Ilfracombe, North Devon.

POWELL, J. C., 5, Alfred Place West, Thurloe Square, S.W.

RIDOUT, C. A. S., St. Elms, Clarendon Road, Southsea.

RIVERS, Major J. H., R.A.M.C., Damerham Camp, Salisbury.

ROSTEN, L. M., Springfield Road, King's Heath, Birmingham.

ROWLAND, P., Wellesley House, Colehester.

SEAFIELD, HAROLD, Hill House, North Dulwich, S.E.

SEWELL, E. P., 3, Dora Road, Wimbledon, S.W.

STACK, E. H. E., Arvalee, Clifton Down Road, Bristol.

STANDAGE, Major R. F., I.M.S., Bangalore, Mysore.

STEVENS, R. C. J., Olds, Alta, Canada.

SYLVESTER, Lt.-Col. G. H., R.A.M.C. (retired), Moolpa, Tonbridge, Kent.

WILLIS, J. K., M.B., Redcroft, Cranleigh, Surrey.

WROUGHTON, Capt. A. O. B., R.A.M.C., Cannamore, India.

WYLYS, W., 25, King Street, Great Yarmouth.

Birth.

BRIGGS.—On the 14th October, at 37, Noel Street, Forest Side, Nottingham, the wife of J. A. Oswald Briggs, M.D. Lond., F.R.C.S., of a son.

Marriages.

DENT—LEWIS.—On the 15th November, at St. Peter's Collegiate Church, Wolverhampton, by the Rev. Arthur Congreve-Pridgen, uncle of the bridegroom, assisted by the Rev. Prebendary Penny, Rector of Wolverhampton, Howard Henry Congreve Dent, F.R.C.S., eldest son of the late Joseph Henry Dent and Mrs. Dent, of Merivale, Edgbaston, to Olive Mary, daughter of Rowland W. Lewis, J.P., of Penn Croft, near Wolverhampton.

TOOTH—CHILVER.—On the 12th November, at the Parish Church, Midhurst, by the Ven. the Archdeacon of Chichester, assisted by the Rev. F. Tatchell, Vicar of Midhurst, and the Rev. S. Montgomery Campbell, Rector of Eardisley, Howard Henry Tooth, M.D., C.M.G., of 34, Harley Street, W., to Helen Katharine, second daughter of the Rev. Charles S. Chilver, of Gate House, Midhurst.

WILLIS—STYLES.—On the 15th October, at the Parish Church, Oxley, Herts, by the Rev. F. A. Murray, Vicar of Mill End, Rickmansworth, assisted by the Rev. A. A. Jackson, Rector of Ashurst, Sussex, John Keith Willis, M.B., of Cranleigh, elder son of Dr. Arthur Willis, of St. John's, Bushey, to Gertrude, daughter of the late George Gaville Styles and of Mrs. Styles, Knockhall, Kingsfield Road, Oxley.

Death.

MCDONAGH.—At the Naval Hospital, Malta, on November 21st, of enteric fever, Surgeon Reginald C. P. McDonagh, R.N., of H.M.S. Aboukir, aged 24.

Acknowledgments.

Annales de Physiothérapie, British Journal of Nursing, Guy's Hospital Gazette, Journal of Laryngology, Rhinology, and Otolaryngology, L'Echo Médical du Nord, Le Mois Médico-Chirurgical, Polyclinic, Practitioner, Medical Review, New York State Journal of Medicine, Nursing Times, Report of Board of Health on Plague in New South Wales, 1906, St. George's Hospital Gazette, St. Mary's Hospital Gazette, Student, London Hospital Gazette, Hospital, University of Durham College of Medicine Gazette, Health Resort, King's College Hospital Book of Cooking Recipes, International Journal of Surgery.

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 rs. 6d. or carriage paid 2s. 3d.—cover included.

St. Bartholomew's Hospital



JOURNAL.

VOL. XV.—No. 4.]

JANUARY, 1908.

[PRICE SIXPENCE.]

St. Bartholomew's Hospital Journal,

JANUARY 1st, 1908.

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

Calendar.

- Thur., Jan. 2.—2nd Exam. Conjoint Board begins.
Fri., " 3.—Dr. Ormerod and Mr. Bowlby on duty.
Mon., " 6.—Winter Session resumes.
Tues., " 7.—Dr. Herringham and Mr. Lockwood on duty.
Wed., " 8.—1st Exam. Conjoint Board begins.
D.P.H. (Conjoint) Exam. begins.
Fri., " 10.—Clinical Lecture, 12.45 p.m. Dr. Norman Moore.
Dr. Tooth and Mr. D'Arcy Power on duty.
Mon., " 13.—Special Subject Lecture, 1 p.m. Dr. Ormerod.
Final L.S.A. (Surgery) Exam. begins.
Tues., " 14.—Final Exam. Conjoint Board (Medicine) begins.
Dr. Norman Moore and Mr. Cripps on duty.
Wed., " 15.—Clinical Lecture, 12.45 p.m. Mr. Bowlby.
Thur., " 16.—Final Exam. Conjoint Board (Midwifery) begins.
Fri., " 17.—Clinical Lecture, 12.45 p.m. Dr. West.
Final Exam. Conjoint Board (Surgery) begins.
Dr. West and Mr. Bruce Clarke on duty.
Mon., " 20.—Special Subject Lecture, 1 p.m. Mr. Cumberbatch.
Preliminary Scientific, Part I and Inter M.B. (Lond.) Exam. begins.
Final L.S.A. (Medicine, Forensic Medicine, and Midwifery) begins.
Tues., " 21.—Dr. Ormerod and Mr. Bowlby on duty.
Wed., " 22.—Clinical Lecture, 12.45 p.m. Mr. Bowlby.
Thur., " 23.—Preliminary Scientific Exam., Part II (Lond.), begins.
Fri., " 24.—Clinical Lecture, 12.45 p.m. Dr. Herringham.
Dr. Herringham and Mr. Lockwood on duty.
Mon., " 27.—Special Subject Lecture, 1 p.m. Dr. Lewis Jones.
Tues., " 28.—Dr. Tooth and Mr. D'Arcy Power on duty.
Wed., " 29.—Clinical Lecture, 1 p.m. Mr. Harrison Cripps.
Fri., " 31.—Clinical Lecture, 12.45 p.m. Dr. Tooth.
Dr. Norman Moore and Mr. Cripps on duty.

Editorial Notes.

THIS, the January number of the JOURNAL—in deference to time-honoured custom—we beg to offer to all our readers our very choicest wishes for every happiness and prosperity during the coming year. We apologise for the very tardy appearance of these wishes, and ask once again the indulgence of our many subscribers. We are conscious that punctuality is the very essence of good Journalism. Under the most favourable auspices the trials of Editorship are necessarily many, and the festive season of Christmastide, coming, as it always will, just when we ought to be going to press, must be made mainly responsible for the late appearance of the JOURNAL. The commencement of a new year ought, we feel, to be attended with the making of many good and improving resolutions, and one of ours is to furnish, so far as we are able, the breakfast-table of each of our readers with a copy of the JOURNAL on the first day of every month.

The old Surgery is no more. In another column will be found its obituary notice, a notice which will be read with interest by the many generations of Bart's men who have done battle within its walls. We reproduce four photographs of its chief rooms, so that we may have it always with us. It was a happy snapshot which caught Sister Surgery at the post of duty in the middle room, and this particular photograph we regard as especially valuable.

OUR readers will be pleased to read the following:

SISTER EYES' TESTIMONIAL.

We have much pleasure in reporting that the response has been very gratifying. The sum collected amounted to £173. A silver teapot and stand with a suitable inscription were procured and sent to Sister; £150 was invested in Consols in the names of the ophthalmic surgeons to St. Bartholomew's Hospital as trustees, and the small cash balance forwarded to her.

JOHN ATTREE, }
ELMORE BREWERTON, } Hon. Secs.

THE Lees-Raper Memorial Lecture will be delivered on Tuesday, February 4th, 1908, in the Town Hall, Oxford, by W. McAdam Eccles, Esq., M.S., F.R.C.S., on "The Relation of Alcohol to Physical Deterioration and National Efficiency." The Chair will be taken at 8 p.m. by Professor Osler, F.R.S., Regius Professor of Medicine in the University of Oxford.

Laying of the Foundation Stone of the Pathological Block.

THURSDAY, December 5th, 1907, must be held as a most important day in the annals of St. Bartholomew's Hospital, for on that date the Lady Ludlow declared the Foundation Stone of the new Pathological Block to be well and truly laid.

After prayers had been offered up by the Venerable The Archdeacon of London, the following address was read by the Clerk of the Hospital:

TO THE RIGHT HON. LADY LUDLOW.

MADAM,—We ask you to lay the Foundation Stone of this building because we know that you are deeply interested in St. Bartholomew's, and like to take a part in its good work.

This building is to be devoted to investigations in Pathology and in Pharmacology. Pathological laboratories are essential for the daily work of a modern hospital, and innumerable investigations will be conducted here which will explain the causes or demonstrate the right method of cure of the maladies observed in the wards.

In addition, the discoveries made and the observations recorded here will be of benefit to patients, whether within hospitals or without, throughout the world.

The administration of Lord Ludlow, as Treasurer, has been of the greatest benefit to St. Bartholomew's, and his period of office will be for ever commemorated by the many new buildings erected in his time. It is appropriate that your name should also be associated with this ancient Foundation.

At St. Bartholomew's we are a united family, devoted to the care of the patients who come here. The President, the Treasurer, the Governors, the Medical and Surgical Staff and the students, the nurses and the administrative officers, are united in the wish to do all in their power to add to the usefulness and the fame of this great Hospital.

We ask you as a Governor and an honoured member of our Society to lay the Foundation Stone of this Pathological building.

On behalf of the Governors of
St. Bartholomew's Hospital,

THOMAS HAYES,
Clerk.

To this address the Lady Ludlow replied in happy phrase, expressing what has long been felt and gives so much satisfaction, the great interest she has in St. Bartholomew's Hospital.

It is impossible to exaggerate the importance of this new building to our Hospital. The work of the Pathological Department has of late increased so enormously that it has been impossible to adequately cope with it in the cramped quarters hitherto allotted.

Now, however, we are enabled to feel that towards the end of this year the new building will be complete, and full accommodation afforded for all the investigations which are so necessary for the proper treatment of the patients seeking relief.

It must be remembered also that increase of knowledge gained from this source does not remain confined merely to this Hospital, but is diffused throughout the world, and, therefore, any support that is given to such an object must be considered most desirable.

It is to be regretted that the public at large is apparently not yet fully alive to the very great importance of this scientific work.

We hope in an early number to publish a full description of the new building with plans.

INSCRIPTION ON FOUNDATION STONE.

THIS STONE

WHICH STANDS ON THE SITE OF THE HOUSE OF

DAME JOANNA ASTLEY, NURSE OF KING HENRY VI,

WAS LAID BY

THE LADY LUDLOW,

WIFE OF

THE RIGHT HONOURABLE LORD LUDLOW,

TREASURER OF ST. BARTHOLOMEW'S HOSPITAL,

AS THE FOUNDATION OF A BUILDING

DEVOTED TO

THE ELUCIDATION OF PROBLEMS

IN THE

NATURE AND TREATMENT OF THE DISEASES

OF THOSE

WHO HAVE SOUGHT RELIEF FROM SUFFERING

IN THIS HOSPITAL.

5TH DECEMBER, 1907.

Pathological Block.

THE following donations have been made to the Pathological Block fund since November, 1906, when we last published the list:

	£	s.	d.
1906.			
Dec. 14. Miss Tatlock	5	0	0
" 19. Lancelot Wilkinson, Esq.	50	0	0
" 22. A. Scott Williams, Esq., R.A.M.C.	1	1	0
" 28. Mrs. MacIntosh	6	0	0
1907.			
Jan. 2. Carol Singers at Mortimer In Memoriam, "G. E. B."	2	7	0
" 3. Anon. (per G. E. Gask, Esq.)	1	1	0
" 12. E. Welner, Esq.	20	0	0
" 14. James Berry, Esq., F.R.C.S. (per Dr. Andrews)	10	10	0
" 17. J. H. Mollett, Esq.	0	10	6
" 25. W. C. Wigan, Esq.	5	5	0
" 26. Miss Sarah E. Davies	5	0	0
" 30. G. H. Colt, Esq.	5	5	0
" From an Old Perpetual Student of St. Bartholomew's Hospital"	5	5	0
Feb. 14. A. A. Meaden, Esq.	0	5	0
" 18. F. A. Hepworth, Esq. (per Steward)	1	1	0
Mar. 4. Dr. Addison	5	5	0
" 26. Mrs. John Ramie (per A. H. Hogarth, Esq.)	1	0	0
" 27. H. A. Harben, Esq., J.P.	31	10	0
Apr. 4. J. Hingston Davey, Esq.	2	0	0
" 15. Dr. J. J. Grace (per Dr. H. Thursfield)	10	10	0
" Interest on Deposit	26	3	10
May 1. Dr. Schuster	10	10	0
June 21. Anon.	0	10	0
" 26. Mrs. Cleveland (per Dr. Tooth)	5	0	0
" 27. H. W. Meade, Esq. (per J. G. Gibb, Esq.)	12	0	0
" 29. Interest on Deposit	20	13	8
Aug. 2. Anon. (per G. E. Gask, Esq.)	0	10	0
" 24. Dr. Pellet (per W. Sargent, Esq.)	5	0	0
Sept 10. A Mother's Thank-offering (per Rev. I. G. Fry)	5	0	0
Oct. 2. Rev. W. Goudie (per McAdam Eccles, Esq.)	3	3	0
Total to end of November, 1906	314	6	5
	Total	£339	12 5

The Passing of the Old Surgery.

"And all the place is dark, and all
The chambers emptied of delight."

(In Memoriam, viii, 2.)

T is difficult to think of the last days of the Old Surgery without some momentary feeling of sadness. The place is full of associations. After the Fountain in the Square, no other part of the Hospital is so firmly fixed in the memories of old St. Bartholomew's men. With all its amazing imperfections and discomforts, and its air of ancient and lofty squalor, the Surgery was somehow a distinct institution. It had a personality and a charm of its own. Its dingy threads were thickly woven into the fabric of Hospital life.

The old Surgery was in many respects unique; it held a position at St. Bartholomew's unlike anything to be found elsewhere. Apart from the number and variety of its func-

tions, and the complex nature of its machinery—apart, too, from its many and peculiar disadvantages—the Surgery came to occupy a central position in the work and sentiment of the Hospital, which has no precise counterpart in any other institution. The reality of this singular relationship between the old Surgery and the Hospital will soon be evident. Things will never be the same again in the new buildings. The work will be done under new and improved conditions, and the Surgery, as we have known it, will be changed beyond recognition. The character of the old place cannot survive these sweeping improvements. Where so much is gained, one must expect some little loss.

It may be argued that a mere change of house has no influence upon the Family Spirit, when the family itself is still the same; that a million glazed tiles and three times the former cubic space cannot disorganise an established institution. But a moment's reflection on one fact alone will dismiss these arguments. In the new Surgery there is no "Middle Room." Now the Middle Room of the old Surgery was the very essence of the place—the Family Spirit bottle. Deprived of the Middle Room, with its cheerful fire, its fomentation fish-kettle, its pots and pans and bottles, all bright and picturesque; its innumerable drawers and cupboards, full of delightful odds and ends; its hospitable brews of cocoa and its postal facilities; and above all with its air of old-time comfort and fellowship—deprived of all this, the quintessence as it were of surgery, and what would the old Surgery have been? Without the Middle Room and its household gods what will our new Surgery be?—A vast and brilliant palace, domed and pillared, wrought in bright tiles and delicate mosaics; a Surgery fit for an emperor: a glorious apotheosis—but not "The Surgery."

It is not ours to trace the history of the old Surgery. No doubt it has a history, possibly a long one. Perhaps Prior Rahere himself attended there daily at 9 o'clock, clothed in a little linen garment, the prototype of the white jacket. Of all such details we are woefully ignorant. Some day these and many other things will be revealed. We dare not scramble on the rocks of antiquity.

Well do we remember our first acquaintance with the old Surgery. It was in the early days of the present century, and we, too, were young. We had lately earned the right to heal the sick (under competent direction) and to wring out fomentations. By the advice of a disinterested friend, who was giving up the pursuit of medicine for that of whelk-farming off the Norfolk coast, we had purchased from him on the previous day an almost complete set of Hegar's dilators and a pair of lion forceps—an outfit which (as he assured us) would be more than enough to begin with.

Thus equipped we presented ourselves immediately after breakfast at the tradesmen's entrance to the Surgery. Our house surgeon, to whom we were introduced, seemed desirous of putting us at our ease amidst so much that was

strange. He therefore set us to work upon the removal of a plaster-of-Paris splint from a coal-heaver's leg, by the aid of those instruments with which we had provided ourselves, and which had already attracted the cupidty of our fellow-dressers. "It will take some time," he said, smiling kindly, "but I am sure you will do it well." At this occupation we laboured patiently hour by hour in the dim light of the "back room," consoled by the thought of the text over the entrance to the Medical School. Our house surgeon, who had spent a quiet afternoon at an inquest, was delighted to find the task nearly finished, and ourselves the centre of an admiring crowd, on his return to the Hospital for tea. We well remember how he praised us, alike for our expedition and for our devotion to duty.

We have many more recollections of the old Surgery—some pleasant, a few unpleasant. Distant memories of dyspeptic scampers down Holborn Viaduct as St. Sepulchre's struck nine, and of vain efforts to elude the curator's glance as we slipped into our loose-box at fifteen minutes past the hour; memories of unceasing toil in the male duty-room on Monday mornings, enlivened by the attentions of our dumb friends of the insect world; memories of the daily wringing out of the changes upon scalding fomentations, and of hourly genuflections before the gallipot of St. Unna.

More recent memories arise. We close our eyelids, and, behold! we are re-invested with authority. In manner sedately jocular, peevish, or unapproachable—just as the mood directs—we sit again in our box at the "female end," and deal out third-class return tickets to the dispensary. The warm pungent fumes of disrobing humanity steal over our senses. The howls of suffering childhood drown the elusive strains of distant bronchial breathing. Our official chaperone—the genial companion and guide of countless H.P.'s,—looks significantly at her watch as we linger over a diagnosis, and listens with suppressed glee to our halting directions for an infant's *menu*.

A last recollection. It is three a.m. on an autumn Sunday. Smithfield market is strangely silent. The gas-jets high overhead twinkle through the foggy atmosphere; the long rows of empty benches are half in gloom; the night porter nods drowsily over his desk; the duty-rooms with lowered lights look cold and forbidding. Even the Middle-Room seems but the ghost of its usual cheerful self; for the fire is low, and the cocoa cups are empty and disordered. The senior house physician on duty, weary of militant "drunks" and convulsed babies, looks in to see if anything fresh has arrived since he accompanied the last case to the ward. With him is the night dresser, shivering but enthusiastic. As they turn to walk through the Square to the Quarters, the thought crosses the house physician's mind that the end of the old Surgery, which he has known so well, is very close at hand, and he takes another look before he leaves. The chill silence, the gloom, and the emptiness of the place at this hour and at this season, and the general air of flag-

ging vitality, seem somehow to be appropriate to the last days of a venerable institution.

N. G. H.

Local Analgesia.

A Paper read before the Abernethian Society, on Thursday, December 12th, 1907.

By B. T. LANG, M.A., B.C.Cantab.

GENERAL anaesthesia is obtained by acting upon the nerve-cells in the brain with some drug. This drug is carried there by the blood-stream, and in virtue of the fact that it affects the higher centres before the vital ones, we are enabled to render a patient unconscious for some considerable time. Such drugs are chloroform, morphia, hyoscine, veronal. Consciousness means appreciation of external surroundings. This appreciation results from the transmission of impulses from the skin and other places endowed with sensory nerve-endings to the brain by the nerves and nerve trunks.

Now drugs are known which so act upon these nerves that, although they cause no permanent mischief, they completely destroy for a time this impulse-carrying power. It is of these drugs, their use and abuse, I wish to speak to-night.

Having decided that an operation is necessary, it is a doctor's next duty to consider how it can be carried out with least inconvenience to the patient.

If he or she has a great desire to be unconscious of all attendant sights and sounds, then give him or her a general anaesthetic. There are, however, many who have a great dread of being "put to sleep." These people will frequently be extremely pleased to find that there is a way known, by which they may undergo the operation painlessly without loss of consciousness.

This question of the temperament of the patient is a most important one, and should always be carefully considered.

There are many small cuts and crushes which are usually washed as carefully as the patient will allow and then dressed. They are of such a nature, that to give the patient a general anaesthetic in order to examine and carefully clean the part is out of the question. They are therefore treated as well as possible, and their subsequent healing by first intention is a matter of conjecture.

If these are locally anaesthetised a most careful and thorough examination and cleaning may be made. This ensures rapid healing by first intention, at least in the case of cuts. I would, however, mention one point. If you leave your patient to clean his own wound keep an eye on him.

A boy, *æt.* 12, came into the surgery with a three inch

cut on one shin. The whole area was anaesthetised, and he was given soap and water and a new stiff brush, and he was so pleased at the new notion of not feeling anything that he scratched away the surface layers of skin in two places by his exertions. I might mention that the original wound healed by first intention.

There is a class of case in which local analgesia is most useful. I refer to emergency operation cases, morbus cordis, acute lung disease, fecal vomiting or collapse, when general anaesthesia is contra-indicated. In many of these cases, local analgesia is quite practicable, and to me, at least, it appears that one should carefully consider the relative advantages of the various methods of rendering the operation painless.

There is one last group of case that should be considered, namely those in which it is impossible to anaesthetise the field of operation, an operation such as a Staché must of necessity be done under a general anaesthetic, for how can one affect the nerves between those bones and the brain with any analgesia-producing drug?

To recapitulate, if the patient dreads the thought of losing consciousness, and if it is possible to carry out the operation under local analgesia, I think the patient's request should be conceded. For the patient who desires chloroform with its attendant joys, there is chloroform. Whether the patient desires it or not, if a general anaesthetic is dangerous, and it is possible to operate under local analgesia, then I think local analgesia should be used.

It is a matter of common experience that when one's hand becomes cold it is less sensitive to pain. For this reason, freezing with an ethyl chloride or ether spray is frequently employed when it is desired to open a small abscess or perform some similar small operation; on normal skin, neither the freezing nor the thawing are markedly distressing, but the freezing of inflamed areas is unpleasant and the thawing exquisitely painful.

Almost any drug injected under the skin has an influence on the conducting powers of the nerves with which it comes in contact.

Some cause inflammation and hyperaesthesia, others leave no trace of having been injected, and again, others are more or less concerned in causing analgesia. Certain bodies, however, are much more potent in this direction than others. These are known as local anaesthetics and the more common are—

Cocaine.

Eucaine.

Tropococaine.

Stovaine.

Novocaine.

Alypin.

They all act in the same way by combining with the nerve element, poisoning it, and rendering it temporarily functionless. They all attack sensory nerves before motor.

Besides their peripheral nervous action they have a central nervous effect. When painted on to the floor of the fourth ventricle of the brain, they all cause more or less rapid death owing to paralysis of the vital centres.

If the drug reach the brain, however, in small quantities by the blood stream it produces a marked excitation of the higher centres. The patient becomes loquacious and exhilarated but retains perfect self-possession. His powers of paying attention are increased while his reaction time is decreased. There is at the same time a general stimulation of his motor areas, which, with larger doses, may lead to inco-ordination and even convulsions.

The important actions of the drugs, however, as far as we are concerned, are those on the vital centres. At first these are all stimulated. The patient breathes more deeply and more rapidly, and his heart beats more rapidly and forcibly. This latter is probably to some extent due to paralysis of the vagal nerve endings in the heart. The blood pressure rises. It is during this stage that the patient is restless.

During the stage of depression that follows, the patient may vomit, respiration slows, and he desires to be left alone. This stage may be followed by collapse, death being due to paralysis of the respiratory centre.

All these drugs act more or less in this manner but each has special properties.

Cocaine was the first of these drugs. Though its anaesthetic properties are excellent, its usefulness is impaired by the fact that its toxic influence on the medulla is considerable. It is only slightly irritant, so that a 2 per cent. solution, when dropped into the eye, causes only slight inconvenience.

Eucaine, one of the first substitution products for the amount of peripheral anaesthesia produced, is less toxic. It is, however, irritant, so that in concentrated solutions it causes gangrene of the tissues. Its instillation into the eye is an extremely painful process, and in strong solutions is followed by marked conjunctival injection.

Of Tropococaine little need be said as it is almost exclusively used for lumbar anaesthesia. It is also more irritant and slightly less toxic than cocaine. It is stated to act less on motor than sensory nerves.

Stovaine is a new synthetic body. It is less toxic, more irritant, and slightly more active than cocaine.

Novocaine, another of these bodies, is less toxic, practically non-irritant—much less than cocaine—and about as active as cocaine.

Alypin, yet another, is more toxic, and just as irritant as cocaine.

It is quite obvious that if the drug is to act locally on nerves it should be kept as far as possible where it was injected. The amount of general—central—effect will depend on the amount of the drug which gets into the circulation, and therefore to the brain, at any one moment.

We have three means of assisting ourselves to this end.

1. The application of a *tourniquet*. Where possible this should always be done. It should be noted that the congestion of an inflamed area is a painful process which the patient will not enjoy.

2. If an *ethyl chloride spray* be played upon the skin that area becomes pale. This is due to the constriction of the vessels. If the drug be injected and the area immediately frozen, there is little or no blood stream to carry the drug away, and it can combine with the surrounding tissues and remain local for a considerable time and produce an efficient anaesthesia.

3. The great adjuvant, however, is *adrenalin*. In fact it is with the discovery of adrenalin that local analgesia became of clinical importance.

The solution to be injected contains a trace of this drug and local vaso constriction prevents the too rapid removal of the drug from its sphere of influence. The localising action of adrenalin is well shown in the diagram embodying the results of the experiments by Klapps, quoted by Braun.*

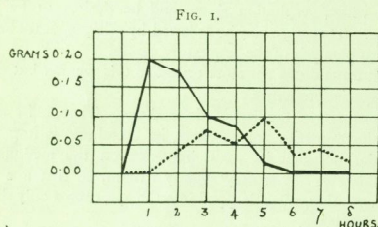


Diagram showing the speed of excretion of Lactose. Dotted line with, thick line without, addition of adrenalin.

10 c.c. of a 6.5 per cent. solution of lactose were injected subcutaneously into a dog's back and the urine drawn off every hour by catheterisation. The amount of sugar excreted was quantitatively estimated.

Three days later the experiment was repeated, only two drops of 1 in 1000 adrenalin were added to the 10 c.c. injected.

It will be noticed that, whereas nearly one third of the lactose injected was excreted in the first hour in the first experiment (thick line), none was passed during the same time in the second (dotted line). This means that, for one hour at least, none of the sugar left its site of injection.

Now as might be expected there is an interaction between these drugs and adrenalin. This interaction differs in the case of each drug.

Cocaine, Novocaine, and Alypin either have no influence on the action of Adrenalin or slightly increase it. Eucaine,

* Braun, "Die Lokalanästhesie, ihre wissenschaftlichen, Grundlagen und praktische Anwendung, Leipzig, 1907.

Tropocaine, and possibly Stovaine, however, have a marked antagonistic reaction, considerably decreasing the action of the drug. These results have been obtained by many independent workers.

Therefore before employing any one of these drugs the four factors—

- (1) Irritancy.
- (2) Power of anaesthesia,
- (3) Compatibility with adrenalin,
- (4) Toxicity,

should be duly considered.

If blood be dropped into distilled water the blood-cells rapidly swell up, become disintegrated, and the blood is said to be laked. If instead of distilled water a strong saline solution be used, the cells shrink. It has been shown that in a solution containing 0.91 per cent. of sodium chloride they neither shrink nor swell. Such a solution is said to be isotonic with blood serum. The nerves are bathed with this same blood-serum. If distilled water replace the blood serum then the vitality of the nerve is also disturbed and the swollen nerve fails to conduct nervous impulses. But the swelling is very painful. Such anaesthesia lasts some fifteen minutes and has been named "Anæsthesia dolorosa."

When strong solutions are injected the nerve shrinks, which is again painful. Occasionally such treatment may result in gangrene of the tissues injected. It is, therefore, manifest that any fluid to be used in paralyzing these nerves must contain—

1. A local anaesthetic.
2. Adrenalin.
3. A certain amount of some salt to render the solution isotonic with blood serum.

To produce this analgesia one strives to bring some of the anaesthetic into intimate relationship with the nerve.

To do this one may resort to surface application or injection of the drug. One may attack the nerve in any of the following situations:

1. In the skin or mucous membrane.
2. Where the nerves are individual minute twigs.
3. The trunks of distribution, e.g. such as the radial nerve in the forearm.
4. The great nerve trunks.
5. The nerves within the spinal canal.

When a watery solution of an anaesthetic is painted on to a mucous surface in a few minutes the painted area becomes analgesic. This analgesia is more rapid in onset if adrenalin has been added to the solution. A 10 per cent. solution of cocaine or novocaine, to which one or two drops of adrenalin has been added to each cubic centimetre, is very efficacious. Such solutions are used in anaesthetising the nose or throat, or the urethra or vagina, and may be swabbed or sprayed on. The application of a watery solution to the skin is without result, as the skin is

particularly resistant to watery fluids; but the anaesthetic may be electrically introduced into the skin. For this purpose the skin is cleaned and rendered grease free with ether or chloroform, and then covered with lint soaked in—

Cocaine . . .	10 per cent.
Adrenalin . . .	1 in 12,000

and the lint covered with tin foil, which is connected to one pole of a battery, and the other pole to some other part of the body. The current should pass into the part through the pad; and should be as strong as the patient can conveniently bear. This means, in the case of small areas, from 3 to 5 milliamperes of current for each square centimetre. The pad being kept continuously moist, anaesthesia commences in from fifteen to thirty minutes.

All the other forms of anaesthesia involve the injection of fluids under the skin, so I will now describe the instruments.

Any syringe which can be kept sterile may be used, only every syringe has tricks and habits of its own, and happy is the owner who knows them all. It is useful to have two syringes, a 1 c.c. one and a 10 c.c. one. The former should be employed for injecting concentrated solutions of the anaesthetic in order to avoid over dosage. The needles should be easily replaceable and always sharp. It is useful to have a very fine needle, which may be short, and a long one, some 5—6 cm. long. I use, for the most part, a modified form of Hammer's local anaesthetic syringe which Allen and Hanbury have made for me. The instruments should be kept sterile, ready for use. I keep mine in a solution of

Formaldehyde . . .	8 per cent.
	(i.e. formalin 20 per cent.)
Borax . . .	3 per cent.

In such a solution needles do not rust, and instruments become sterile in some few hours if they were macroscopically clean when they were put in. If one uses Schimmel's needles the wires must be kept in them.

These local anaesthetics are all more or less rapidly decomposed and rendered inactive in the presence of even traces of an alkali or alkaline carbonate. If boiling be resorted to in order to sterilise the syringe, great care must be taken that no soda be present.

Solutions used:

1. Novocaine
(4 per cent.) ̄ 0.1 per cent. of thymol and Ol. Gaultherii.
2. Salt solution
(4 per cent.) ̄ thymol and Ol. Gaultherii.
3. Adrenalin
1 : 1000 ̄ thymol and Ol. Gaultherii.

The thymol and Ol. Gaultherii are put in merely to inhibit bacterial growth. I use a 10 c.c. measure, in which I mix my solutions.

I use three strengths of solution, which are, as far as possible, isotonic with blood, and contain respectively—(A) 0.4 per cent., (B) 0.8 per cent., and (C) 2 per cent. novocaine, with three drops of 1 in 1000 adrenalin added to each 10 c.c.

These solutions are made as follows:

Solution.	A.	B.	C.
4 per cent. novocaine	1 c.c.	2 c.c.	5 c.c.
4 " saline	2 "	2 "	2 "
1 in 1000 adrenalin	3 drops	3 drops	3 drops
Water up to	10 c.c.	10 c.c.	10 c.c.

Tablets and ampoules of definite strengths can be bought. In private practice these would probably be found much more convenient and, in the long run, cheaper.

When an area becomes inflamed the capillary vessels dilate and fill the cellular spaces with serum. Now, when one wishes to anaesthetise an area by infiltrating it with a dilute solution of the anaesthetic mixture, one is anxious to fill these same connective tissue spaces with the infiltrating fluid. But they are, in the case of inflamed tissues, already full.

So it is obviously impossible to anaesthetise any inflamed tissue by immediate tissue infiltration. It may be, however, possible to attack the nerves supplying the inflamed area nearer the brain.

If one wishes to anaesthetise an area by local infiltration, one injects in the desired area a sufficiency of the 0.4 per cent. solution. In the course of five to ten minutes the infiltrated area will be analgesic. However, the same area may be conveniently rendered anaesthetic by "blocking" the nerves leading from the area. This may be conveniently done in many cases by surrounding the area by a belt or zone involving the area through which the nerves pass. For this purpose a sound knowledge of the surface markings and cutaneous distribution of nerves is absolutely necessary.

(To be continued.)

Extracts from the Memoirs of a late Physician.

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

IN 1653 Charles II, then in exile, sent Henry Bard, Fellow of Caius, whom he had created Viscount Bellamont, to solicit aid from the Shah of Persia and the Great Mogul. Bard sailed from Venice, and in the same ship was a Venetian lad, aged fourteen, called Nicolao

Manucci, who had run away from home, in order to see the world. The lad did not know a soul on board, nor even whither the vessel was sailing, and he was violently seasick. He must, however, have been a very jolly boy, and Bard took him into his service. They travelled through Persia, where Shah Abbas II refused aid, to India, where Bard died. Manucci remained in India for the rest of his life, beginning as a gunner and ending as a physician. He wrote an account of what he saw at the Courts of Shah Jehan and Aurungzeb. He sent a copy of his MS. to Europe, where it fell into the hands of a Jesuit called Catrou, who, while professing to publish Manucci's work, really used it to write a very bad book of his own. Manucci was so angry with this piracy that he sent a second copy of the same MS, with later additions, to the Venetian Senate. Both these MSS have been discovered lately, and a translation by Mr. Irvine has been published for the Government of India.

I do not know that I ever read two better books of travel than Manucci and Bernier, both of whom were physicians. Bernier was in India for eight years, and Manucci knew him there. His account is less personal and less amusing, but it is a solid and judicious description of the Mogul rule. Manucci is a mass of gossip and scandal, but he is gay and shrewd too. He gives a vivid account of the life of the times, both at the Court and among the people. But the little bits I am going to quote are those in which he tells of his own life as a physician. He had no regular training at all, but he had natural common sense, and when he made up his mind to practise he evidently tried to learn as much as he could. He settled in Lahore in 1673, being then thirty-two years of age.

"I instructed my servants to inform every one who asked about me that I was a Farangi Doctor. Through this many came to talk with me, and in return I had no want of words, God having given me a sufficiently mercurial temperament. Thus, it began to be noised in Lahore that a Frank doctor had arrived, a man of fine manners, eloquent speech, and great experience. I rejoiced at such a reputation, but my heart beat fast, for then I had had no experience. It pleased God, our Sovereign Lord, to open the door to me with a case furnished by His Divine Providence." He was called in to see the wife of the Kazi, who had been given up by the native physicians. "I mounted my horse and rode to the Kazi's house, followed by my servants. Entering the house I felt the patient's pulse. The attack was growing more and more severe, and no pulse could be felt, nor could I find out the seat of the disease. I trusted more to several secret experiments I knew, and to my questions. I racked my brains to think of something I could give the patient that might do her good. I asked if she had been relieved, and they told me that for days she did not know what thing a motion was. This sufficed for me to start my treatment, and I told the old woman" (who had summoned

him) "that the only thing was to administer a clyster," to which, after much opposition, they consented. "I came forth from this house, leaving an excellent impression from my many questions and my copious flow of talk. But now came the moment when our Nicolao Manucci found himself in a difficulty. For I knew not what ingredients I must employ, nor to what implements I could have recourse for this wonderful operation. After much searching of heart, I recollected that the enemas administered to me at Goa were concocted of mallows, wild endive, and some other herbs, with a trifle of bran, black sugar, salt, olive oil, and *Canna fistula*. I sent out for these things and made a concoction. But the greatest difficulty was to get the instrument. For this I sent and got a cow's udder, and for the tube I took a piece of cane from a hookah snake, through which the Mohammedans draw their tobacco." He gave these to the old woman, telling her how to use them. This was successful, and the old woman returned and fell at his feet, giving him many blessings. The case was obviously one of faecal impaction, which is still common in India. "Proud and elated by this news, I told her how necessary it was to confide in experienced physicians; that if I had not given her this medicament, composed of ingredients known to me alone, the patient was bound to die."

"This case became notorious among the principal men in Lahore, for this wife was much loved by her husband, the Kazi, so that he had called in all the physicians to treat her disease. Thus there began to be talk of the Farangi doctor who was capable of resuscitating the dead. This caused me to be called in by many sick persons, and by adhering to certain books I had, I succeeded by God's favour in almost every case in which I was sent for."

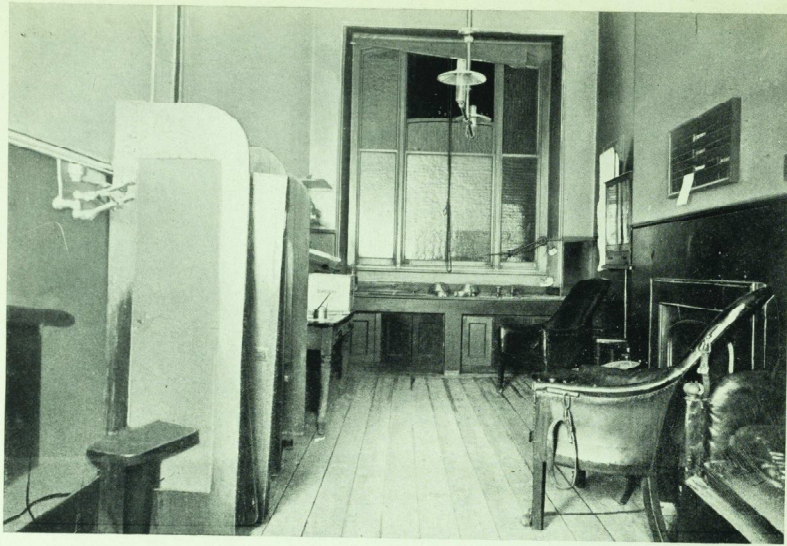
(To be continued.)

The Royal Society of Medicine.

By STEPHEN PAGEE, F.R.C.S.

THE Editor has asked me to write a short account of the latest achievement of our profession, the Royal Society of Medicine. It was instituted on June 14th, 1907, at a meeting held at the Society's house, 20, Hanover Square, formerly the house of the Royal Medical and Chirurgical Society. In the Royal Society of Medicine fifteen medical societies are united, and there is good hope that two more societies will yet join the union. The work of the Royal Society of Medicine is divided among thirteen Sections, and Sir William Church is its President.

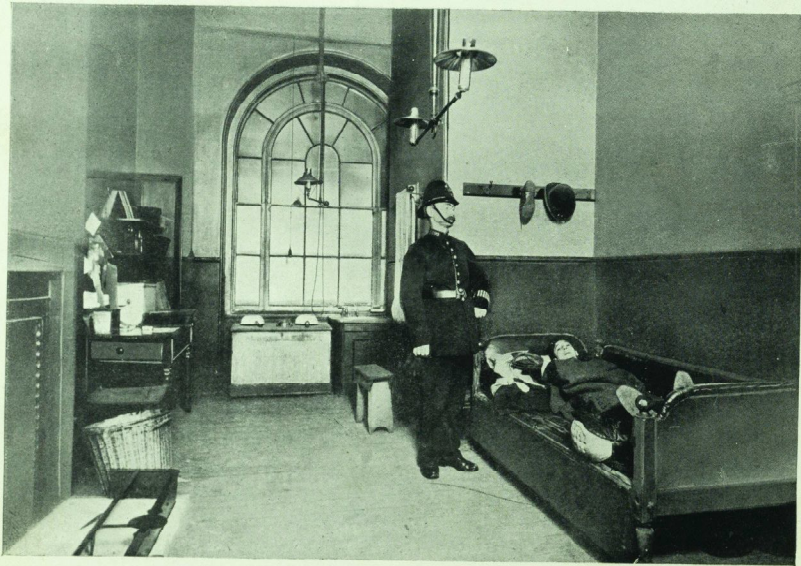
For a hundred years, from time to time, steps had been taken toward that end which has at last been attained. In 1808, 1850, 1860, and 1868 the attempt was made. The



THE FEMALE DUTY ROOM.



THE MIDDLE ROOM.



THE BACK ROOM.



THE MALE DUTY ROOM.

1868 attempt lasted, on and off, for two years and three-quarters, and then, at the very last moment, came to nothing. The wonder is, that anybody, after that grievous waste of time and trouble, ever ventured to try again. But in 1892 Sir Andrew Clark became President of the Royal Medical and Chirurgical Society, and, by the advice and with the help of Mr. MacAlister, proposed and carried forward a scheme not of union but of federation of societies. Many meetings were held at Sir Andrew's house for the furtherance of this plan, but it was brought to an end by his death in 1893.

Still, from that time onward, the thought of union was "in the air." Circumstances were for the most part favourable to it. Men were beginning to feel that the times were changing. It may seem a small thing that we dine later than our fathers dined, and that we are more in the habit of dressing for dinner, but that is one change which has had a bad effect on after dinner meetings on wintry nights. A more potent influence has been the great increase of medical books and journals, enabling a man to read at home every word spoken at a meeting. Again, the multiplication of our Societies has caused a sort of thinning of contributions to this or that Society, an overlapping of debates, a weariness of so many meetings. Again, the expense of belonging to many Societies has been a burden, especially on the younger men, who ought especially to attend and speak at meetings, and win their laurels there.

In 1904, the Royal Medical and Chirurgical Society, which had for many years felt that its ordinary meetings were not well attended, began to prepare for its Centenary Festival in 1905, and with the approach of that Festival came the revival of the old hope of an union. The first organised move was made on December 1st, 1904, when some representatives of Medical Societies dined with Sir Richard Douglas Powell, President of the Royal Medical and Chirurgical Society, to talk over the matter. He, by a series of hospitable little dinners, arranged a plan for the new Society.

In February, 1905, Mr. MacAlister drafted suggestions for the union. On March 1st, at the Annual Meeting of the Royal Medical and Chirurgical Society, Sir Richard spoke on the subject, and on April 10th a meeting was held at the Royal College of Physicians, of more than 200 Fellows or Members of diverse Societies; Sir William Church, President of the College, was in the chair. A great deal of keen desire was felt, and expressed, for an union of Medical Societies, and a Committee of Representatives was appointed, with power to add to its number, for the attainment of that end.

It would take a big book to tell the whole story of the work of the next two years. Committees and Sub-committees, reports, and resolutions, and regulations, and a thousand questions of finance, property, and privilege filled the time. The Medical Society and the Ophthalmological

Society are still outside the union, to the great regret of all who care for the Royal Society of Medicine.

On February 19th, 1907, at a meeting at the Royal College of Physicians, Sir William Church presiding, the Society received its name. Of three proposed titles, Imperial Academy, Royal Academy, and Royal Society, the first was out-voted by a show of hands, and seventy-five votes were given for Academy, and eighty-six for Society. On May 9th the King signed the Supplemental Charter of the Society.

On Friday, June 14th, 1907, at 20, Hanover Square, the Society held its first meeting. The proceedings began with a meeting, for a few minutes, of the Royal Medical and Chirurgical Society, under its President, Mr. Warrington Haward, at which meeting this famous and venerable Society voted away its money and its life into the funds and the larger life of the new Society. Then the new Society met, and elected Sir William Church as its President, and Dr. Latham and Mr. Pendlebury as its Honorary Secretaries; it elected also its Hon. Treasurers, Hon. Librarians, and Council.

Since June last, when the Royal Society of Medicine began its life, a great deal of work has been done. Structural changes have been made in the Society's house, and Committees and Sub-committees have been busy over innumerable affairs. Many meetings have been held, the publication of *Proceedings* is in full swing, and the achievement of a great Society has been celebrated by a dinner at the Hotel Cecil. The thing has been done: the dream has come true.

If it be accurate to name the founders of the Society, they are Sir Richard Douglas Powell, Sir William Church, and its Secretary and Consulting Librarian, Mr. MacAlister. With them I reckon as founders Dr. Latham and Mr. Pendlebury, who acted as Hon. Secretaries all through the hard and wearisome work of 1905 to 1907, and are still at work. And of them who are now bearing the burden of the Society's affairs we must especially honour Dr. Nachbar, the Editor of its *Proceedings*.

A short history will soon be published of the events which I have here put in outline. Meanwhile, he who has not yet joined the Society, either as a Fellow or as a Member of one or more Sections, will get all information from the Secretary, at 20, Hanover Square. I should have said not *he*, but *he or she*, for qualified medical women are eligible for Membership, though not at present for Fellowship. A calendar, giving the days and hours of all meetings, has been issued; and the rules as to the use of the Society's magnificent Library leave nothing to be desired even by the most omnivorous reader.

If I may say what was, I think, chiefly in the minds of those founders who met at Sir Richard Douglas Powell's house, in the winter of 1904-5, it was this. They wanted to bring new life, new blood, new strength into the work of

the Royal Medical and Chirurgical Society; and they believed the proverb, Union is strength. They wanted to attract the younger men. They wanted to lighten the expense of belonging to so many societies. They wanted to prevent overlapping of work, and to bring back that golden age when the Royal Medical and Chirurgical Society, with a Fellowship of only 300 men, could count on an attendance at every one of its ordinary meetings of more than 100 Fellows and visitors. Perhaps days of such pure gold as that will never come back. But, at any rate, the Royal Society of Medicine does offer to all of us advantages which were not to be had for the money a year ago. And I advise every young man to make haste to make use of those advantages; not only to read and take books out of the Library, not only to attend meetings, but to speak at them, and to contribute papers to them.

The Students' Union Dance.

THE annual dance in connection with the Students' Union was held at the Wharnccliffe Rooms, Great Central Hotel, on Wednesday, December 4th, 1907.

The "Bart's Dance" has now become an annual event in the Hospital programme, and has most assuredly earned a reputation which entitles it to be numbered among the most successful functions of the year. During the early part of November ugly rumours were heard that the tickets were not selling, that the attendance was doomed to be but a poorly representative one; but during the last week the hitherto harassed secretaries were once more seen to look cheerful, and they enthusiastically informed all anxious inquirers that the demand for tickets had become even greater than the supply. And so it proved, for on the actual night the number present reached the high total of 333, an attendance considerably in excess of last year.

The Lady Ludlow, who most kindly accepted the office of Lady President, was an early arrival, and was thus ready to receive the first comers. By 9 o'clock most of the dancers had arrived, and Pritchard's Band struck up a lively extra No. 1.

From this time until the very end there was not a dull moment in the evening's enjoyment, and extras and encores were freely given by the ever-radiant conductor. The clock hands were edging their way towards 3 a.m. when the last of the carriages left the Wharnccliffe Rooms.

It was pleasing to see so many of the Senior Staff present, and to note what large parties they brought. The supper, the buffet, and the other arrangements all gave the highest satisfaction. Those who were responsible are to be most heartily congratulated.

Most cordial thanks must be voted to the secretaries, Messrs. Trevor Davies and H. T. H. Butt, to whose energy and untiring exertions the success of the evening was very largely due.

Arrangements for Out-Patients in the New Block.

THE last weeks of the old year have seen the final transfer of the Out-Patient Departments into the new Block, for on December 28th, a red-letter day, both Medical and Surgical Casualty Departments crossed from the old "Surgery" to the magnificent ground floor of the new building.

With the new year have been made important changes in days and hours, and the following Time-table will be of interest:

Medical Out-patients—

Dr. Garrod. Tuesday and Friday. 1.30 p.m.
Dr. Calvert. Monday and Thursday. 1.30 p.m.
Dr. Fletcher. Wednesday and Saturday. 1.30 p.m.

Surgical Out-patients—

Mr. Waring. Monday. 10 a.m.
Mr. McAdam Eccles. Tuesday. 10 a.m.
Mr. Bailey. Friday. 10 a.m.
Mr. Rawling. Thursday. 10 a.m.
Mr. Gask. Wednesday and Saturday. 10 a.m.

Gynecological Out-patients—

Dr. Griffith. Tuesday. 1.30 p.m. Saturday. 9 a.m.
Dr. Williamson. Monday. 9 a.m. Thursday. 1.30 p.m. (Obstetric cases on Thursday.)

Ophthalmic Out-patients—

Mr. Jessop. Tuesday and Friday. 2.30 p.m.
Mr. Spicer. Monday and Thursday. 2.30 p.m.

Aural Out-patients—

Mr. Cumberbatch. } Monday and Thursday. 1.30 p.m.
Mr. Ernest West. } (At present.)

Throat and Nose Out-patients—

Mr. Harmer. } Monday and Thursday. 1.30 p.m.
Mr. F. A. Rose. } (At present.)

Skin Out-patients—

Dr. Ormerod. Tuesday, Wednesday, and Friday. 9 a.m.

Medical Diseases of Children Out-patients—

Dr. Garrod. Monday. 9.30 a.m.
Dr. Fletcher. Wednesday. 9.30 a.m.

Orthopædic Out-patients—

Mr. McAdam Eccles. Monday. 1.30 p.m.
Exercises, Wednesday and Thursday. 1.30 p.m.

Electrical Out-patients—

Dr. Lewis Jones. Monday, Tuesday, Thursday, and Friday. 1.30 p.m.

Dr. Hugh Walsham. Monday, Tuesday, Thursday, and Friday. 1.30 p.m.

Dental Out-patients—

Mr. Paterson. Friday. 9.30 a.m.
Mr. Ackland. Tuesday. 9.30 a.m.
Dr. Austen. Monday, Tuesday, and Wednesday. 9 a.m.
Mr. Coleman. Thursday, Friday, and Saturday. 9 a.m.

The Clinical Lectures will in future be given in the Clinical Theatre in the New Building.

To T. B.



LENDER yet strongly pugnacious bacillus,
What though your size is but 2 or 1 μ.
Yet you attack and courageously kill us—
Us, many million times bigger than you.

Still do I feel some remorse to have slain you
By methods that must have been painful to you,
Feel it unsportsmanlike still when I stain you
With hot Carbol Fuchsin and Methylene Blue.

Valour and virulence, perfectly blending,
Should in some noble achievement have died,
Rather than meet an inglorious ending
Mounted and stained on a microscope slide.

You must have had many strenuous tussles—
Lived in a state of perpetual strife,
Struggling with fierce phagocytic corpuscles,
Barely escaping perhaps with your life.

Grappled with murderous opsonins, striving
Cruelly to catch you and cook you entire;
Death in a thousand fierce conflicts surviving,
Only at length on a film to expire.

Had you but died in the lung you invaded,
Fighting, outnumbered by leucocyte foes,
Battling with giant-cells alone and unaided—
This would have been a more glorious close.

Then had the foes you so stoutly resisted
Buried you there with the honours of war,
Lying in tough fibrous tissue encysted,
Still might your corpse fill young blood-cells with awe.

Yet in your downfall to tears you provoke us;
Even your carcase, in death lying prone,
(Wait half a tick while I get it in focus—
There!) has a delicate grace of its own!

What though no flaunting flagella adorn you,
What though for speed you were never designed,
Let not the motile bacteria scorn you,
Yours is a beauty more staid and refined.

Sleender, yet strongly pugnacious bacillus
As to your beauty we may disagree,
But as to your power to maim and to kill us—
Well—no one would challenge a fight with T. B.

The Clubs.

RUGBY FOOTBALL CLUB.

Since the last issue of the Hospital JOURNAL several members of the team have been playing for Middlesex. Trewby, Coombs, Grandage, and Oulton, who have been playing regularly for the county, and van Schalkwijk, who received a trial against Kent, and quite justified his selection. More recently we were glad to see that Coombs and Grandage were selected to play for London in the trial match, London v. The West of England, which was played at Taunton.

The condition of the weather and the ground was very much against good football, but London just managed to pull the match off by 1 goal (5 points) to nil. Immediately after this match the South team was chosen and to everybody's satisfaction. Coombs was picked to play half. Many congratulations to him. Let us hope he will continue his success, and that we shall shortly see him appearing for England.

ST. BART'S v. BEDFORD, at Bedford, November 16th.

For this match there were three changes made in the original team, Grandage, Richards, and Butt being unable to play; their places being taken by Hoskyn, Bremer, and von Braun.

The team was as follows:—(Back) A. Ferguson; (three quarters) E. V. Oulton, D. M. Stone, T. S. Gibson, and R. Bremer; (halves) H. M. Coombs, and A. Chillingworth; (forwards) H. B. Folliott, H. A. Harris, F. Trewby, C. R. Hoskyn, J. M. Weddell, J. van Schalkwijk, R. von Braun, and J. W. Adams.

One of the most popular of our matches. Our side, for the last few years, has succeeded in doing exceedingly well at Bedford. Last year Bedford held an unbeaten record, until we faced and beat them. This year Bedford had lost one match away (v. Coventry), and were unbeaten at home. We repeated the story of last year, and inflicted a heavy defeat, winning by 3 goals 2 tries (21 points) to 1 try (3 points).

The play of our men made one feel proud of the side. While all divisions played a sound game the greater credit must be given to our forwards. A few incidents of forward play aroused the enthusiasm of the spectators to a high degree, especially a piece of defensive work by Trewby, who picked the ball up almost on our line, and barged his way through in his characteristic style. Yet, in spite of the good play of the forwards, we would like to see them break up from scrum much quicker, and get round to stop some of the opposing forward rushes. Their dribbling is often at fault, the ball being kicked too hard, instead of keeping it close to the feet. It is difficult to control the ball in this way, but it can be done. We notice also a slackness in some of our men in following up. In the line out the forwards do well, although we seldom see the ball passed out to the backs by them from touch.

In this match, thanks to the real knowledge of the healing out game possessed by a few of the forwards, the ball came out of scrum to our side in nine scrums out of ten. The ball, coming out of scrum so well, gave our backs ample opportunity of showing their power. Chillingworth played well at half, and if he continues the form already shown he will be a valuable acquisition. He is rather slow in sending out the ball clear of scrum.

Coombs is this year at the top of his form, and played a great game in this match. He scored a characteristic try. A very noticeable feature of his play is seen in the long passes which he sends to the centres.

The three-quarters played exceedingly well, but they appeared to have no studs on their boots, as they frequently slipped and spoilt good chances.

Mention must be made of the beautiful tackle by Stone, when he overhauled his man and brought him down by the ankles from behind. Oulton's two tries were fine examples of forceful running. T. S. Gibson converted the first try with a magnificent kick from near the touch-line. Stone played an exceedingly good game, and scored 2 tries.

Ferguson at back was fairly safe. He ought to become content with a shorter, surer kick into touch, rather than a long punt down the field without finding touch.

Only one try was scored in the first half. Stone got over near the corner flag, and it was this try which Gibson converted. In the second half Oulton scored twice under the posts, and he converted both. Coombs and Stone each obtained tries.

The try obtained by Bedford was the result of a long pass out to the wing from the line out in their own "25." He showed a fine turn of speed, and ran over the line near the corner flag. The try was not converted.

ST. BART.'S v. OLD LEYSIANS, at Wandsworth, on November 23rd.

In this game the Hospital were not at full strength, Trewby unfortunately being unable to turn out. The ground was in a very bad condition owing to the rain, accurate handling was rendered impossible by the greasy state of the ball. Play throughout was of a very scrambling type, the Hospital on the whole having the best of the argument, and managing to cross their opponents' line three times, two of the tries being converted. The Hospital defence was sound, and prevented the Old Leysians from scoring, and we retired winners by 13 points to *nil*.

ST. BART.'S v. ROSSLYN PARK, at the Old Deer Park, Richmond, on November 30th.

For this match both sides were at full strength, and a very hard game resulted. In the first half the Hospital were acting on the defensive the whole time, having distinctly the worst of the game forward. The Park backs were superior to ours in the matter of speed, and were continually attacking. In spite of good defensive work by the Hospital backs, particularly by Coombs, they succeeded in scoring twice before half-time, neither try being converted. In the second half the Hospital forwards did better, and had the best of the game in the open, but still failed to get possession in the scrummages, and consequently the Hospital backs had very few opportunities. During the last ten minutes of the game the Park again got the upper hand and scored twice, both tries being converted, and the game ended with Rosslyn Park winners by 16 points to *nil*. After the match Rosslyn Park entertained the Hospital team at Simpson's, and a very pleasant evening was spent.

ST. BART.'S v. BECKENHAM, at Winchmore Hill, on November 7th.

The Hospital were poorly represented in this game, and consequently were only victorious by the small margin of 8 points. The game was uninteresting, the ground being very heavy. The Hospital held the upper hand throughout, and ran out winners by 14 points to 6.

ASSOCIATION FOOTBALL CLUB.

The last match for the first half of this season was played on December 7th against the Emeriti. It has proved a very unsatisfactory season owing to the difficulty of raising teams. It is absolutely impossible to raise both a 1st and 2nd XI team on the same day, which certainly ought not to be, as there are plenty of students to play. It is hoped that the next half season will prove more satisfactory.

ST. BART.'S v. BOWES PARK, in the Middlesex A.F.A. Cup, on November 30th.

This match was played at Palmer's Green on rather a sticky ground, and resulted in a win for Bowes Park by 4-2. This by no means represented the play, as in the second half we did nearly all the pressing, and were unfortunately in not scoring. We were also, unfortunately, playing one short after half-time, as Cullen hurt his leg, and was unable to render any useful assistance. Nearly all their goals were scored from the left wing. Team:

S. Hodge (goal); N. F. Norman, H. Rimington (backs); B. H. C. Wilson, C. R. Woodruff, W. M. Glenister (half-backs); W. C. Dale, F. T. Gordon, A. E. Cullen, R. O. Riches, P. Wippel (forwards).

ST. BART.'S v. EMERITI, on December 7th.

Played at Acton, and resulted in a draw, 3-3. We were again without full strength, the three inside forwards not being able to play. Our opponents opened the score, and followed soon after by another. Little before half-time we scored, making the score 2-1. Near the end of the game Dale took the ball from half-way, and scored with a splendid shot. At back Norman played well. Team: S. Hodge (goal); N. F. Norman, A. T. W. Foster (backs); B. H. C. Wilson, W. M. Glenister, C. R. Woodruff (half-backs); W. C. Dale, C. C. Binns, S. A. Tucker, G. A. Hooton, P. Wippel (forwards).

HOCKEY CLUB.

We offer our congratulations to G. F. Page on being chosen to play in the Southern Trial match, and we hope he will rise to greater honours before the end of the season. We meet St. Mary's in the first round of the Cup-ties, and we feel fairly confident of winning back the Cup. The team has not played together very often so far, and the forwards especially must make every effort to turn out regularly at the beginning of next term, as the first round is to be played off by February 14th.

ST. BART.'S v. BERKSHIRE GENTLEMEN.

Played at Reading on November 16th, and lost 1-4 after a somewhat one-sided game. This was the first time this season we have played a goal-keeper, and it is hard to say whether the four-half system would have worked better, but as our forwards were off their form, probably playing a goal-keeper was the better policy. Turner played well at centre-half, and seems more at home there than at full-back; both backs played well and saved many rushes, and Nicholson in goal ought to prove a valuable addition to the team if only he can be prevailed upon to play regularly. Team:

C. J. Nicholson (goal); K. S. Caldwell, G. Viner (backs); T. L. Bomford, A. G. Turner, G. C. Gray (half-backs); L. F. G. Lewis, W. V. Hughes, H. E. Robinson, C. K. Sylvester, and S. A. Burn (forwards).

ST. BART.'S v. MALDEN, November 30th.

We won this match by 5 goals to 2. The forwards did not play at all well together, and their shooting was very bad. They must improve considerably if we are to carry off the Cup. The team has missed Viner at back in the last three matches, but we hope he will have completely recovered before the Cup-tie comes on. Sylvester (2), Robinson (2), and Gaskell shot our goals.

ST. BART.'S v. OLD ELSTONIANS, December 7th.

Although we had a fairly strong team out, we let ourselves get beaten by 7 goals to 3. It was a very poor game throughout. Our halves have not yet learnt to feed their forwards properly. Their chit idea seems to be to get rid of the ball at all costs directly they have got it away from the opposing forwards. The result is that the ball seldom reaches their own forwards, and when it does they are so closely marked that they can do little with it. Team:

J. C. Nicholson (goal); F. Whitby, K. S. Caldwell (backs); T. L. Bomford, J. E. Hepper, P. Black (half-backs); W. V. Hughes, C. K. Sylvester, H. E. Robinson, J. Gaskell, and L. F. G. Lewis (forwards).

GOLF CLUB.

A General Meeting of the above club was held in the Abernethian Room on Friday, November 22nd, Mr. Fritchard being in the chair, and some fifty men being present. After various suggestions had been offered, it was proposed that a Sub-committee consisting of seven should be formed to discuss the possibility of forming a club and to find out the general feeling of the would-be members. Mr. Gillies proposed that the members of the Sub-committee should, as far as possible, be members of different clubs. This proposal was seconded, and the following gentlemen were elected:—Messrs. F. A. Rose (West Herts), H. D. Gillies (Woking), N. H. Walker (Enfield), C. Gordon Watson (West Herts), G. V. Ormsby (Beckenham), R. Foster-Moore (Bush Hill Park), and W. Stewart. Mr. Rose to be Chairman.

With the election of the Sub-committee the meeting was declared closed.

SWIMMING CLUB.

RETROSPECT, 1907.

Although no polo matches were won, yet the fixture card was good, and only one match was scratched (and that was our opponents). We suffered badly by never having the same or our best team in the water, but always managed to get a team. Moreover, the new headquarters at the Marylebone Baths were found to be very comfortable.

At a General Meeting held on December 12th H. T. H. Butt was elected Captain and H. V. Capon Hon. Secretary for the year 1908.

Christmas Day in the Wards.

CHRISTMAS DAY is the day of the year in the wards. It is the day on which affairs deviate from the even tenor of their ways. Routine is cast to the winds, and in its place a long spell of feasting and merrymaking occupies alike patients, visitors, nursing and junior staffs, and students; and the strangest part of the whole business is the effect on the patients. As the revels draw to a close tired and anxious sisters doubt whether their charges will ever recover, whilst the next morning it is their proud boast that the self-same charges have never been in a more flourishing condition. This splendid result suggests that it might be most advantageous to the patients to vary the monotony *dieta lactis* by substituting turkey and plum pudding once a week.

For several days before Christmas elaborate preparations were being made. Cartloads of holly and mistletoe and evergreens made their appearance; Christmas trees were fixed in tubs and bedecked with things beautiful and useful, including in some cases an electric light installation; Japanese lanterns and fairy lamps and gramophones and pianos and the like were placed in readiness for the great occasion.

On Christmas Day after the dinner a short interval was allowed for digestion and the seeing of their friends by the patients. At 4 o'clock tea and the fun began. The sisters and nurses of the several wards seemed to be vying with each other for the finest display of cakes and sweets, not to mention bran tubs, giant pies, and elephant crackers. It would be invidious to attempt to draw distinctions when all the items of the entertainment were so good, and it must suffice if, among such a number, we refer to but a few.

Apart from the troupes there was music both vocal and instrumental in great variety, supported not only by those connected with the Hospital, but also by many willing helpers among the visitors.

The troupe that caused most excitement was undoubtedly the travelling menagerie, consisting of an unwashed organ-grinder leading a perspiring monkey on a string, ably abetted by a wobbly canvas elephant and an overgrown baby with a bottle. It was said that the organ-grinder was a house surgeon, and was not always like that, whilst it was denied that the baby came from Peckham. The Red Pierrots were in great demand. They went from ward to ward under the direction of a grubby little man in dress clothes and a bulging shirt who—we have it on authority—was not Mr. Druce. The gentleman with the chubby cheeks belonging to this troupe was reported to be connected with the Students' Union. The gentlemen of the nigger troupe evidently had an eye for contrast, since they included in their company a fair house surgeon, with long

golden curls and an accordion skirt—to say nothing of the pinafore. He was practising an elegant walk, with a view to the possibility of his being a bridesmaid shortly. The enjoyment derived by the children, old and young, from the Punch and Judy Shows, ventriloquists, gramophones, etc., can be better imagined than described. In several wards the merrymaking was kept up till half-past seven, only to be renewed in some case in a second, though less exciting, edition on boxing day. Sufficient for the day were the enjoyments thereof.

The Union Medical College, Peking.

All are well aware the condition of medicine in China is very far removed from the advanced state of modern medical knowledge. To provide a centre of medical education the Union Medical College has been jointly started at Peking by the various missionary societies working there. The College is now in working order with fifty-six Chinese students. It has received both individual and Government support from the Chinese, and, indeed, it promises in time to become a self-supporting institution. It aims at giving the Chinese the opportunity of a thorough five years' course in medicine under the instruction of well qualified men selected by the Medical Missionary Association.

Endeavours are being made by medical men in connection with the English and Scotch universities and medical schools to raise funds for the College and for a hospital which is to be built in connection with it. St. Bartholomew's should take a prominent share in this endeavour, since it is ably represented upon the staff by H. V. Wenham. Since April, 1906, the sum of £62 has been contributed by St. Bartholomew's men. It is hoped that this sum will be trebled this year, and so enable us to entirely support one member of the College Staff. Cheques should be made payable to Mr. H. H. King, St. Bartholomew's Hospital, and it should be stated whether they are intended for the College or for the Hospital, as donations or as annual subscriptions.

W. S. A. GRIFFITH.
W. McADAM ECCLES.
G. E. GASK.

Appointments held by St. Bartholomew's Men in the Indian Medical Service corrected up to October 1st, 1907.

Capt. P. Atal, Civil Surgeon, Cochin.
Capt. R. F. Baird, 18th Lancers, Officiating Civil Surgeon, Azamgarh.
Lt. Col. C. J. Bamber, Sanitary Commissioner, Punjab.
Lt. Col. H. L. Banatvala, Civil Surgeon, Khandwa.
Capt. F. V. O. Beit, Civil Surgeon, Maymo.
Major V. B. Bennett, Civil Surgeon, Panch Mahals; Acting Civil, Lunatic Asylum and Medical School, Hyderabad (Sind).
Col. P. H. Benson, P.M.O., Secunderabad.
Major R. Bird, Civil Surgeon, Ranchi; Officiating Professor of Surgery, Calcutta.
Lt. R. H. Bott, doing duty 53rd Sikhs.
Capt. H. Boulton, 31st Punjab; Officiating Civil Surgeon, Bannu.
Major C. H. Bowie-Evans, Agency Surgeon, Hazara.
Capt. L. Browne, 23rd Cavalry.
Capt. W. H. Cazaly, 125th Rifles; Acting Deputy Sanitary Commissioner, Bombay.
Capt. G. L. Charles, 6th Jats; Specialist in Rhinology.
Major A. W. R. Cochrane, Superintendent, Lunatic Asylum, Agra.

Capt. F. P. Connor, Officiating Resident Surgeon, Medical College, Calcutta.
 Capt. D. H. F. Cowin, Officiating Civil Surgeon, Mussee.
 Lt. C. H. Cross, attached 54th Sikhs (21st and 23rd Cavalry, temporarily).
 Capt. H. M. Cruddas, Corps of Guides, Mardan.
 Lt.-Col. G. W. P. Denny, Civil Surgeon, Peshawar.
 Major R. H. Elliott, Superintendent, Ophthalmic Hospital, Madras.
 Capt. J. R. S. Fleming, 3rd Sappers and Miners.
 Lt.-Col. G. H. Foulkes, Civil Surgeon, Madras.
 Major T. H. Foulkes, Professor of Midwifery, Madras.
 Major G. G. Giffard, Professor of Midwifery, Madras.
 Lt. A. F. Hamilton, Surgeon to H.E. the Governor of Bombay.
 Capt. W. G. Hamilton, 73rd Infantry; Officiating Superintendent, Central Jail, Bhagalpur.
 Lt. W. H. Hamilton, Det. M. Troops, Amritsar.
 Major A. G. Hendley, Leave ex India 1 year from 14th Feb., 1907.
 Lt.-Col. H. Hendley, Civil Surgeon, Rawal Pindi.
 Capt. E. C. Hepper, Civil Surgeon and Plague duty, Peshawar.
 Capt. E. C. Hodson, special duty at Research Institute, Kasuili.
 Major F. V. Hugo, Civil Surgeon, Misanshah.
 Capt. J. H. Hugo, Civil Surgeon, Misanshah.
 Major J. G. Hulbert, Civil Surgeon, Farukabad.
 Capt. S. Hunt, Meywar Bhill Corps.
 Capt. H. W. Illius, 58th Rifles; plague duty, Punjab.
 Capt. J. W. Illius, Officiating Civil Surgeon, Gusstua.
 Capt. W. W. Jewdine, 27th Punjabis.
 Major J. L. T. Jones, Officiating Assay Master, Calcutta.
 Major W. B. Lane, Inspector-General of Prisons, Central Provinces.
 Major T. A. O. Langston, 7th Lancers.
 Capt. W. H. Leonard, 53th Rifles.
 Capt. A. E. J. Lister, 10th Punjabis; Specialist in Ophthalmology.
 Lt.-Col. S. Little, Leave ex India, 1 year and 6 months from 25th April, 1907.
 Capt. R. A. Lloyd, 21st Punjabis.
 Capt. W. C. Long, Civil Surgeon, Madras.
 Lt.-Col. C. P. Lukis, Professor of Medicine, Medical College, Calcutta.
 Capt. W. J. McCoy, Officiating Civil Surgeon, Sibsajar.
 Capt. F. P. Mackie, Plague Research Laboratory, Bombay.
 Capt. J. McC. A. Macmillan, Officiating Superintendent, Central Jail, Buxar.
 Capt. E. A. C. Matthews, 10th Lancers; Officiating Superintendent, X-ray Institute, Dehra Dura.
 Major F. P. Maynard, Professor of Ophthalmic Surgery, Medical College, Calcutta.
 Capt. H. M. H. Melhuish, 23rd Sikhs, plague duty, Punjab.
 Major R. P. Mitter, Civil Surgeon, Salem.
 Major S. A. R. Newman, Civil Surgeon, Ranchi.
 Major F. O. Kinealy, Civil Surgeon, Darjeeling.
 Major W. H. Orr, Civil Surgeon, Gonda.
 Major E. S. Peck, Civil Surgeon, Dalhousie.
 Lt.-Col. J. F. Poynder, Leave M.C. 1 year 3 months from 4th Sept., 1907.
 Capt. A. T. Pridham, 8th Goorkas.
 Capt. W. G. Richards, Inspector of Factories, Madras.
 Lt. H. B. Scott, Bangalore Brigade.
 Capt. L. B. Scott, Officiating Civil Surgeon, Cunkati.
 Major W. Selby, Civil Surgeon, Sitapur.
 Major B. G. Seton, 38th C.I.H.; Officiating Surgeon to the D.G., N.W.P.
 Lt. K. S. Singh, attached 15th Sikhs.
 Capt. F. A. Smith, Agency Surgeon, Bhopal.
 Major R. F. Standage, Leave ex India, 13 months from 20th Nov., 1906.
 Capt. H. S. Stanger-Leathes, Officiating 120th Infantry.
 Major A. F. Stevens, Leave ex India, 18 months.
 Major C. R. Stevens, Professor of Anatomy, Medical College, Calcutta.
 Lt.-Col. P. C. H. Strickland, 93rd Infantry; Leave ex India, 8 months from 20th March, 1907.
 Major F. E. Swinton, Medical Storekeeper to Government, Bombay.
 Lt.-Col. W. A. Sykes, Agency Surgeon, Baluchistan.
 Capt. H. J. K. Twigg, Superintendent, Central Jail, Hyderabad (Sind); Officiating at Yeroder.
 Capt. H. J. Walton, Civil Surgeon, Bulandshar.
 Lt. A. D. White, Officiating 13th Rajputs; Specialist in Advanced Operative Surgery.
 Capt. F. N. White, Special Duty, Central Research Institute, Kasuili.

Major C. E. Williams, Health Officer, Rangoon Municipality.
 Lt. F. N. Wilson, Plague Duty, Punjab.
 Capt. J. M. Wooley, Leave ex India, 1 year 4 months from 28th Feb., 1907.

List of Books Added to the Library during December.

Bowly, Anthony A., C.M.G., F.R.C.S. Surgical Pathology and Morbid Anatomy. Edited with the assistance of Dr. F. W. Andrews. (Fifth Edition.) London, 1907.
 Cunningham, D. J., M.D. (Edin.), D.Sc. Manual of Practical Anatomy. In two volumes. (Fourth Edition.) London, 1907.
 Eisenhath, Daniel N., A.B., M.D. Surgical Diagnosis. London, 1907.
 Halliburton, W. D. Handbook of Physiology. (Eighth Edition.) Being the Twenty-first Edition of Kirkes' Physiology. London, 1907.
 Herman George Ernest, F.R.C.P. Diseases of Women; a Clinical Guide to the Diagnosis and Treatment. (A New and Revised Edition.) London, 1907.
 Jaksch, Rudolf v., M.D. Clinical Diagnosis: the Bacteriological, Chemical, and Microscopical Evidences of Disease. (Fifth English Edition, based upon the Fifth German Edition, but containing additional matter and illustrations. Edited by Archibald E. Garrod, M.A., M.D., F.R.C.P.
 Manson, Sir Patrick, K.C.M.G., M.D., LL.D. Tropical Diseases: a Manual of the Diseases of Warm Climates. (Fourth Edition, thoroughly revised and enlarged.) London, 1907.
 Morris, Henry, M.A., M.B., F.R.C.S., and McMurrich, J. Playfair, A.M., P.H.D. Editors of Morris's Human Anatomy: a complete systematic Treatise by English and American authors. In Five Parts. (Fourth Edition.) London, 1907.
 Muir, Robert, M.A., M.D., B.Sc., and Ritchie, James, M.A., M.D., B.S. Manual of Bacteriology. (Fourth Edition.) London, 1907.
 Ostwald, Wilhelm. The Principles of Inorganic Chemistry. Translated with the author's sanction by Alex. Findlay. (Second Edition.) London, 1904.
 Parkes, Louis C., M.D., D.P.H., and Kenwood, Henry R., M.B., D.P.H. Hygiene and Public Health. (Third Edition.) London, 1907.
 Rawling, Louis Bathe, F.R.C.S. Landmarks and Surface Markings of the Human Body. (Second Edition.) London, 1905.
 Treves, Sir Frederick, Bart., G.C.V.O., F.R.C.S. Surgical Applied Anatomy. (Fifth Edition.) Revised by Arthur Keith, M.D., F.R.C.S. London, 1907.
 White, W. Hale, M.D., F.R.C.P. Materia Medica, Pharmacy, Pharmacology and Therapeutics. (Tenth Edition.) London, 1907.

Correspondence.

VENESECTON AT ST. BARTHOLOMEW'S.

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

DEAR MR. EDITOR,—In the account given in the JOURNAL of the Conversazione on the 23rd October it is mentioned that great exception will be taken to my statement that Dr. Patrick Black was probably the last physician who bled a patient in the wards of the Hospital. The words appeared in the Catalogue in connection with Dr. Black's lanceet-case, which was exhibited that evening in the collection of prints and other objects of interest relating to the Hospital (No. 142 in Catalogue).

As I have already been taken to task in the matter by several old Bart's men, I think that it is worth my while to write and explain that perhaps the notice would have been more correctly understood if the word *personally* had been added.

No doubt this word was left out because I was influenced by the notion that *beauty* had something to do with the soul of a good catalogue.

In spite of criticism I still maintain that my statement is literally correct. Although I have been seeking for information, I have not been able to hear of a single physician of the Hospital who has himself bled a patient in the wards since Dr. Black retired in 1878, although many patients have been bled by the house physicians under the directions of a physician.

Dr. Norman Moore, who saw the remark in the Catalogue before it was put into the printer's hands, said that Dr. Black was *undoubtedly* the last physician to bleed a patient.

Dr. J. Abercrombie, who was house physician at the time, remembers Dr. Black bleeding patients *personally* on two occasions during his term of office.

They both of them remember that Dr. Black always carried his lanceet in his pocket, and liked to use it himself when there was occasion.

I am,
 Yours faithfully,
 LEONARD MARK.

SISTER EYES' TESTIMONIAL.

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

DEAR SIR,—I shall feel obliged if you will allow me through the medium of the JOURNAL to express my most sincere thanks to the many friends who so kindly subscribed to the very handsome testimonial that has been presented to me on my retirement from work. I really cannot find words to express all I feel, but the knowledge that I have so many friends will be an ever-pleasant memory to me for the remainder of my life.

Again repeating my thanks,

I am, Sir,
 Yours sincerely,
 MARY DAVIES,
 late "Sister Eyes," St. Bart.'s Hospital.

Review.

ESSENTIALS OF HUMAN PHYSIOLOGY. By D. NOEL PATON, M.D., B.Sc., F.R.C.P.Ed. Professor of Physiology, University, Glasgow. 3rd Edition. (Edinburgh and London: William Green and Sons, 1907.) Pp. 455. Price 12s. net.

In his preface to the first edition of this work, published in 1903, the author stated that the object of the work was to put before students the essential facts of human physiology, and to lay especially stress on those parts of the science which are of cardinal importance in medicine and surgery. Whilst the present edition has been largely revised and enlarged, its original character has not been changed. The author is to be congratulated on having brought his work quite up to date, and on the clearness with which he has done so.

The portion devoted to the nervous system is especially good, and in it reference will be found to the most recent work of Sherrington, Head, and Campbell. In a work of this size one is rather surprised to find the formation of lymph and the secretion of urine treated so briefly, and in our opinion the value of the work would be enhanced if these subjects had been more fully dealt with. The work is plentifully illustrated, but some of the diagrams might be improved on. The author throughout urges the necessity of combining the practical with the systematic study of physiology. We can confidently recommend the book as suitable for any but the higher examinations, but for these it will form an excellent ground work.

Royal Naval Medical Service.

The following appointments have been made since 21st October: Staff-Surgeon A. Woolcombe to the "Argonaut," 22nd November.
 Surgeon H. Kellond-Knight to the "Kacer," additional for R.M. College, Osborne, 24th October.

The following appointments have been made since 21st November, 1907: Staff-Surgeon F. H. Nimmo to "Osborne," to date 1st January, 1908.

Staff-Surgeon J. Boyan to "Defiance," undated.
 Surgeon H. C. Adams to "Victory," additional, to date 17th December, and to "Vernon," to date 14th January, 1908.
 Surgeon G. M. Leveck to "Essex," to date 1st January, 1908.
 Surgeon W. P. Dyer to "Bramble," Surgeon W. P. Yetts to "Thistle"; both additional, to date 14th January, and on re-commissioning.

Royal Army Medical Corps.

An examination for thirty commissions in the Corps will be held at the end of January. Application for details should be made to the Director General, Army Medical Service, War Office, S.W. The list closes at the middle of the month.

LT.-COL. F. P. NICHOLS, M.B. Cantab., has been selected for increased pay.

LT.-COL. II. B. MATHIAS, D.S.O., has been appointed Secretary to the P.M.O. H.M. Forces in India.

LT.-COL. H. G. HATHAWAY, on return from India, has been appointed to charge of the Military Hospital, Devonport.

LT.-COL. W. J. BAKER has been warned for service in Egypt.
 Major A. Peares relieves Major J. Girvin at Sierra Leone as Senior Medical Officer, West Africa.

Examinations.

UNIVERSITY OF LONDON.

M.D. Examination, December, 1907.

Branch 1 (Medicine).

Pass List.—H. T. Gillett, H. H. Scott, R.A.M.C.

UNIVERSITY OF DURHAM.

C. J. HORNER, M.R.C.S., L.R.C.P., has taken the M.D. Degree for practitioners of 15 years standing.

ROYAL COLLEGE OF SURGEONS.

Final Fellowship Examination.

Pass List.—Hugh Ainsworth, Capt. I.M.S.; J. G. French, H. Hardwick-Smith, Colin Clarke, T. McPherson, K. Jamison, H. F. Shorney.

Appointments.

ADAM, G. H., M.R.C.S., L.R.C.P., appointed Junior House Surgeon at the Miller Hospital and Royal Kent Dispensary, Greenwich.

BRODRIBB, ARTHUR W., M.B. (Oxon.), appointed Honorary Assistant Physician to the Hastings and East Sussex Hospital.

CLARKE, COLIN, M.B., B.S., F.R.C.S., appointed House Surgeon for Throat and Ear Department.

DAVIS, C. NOEL, M.B., B.S. (Lond.), D.P.H. (Camb.), appointed Assistant Medical Officer of Health to the Shanghai Municipal Council.

DOWNER, R. L. E., M.R.C.S., L.R.C.P., appointed House Physician to the Chester General Infirmary.

FAWKES, MARMADUKE, M.B., B.S. (Lond.), M.R.C.S., L.R.C.P., appointed Assistant House Physician to the Westminster Hospital.

FOWLER, W. E. L., M.R.C.S., L.R.C.P., appointed Assistant House Surgeon at the Hastings, St. Leonards, and East Sussex Hospital.

HAILSTONE, J. E., M.A. (Cant.), M.R.C.S., L.R.C.P., appointed Junior House Surgeon at Addenbrooke's Hospital.

HUBBON, B., M.D. (Cantab.), M.R.C.P. (Lond.), has been appointed to the post of Pathologist and Registrar to the East London Hospital for Children.

MOSS, B. E., M.B., B.S. (Lond.), appointed Senior House Surgeon at the Miller Hospital and Royal Kent Dispensary, Greenwich.

O'NEILL, A., M.R.C.S., L.R.C.P., appointed House Surgeon at the Windsor and Eton Royal Infirmary and Dispensary.

RAMSAY, J., M.B., M.R.C.S., appointed Surgeon to the SS. "Patroclus."

WOOLLEY, J. M., I.M.S., M.A., M.B., B.C. (Cant.), appointed Fourth Assistant Medical Officer to the Essex County Asylum, Brentwood.

New Addresses.

AUBREY, G. E., Alexandra Buildings, Hong Kong.

BUTLER, C., Lyon House, East Budleigh, South Devon.

DALLY, J. F. H., 105, Sloane Street, S.W.

DOWNER, R. L. E., General Infirmary, Chester.

FAWKES, M., Westminster Hospital, Broad Sanctuary, S.W.

FOLLIOTT, E., Staff Surg., R.N., H.M.S. "Hindustan," Channel Fleet.

FREND, E. C., Warwick House, Hurstpierpoint, Sussex.

HOTCHKIS, R. D., Renfrew District Asylum, Dykebar, Paisley.

HOWELL, F. M., Chichester Lodge, Babbacombe Road, Torquay.

MCKINNEY, H. G., West African Medical Staff, Northern Nigeria.

MICKLETHWAITE, G. W., Crewe Cottage, Haughton, Crewe.

RIGBY, J. C. A., Premier Mine, Cullinan, Transvaal.

ROWE, R. M., 6, Cheapside, E.C.

SCONES, H. E., Hythe, Kent.

THORNE-THORNE, R., Greenheys, Heathside Avenue, Woking.

WILLIAMS, A. SCOTT, F.R.A.M.C., 28, Liverpool Street, Dover.

WILMOT, R. C., Capt. R.A.M.C., Kirkee, India.

We regret that in our last issue there was a misprint in Mr. HAROLD BURROWS' address. It is—1, The Cams, Grove Road, Southsea.

Births.

FRASER.—On the 11th December, at 2, The Circus, Bath, the wife of Forbes Fraser, F.R.C.S. Eng., a daughter.

KINGDON.—On the 5th December, at Nelson Street, King's Lynn, the wife of J. Renorden Kingdon, M.R.C.S., L.R.C.P., of a daughter.

THORNE-THORNE.—On the 3rd inst., at Grasmere, Mount Vernon Road, Woking, the wife of Berthold Thorne-Thorne, M.D., of a daughter.

WARD.—On the 13th December, at Wellwood, Bloemfontein, O.R.C., the wife of Arthur Blackwood Ward, M.B., of a son.

Deaths.

JEAFFRESON.—On the 1st December, at Rouxville, Orange River Colony, South Africa, Alfred Ernest Jeaffreson, M.B., B.C. (Cantab.), M.R.C.S., L.R.C.P. (Lond.), second son of the late Alfred Maples Jeaffreson, of Hampstead, and formerly of Bridewell Royal Hospital.

HALLOWES.—On the 21st December, at 11, King Street, Maidstone, Arthur Hallows, M.R.C.S. Eng., L.R.C.P., eldest son of A. H. B. Hallows, aged 29 years.

MÁSINÁ.—On the 24th November, at Warden Road, Malabar Hill, Bombay, Alamai (Avabai), the infant daughter of H. M. Másiná, F.R.C.S., aged 11 months and 9 days.

WILLIAMS.—On the 13th December, at Holt Street House, Wrexham, Joseph Llewelyn Williams, M.B., aged 63.

Acknowledgments.

Indian Medical Gazette, L'Echo Médical du Nord, Westminster Hospital Gazette, Guy's Hospital Gazette, St. George's Hospital Gazette, St. Mary's Hospital Gazette, Medical Review, University College Hospital Union Magazine, Nursing Times, British Journal of Nursing, The Student, The All India Hospital Assistant's Journal, Middlesex Hospital Journal, Giornale della Reale Società Italiana d'Igiene, Health Resort, The Hospital, Polytechnic, University of Durham College of Medicine Gazette, London Hospital Gazette, New York State Journal of Medicine, 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. XV.—No. 5.]

FEBRUARY, 1908.

[PRICE SIXPENCE.]

St. Bartholomew's Hospital Journal.

FEBRUARY 1st, 1908.

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

Calendar.

Mon., Feb. 3.	—Special Subject Lecture, 1 p.m. Mr. Eccles, "Some Deformities of the Fingers and Toes."
Tues. " 4.	—Dr. West and Mr. Bruce Clarke on duty.
Wed. " 5.	—Clinical Lecture, 12.45 p.m. Mr. Cripps.
Thur. " 6.	—Clinical Lecture, 9.15 a.m. Dr. Griffith. Abernethian Society. Mr. M. W. B. Oliver, M.R.C.S., "Squints."
Fri. " 7.	—Clinical Lecture, 12.45 p.m. Dr. Ormerod. Dr. Ormerod and Mr. Bowly on duty.
Mon. " 10.	—Special Subject Lecture, 1 p.m. Dr. Garrod.
Tues. " 11.	—Dr. Herringham and Mr. Lockwood on duty.
Wed. " 12.	—Clinical Lecture, 12.45 p.m. Mr. Lockwood.
Thur. " 13.	—Clinical Lecture, 9.15 a.m. Dr. Griffith. Abernethian Society. Mr. R. A. P. Hill, M.B., "Blood Diagnosis."
Fri. " 14.	—Clinical Lecture, 12.45 p.m. Dr. Norman Moore. Dr. Tooth and Mr. D'Arcy Power on duty.
Mon. " 17.	—Special Subject Lecture, 1 p.m. Mr. Cumberbatch.
Tues. " 18.	—Dr. Norman Moore and Mr. Cripps on duty.
Wed. " 19.	—Clinical Lecture, 12.45 p.m. Mr. Lockwood.
Thur. " 20.	—Clinical Lecture, 9.15 a.m. Dr. Griffith. Abernethian Society. Mr. H. J. Gauvain, M.D., M.R.C.S., "Third Day of Puerperium."
Fri. " 21.	—Clinical Lecture, 12.45 p.m. Dr. West. Dr. West and Mr. Bruce Clarke on duty.
Mon. " 24.	—Special Subject Lecture, 1 p.m. Dr. Lewis Jones.
Tues. " 25.	—Dr. Ormerod and Mr. Bowly on duty.
Wed. " 26.	—Clinical Lecture, 12.45 p.m. Mr. Bruce Clarke.
Thur. " 27.	—Clinical Lecture, 9.15 a.m. Dr. Griffith. Abernethian Society. Mr. G. H. H. Almond, "Theory of Physical Signs."
Fri. " 28.	—Clinical Lecture, 12.45 p.m. Dr. Ormerod.

Editorial Notes.

It has been our earnest endeavour, by dint of forced marches and all-night sittings, to afford our many readers an opportunity of dipping deep into the columns of their Hospital JOURNAL at least ten days earlier this month than has been customary in the immediate past. Though we have grown pale in the attempt, we are conscious that our gigantic exertions are only equalled by the avidity with which the contents of the JOURNAL will be devoured. We fervently trust that our somewhat shattered vitality may in due time be sufficiently repaired to allow of our continuing along this virtuous path we have fashioned for ourselves.

Our subscribers will read with pleasure and interest the paper published in this number on "Treatment by Specific Inoculation," from the able pen of Dr. T. J. Holder. The subject dealt with is of ever-increasing importance, and we feel that the reproduction in full of this paper will be much appreciated, in so far as the literature on the subject is, as yet, somewhat scattered.

We have pleasure in noting that a marriage has been arranged between Mr. C. B. Lockwood, Surgeon to this Hospital, and Miss Edith Wallace. We delight in this announcement, in so far as it is not only one without precedent in the history of the JOURNAL but as it also affords us an opportunity of presenting both to Miss Wallace and Mr. Lockwood our most hearty congratulations.

The subject of Longevity—of vital interest to all of us—is aptly illustrated by the inset in this number, and Mr. Rundle is to be especially thanked for furnishing us with such an excellent example. Moderation in all things is one of the soundest of dictums, and we read with pleasure that the Oldest Living Scot is, and has been, throughout his many years of existence a friend to both alcohol and tobacco.

A MUCH revered late member of the Active Staff of this Hospital used to teach us that both alcohol and tobacco were to be numbered among the most deadly of poisons. "But, gentlemen," he would add, "taken in moderation they take ninety years to kill, therefore abandon neither."

A MOVEMENT is on foot to organise a Dinner in connection with the Students' Union, and the date suggested is about the middle of March. Dr. W. P. Herringham, the President of the Union, has kindly consented to take the chair. We see also that our victorious cup-tie teams are to be entertained on this occasion. This is very pleasing, and we heartily wish success to the movement.

THE Students' Union Dinner ought certainly to be an annual affair. The Decennial and University Clubs and the "Old Bart.'s men" all have their annual gathering, and why not the students, who, after all, constitute the *raison d'être* of our large medical school.

THE Students' Union Council is nothing if not progressive. Arrangements have just been completed for the establishment of a telephone at the athletic ground at Winchmore Hill. For some years past this has been felt to be a necessity, and the increased facility afforded by this arrangement will be much appreciated. The rate will be the usual one of twopence a call.

THE reproductions of photographs of the "Old Surgery" presented with the last number of the JOURNAL have evidently been much appreciated. We should like to take this opportunity of stating that we are indebted to Mr. B. T. Lang for these excellent souvenirs, and to him we tender our best thanks.

WE are glad to be able to announce that Dr. Leonard Mark has consented to give the next lecture in the series organised by the Council of the Students' Union. The lecture will be given at 8.30 p.m. on Wednesday, February 26th, and the subject will be *Art and Medicine*. It will be illustrated by lantern slides of some pictures and works of art in British galleries and museums, interesting from a medical point of view. So interesting a subject treated by one who is an enthusiastic authority should ensure a large audience.

Recent Papers by St. Bartholomew's Men.

- "Some Considerations in the use of Cardiac Tonics," by G. S. Haynes, M.D. *Folia Therapeutica*, Oct., 1907.
 "The Pathology of Cerebro-spinal Fluid derived from Lumbar Puncture," by J. G. Forbes, M.D., M.R.C.P. *Quarterly Journal of Medicine*, Jan., 1908 (vol. I, No. 2).
 "On the Necessity of Caution in Diagnosing Hysteria," by Bernard Myers, M.D., C.M., M.R.C.S. *Practitioner*, Dec., 1907.
 "Membranous Rhinitis," by Frank A. Rose, M.B., F.R.C.S. *Practitioner*, Jan., 1908.
 "Three Successful Cases of Operations on the Labyrinth," by S. R. Scott, M.S., F.R.C.S. *Lancet*, Dec. 14th, 1907.

Treatment by Specific Inoculation; Practice and Theory.

(The substance of a paper read before the Abernethian Society, December 5th, 1907.)

By THOMAS J. HORDER, M.D., F.R.C.P.

MR. PRESIDENT AND GENTLEMEN,—The subject of my remarks this evening was suggested by one of the Secretaries of this Society when he asked me, at rather short notice, to fill a vacant date upon this session's programme. A plea to be let off on the ground that my views were not orthodox seemed but to inspire him with fresh ardour, and I agreed to be responsible for a paper dealing with a matter that has of late years become one of the utmost importance in medicine.

I. THE PRACTICE OF SPECIFIC INOCULATION.

The following are the essential points in the medical history of a patient who was recently under my care at the Great Northern Hospital:—A man, *æt.* 49, by occupation a doctor's coachman. Until Christmas, 1906, quite healthy and doing hard work. Began then to ail; the symptoms, after the first three or four weeks of illness, resolving themselves into progressive loss of flesh and periodic bouts of fever lasting three or four days. During these febrile periods there were nausea, anorexia, headache, looseness of the bowels, and general sense of weakness. The temperature charts which I here show you illustrate what was happening in this respect during the month of March—afebrile periods lasting one half of the week, febrile periods with a maximum rise of temperature of 103°—104° occupying the other half. After some four or five months of this illness a third symptom developed—the spitting of a considerable amount of offensive-smelling fluid, chiefly in the early morning. On being questioned the patient said that he seemed to suck this stuff from the roof of his mouth.

When seen after eight months' illness the only physical sign of disease besides the fever and the wasting was a condition of "pyorrhœa alveolaris"; the gums had receded considerably from several of the teeth, exposing their necks, this being specially marked at the alveolar margin of the hard palate in front. Six or seven teeth were loose. Between them were small pockets or sinuses, from which a little pus could with difficulty be squeezed. This local condition was receiving energetic treatment by antiseptics. No evidence could be found of disease in the nose or nasal sinuses, nor in the chest or abdomen. The patient's weight had sunk from over 11 stones to 7 stones. He was not noticeably anæmic. A leucocyte estimation during a febrile period gave a count of 10,000.

A blood-culture undertaken during and between the febrile periods proved sterile on each occasion. A little pus squeezed from one of the sinuses between the teeth, on being plated out on agar, yielded colonies of

a number of different micro-organisms, those of a white staphylococcus predominating. The looses of the teeth was then extracted, and, as it was held in the forceps, cultures were taken from the fang. In twenty-four hours a pure and abundant culture of a streptococcus appeared on each of three sloped agar tubes. The streptococcus gave the reactions of *Streptococcus salivarius*. Neither the extraction of the tooth nor thorough cleansing of the teeth left in the mouth resulted in any improvement in the general condition, the febrile bouts persisting, as seen in this record of a week's temperature. Treatment by specific inoculation was therefore undertaken. The first dose of killed streptococcus was given, by an error, during the height of one of the febrile periods. But no ill-effects, local or general, were observed. The next febrile bout was not prevented by this inoculation, but it was, as you see, less marked than usual, although appearing rather earlier. During the next afebrile period, four days after the first inoculation, a second dose of vaccine, twice the size of the first, was given. This appeared to check the fever effectually, for no further rise occurred during the patient's stay in hospital—a period of six weeks. His restoration to health proceeded apace: all malaise disappeared, weight was rapidly gained, and the man got up ten days after the second inoculation, having been in bed for eight months. During the six weeks following vaccination the gain in weight was sixteen pounds, and it was continuing at the time of the patient's discharge. The local condition responded as completely as the general health; most of the loose teeth became fixed, and the sinuses healed rapidly, so that when the patient left the hospital his mouth was in a most satisfactory state.

Let me give you one other instance of a very serious illness which was arrested by this same method of treatment:—A boy, *æt.* 7 years. Quite well on July 27th, on which day he was playing in a field close to the place where the contents of a house privy were being deposited. Next day he vomited and complained of abdominal pain; the pain and vomiting were both repeated on the following day, and he "felt very hot." On the third day the boy was kept in bed; diarrhoea set in, the vomiting continued, and the temperature midday was 102°, and at 8 p.m. was 104°. The doctor saw him at 9 p.m., and found him very ill. The stools contained blood and mucus; there was slight jaundice, and the urine contained bile pigments; the belly was distended and tender to palpation; the liver was enlarged to within an inch of Poupart's ligament on the right side, and the spleen was easily felt. On the fourth day the stools were clay coloured. On the fifth the diarrhoea lessened, and the vomiting ceased; the abdomen measured twenty-three inches round at the level of the navel; there had been considerable loss of flesh. By the eighth day the acute symptoms had largely subsided, and the temperature was normal; but the liver remained very

large and the wasting continued. On the eleventh day the jaundice increased, and the veins over the belly were noticed to be large and distended. On the evening of this day the temperature rose to 104°, and from now onwards a marked and regularly intermittent fever was recorded, as shown in this chart, the evening temperature reaching 104°—105°, the morning record being subnormal. With this hectic fever there were progressive anæmia and emaciation. The jaundice, however, quite disappeared. Things were at this pitch on the twenty-sixth day when the lad's brother, aged 12 years, suddenly commenced an illness, the stages of which repeated almost exactly those of the younger patient. When I first saw these two boys the younger had been ill for thirty, the elder for four days. The stools of the latter were still loose, and contained some mucus but no blood; the boy was slightly jaundiced, liver and spleen were both much enlarged, and the temperature was high.

It was obviously imperative that the causal microbe of the infective process should be isolated as quickly as possible. Cultivation of the blood in each case failed to give any growth. Cultures of the urine in each case were also negative. Attention was at the same time directed to the stools of the more recent of the two cases with the hope that from them might be isolated the causal micro-organism. Dilutions of the fæces were therefore plated out, and agglutination tests were undertaken with blood from both boys and the dominant strain of colon bacillus present in the fæces. (No agglutination had been obtained with *B. typhosus*.) Clumping occurred readily, and was better marked with the blood of the younger than with that of the elder boy. This finding, together with the fact that streptococci were conspicuously scanty in the plate cultures, led me to conclude that the most probable cause of the portal infection in the patients was a virulent colon bacillus. A vaccine was prepared from the *B. coli* isolated from the fæces, and two successive doses were given to each boy with an interval of five days between the doses. All four doses were of the same size. You will notice the respective effects upon the temperature charts of the two patients. In the case of the younger boy—the case of longer standing—the temperature dropped within twenty-four hours of the first inoculation, and remained normal after forty-eight hours. In the case of the older boy—the more recent case—there was little change until after the second inoculation. But in this boy the second stage of the disease, seen in his brother, appeared to have been altogether prevented. The further record is one of rapid improvement in both cases as regards the general condition; more slow, but steadily progressive, improvement as regards the size of the liver. In each case this organ, from being of enormous size, as well seen in the photographs which I am showing you, has gradually diminished until now, after three months, I learn that it is in each patient just palpable below the costal arch. Both boys appear to be otherwise in good health.

It is not often that we can positively assert that any therapeutic measure has been the means of curing our patient. In my experience treatment of certain infective conditions has often seemed to be benefited very definitely by specific inoculation. I choose these two, or rather three, instances because the evidence would appear to be as complete as possible that the cures really depended upon this special mode of treatment. I also choose them because the nature of the diseases is somewhat different from those that have hitherto been recorded by several authors as being beneficially affected by the injection of killed cultures of micro-organisms. I could, of course, add my quota of cases more commonly met with and successfully treated in this way—staphylococcus infections of the skin, lupus, localised tuberculous affections, colon bacillus cystitis, gonorrhoeal infections, etc. I will not weary you by referring to these diseases. I think it must once and for all be admitted that the principle of specific inoculation will go far beyond the region of prophylaxis where Jenner and Pasteur left it, into the field of curative medicine where Koch ventured twenty years ago, and where Wright has in recent times most energetically exploited it.

With your permission I will now describe the method I am accustomed to use myself in the preparation and administration of bacterial vaccines in the treatment of infective disease processes. But before doing so let me emphasise the absolute necessity of making as full and detailed a diagnosis as possible of the disease in question. To proceed to the employment of a vaccine derived from a microbe which it is presumed is the causal factor in the disease, or to use a vaccine obtained from a microbe which is merely associated with the disease process but is not the essential micro-organism at work in the case, is worse than useless. It was once my interest to watch a patient being vaccinated (with all the rigours of "opsonic controls") with a strain of *S. epidermidis albus* obtained (as a contamination) in a blood culture undertaken on the supposition that the case was one of malignant endocarditis. I was shown the patient and the charts of his temperature and opsonic curves because he had so much improved as the result of the treatment, yet when the man died a few weeks afterwards the nature of his disease was seen at the autopsy to be multiple abscesses of the liver due to *B. coli*. I will not labour the point—accurate diagnosis is all-important here as in every other method of treatment.

(1) *Preparation of the Vaccine.*—Pure cultures of the micro-organism isolated from the patient are grown on sloped tubes of suitable solid media—agar serves for most micro-organisms—but nasgar is advisable for the meningococcus, and is admirable for certain delicate streptococci and for the pneumococcus. Pfeiffer's bacillus and the gonococcus require blood to be mixed with the medium, but if nasgar be used the amount of blood necessary to give good growth is quite small. Young cultures are used,

twenty-four hours old in most cases, but slow growing bacteria such as the gonococcus may be allowed forty-eight hours. Broth cultures are contra-indicated on account of the extra-cellular products which are present, and which appear to be of no value in stimulating the process of active immunisation in the patient. Sometimes (as in some cases of pustular acne) it is advisable to use a vaccine prepared from a more virulent strain of staphylococcus than that isolated from the patient. In the case of the tubercle bacillus the preparation of actual cultures involves such difficulty that a commercial product of tuberculin is generally employed for the inoculations.

By means of a "standard platinum loop" a known amount by weight of the growth is scraped off the medium, and is transferred to a measured quantity of sterile normal salt solution in a small sterile test-tube, which is then plugged by cotton-wool. I choose a standard loop which contains two milligrammes of *Staphylococcus aureus* culture when full. Such a loop may be bought, and it is useful to have it made so that the wire may be removed from the holder, stuck upright in a cork, and weighed full and empty, the difference in weight giving the weight of the culture contained in the loop. I usually suspend these 2 milligrammes of growth in 4 c.c. of salt solution; each c.c. thus contains 0.5 of a milligramme of the culture. If the number of cocci in a 2 milligramme loop be estimated they are found to be about 2000×10^6 . Each c.c. of my solution therefore contains more or less than 500 million cocci. The test-tube containing the suspension of bacteria is now heated in a water bath to 60° C. for thirty minutes, at the end of which time the bacteria will be found, if cultivated, to have been killed. It is probably advisable to choose a temperature as near the minimal lethal temperature as possible, so as to avoid altering the constitution of the intra-cellular substances of the bacteria which stimulate immunisation. I have, in the case of the meningococcus, used vaccines derived from cocci which have been killed by allowing them to stand in normal salt solution all night in the warm incubator; no difference was observed in the effects produced by this vaccine and that obtained by heating the cocci. But this might be a fruitful field for experiment—comparison of the immunising effects of vaccines of the same bacteria prepared in different ways. The suspension is now transferred to a number of glass ampoules, say eight, so that each ampoule contains 0.25 milligramme of the culture. This is done by means of a stout glass tube bent at right angles. One limb of the tube is drawn out to a long and fine point for insertion into the narrow neck of the ampoule; the other limb is fitted with a large rubber teat by means of which the fluid can be drawn up into the tube and driven out again. In this way no suction by the mouth is at any time employed. The introduction of salivary micro-organisms is thus avoided. The ampoules are placed once more in the water bath for

ten minutes at 60° C. (inserting each ampoule into a test-tube). Their necks are now sealed in the blowpipe flame.

(2) *Choice of dose of vaccine and mode of administration.*—The size of the initial dose of the vaccine is quite arbitrary, as also is the interval of time allowed to elapse between one dose and the next. The only guide I know of at present is experience of similar cases to the one being treated and careful study of the whole clinical condition. It seems clear that results as good or better may be obtained by the use of small or by the use of large doses. Two factors influence me in the choice of the initial dose—(1) the virulence of the micro-organism and (2) the localisation or otherwise of the infective process. The more virulent the micro-organism and the more generalised the infection the smaller the initial dose is made. In the case of the *S. salivarius* infection already described the first dose was 0.5 milligramme, the second dose 1.0 milligramme. In the cases of infection by *B. coli* the first dose was 0.25 milligramme, the second dose 0.5 milligramme. The inoculations are made in the subcutaneous tissues of the flank. As a rule no local or general reaction occurs. If either does occur the probability of faulty technique is very high. (I need scarcely pause to enter here a plea for the use of a clean and sharp needle in making the injections.)

It is a striking fact that the injection of a vaccine into healthy persons often produces local and general symptoms, which are absent in patients suffering from actual infection by the bacteria from which such vaccine is made. Compare the effects often seen after the prophylactic use of typhoid vaccine. During an investigation concerning meningococcus immunisation recently undertaken, Dr. Gordon and I vaccinated ourselves and an assistant with 0.25 milligramme each of a killed culture of this micro-organism. In all three cases the local reaction was considerable, and in one there was slight general reaction. Yet in several children suffering from cerebro-spinal fever, whom I have inoculated sometimes with doses of twice and four times this size, I have seen no local or general reaction at all. That the endotoxin of the meningococcus is a very potent poison may be concluded from the fact that an American worker lately produced in himself, by inoculation of a heroic dose of killed cultures of this micro-organism, a very severe illness which lasted a week, and which showed high fever, herpes, delirium, and most of the general symptoms seen in an acute case of cerebro-spinal meningitis.

II. THE THEORY OF SPECIFIC INOCULATION.

I fear that I am, in matters of treatment, an empiric. Yet "rational therapeutics" is an ideal towards which all of

us strive, and the further the goal the keener oftentimes is the effort. But again and again the goal eludes us, and the most reasonable sort of treatment we seem destined to attain is to repeat in the second case of a disease the treatment which appeared to be successful in the first; and perhaps this is not such an irrational system of therapeutics after all, for it involves the recognition of the true nature of the case, which is diagnosis, and diagnosis is the sum and substance of our art. Show me now a patient who is suffering from "pyorrhoea alveolaris" due to *Streptococcus salivarius* and I know how to treat him with fair promise of success. I sometimes hear men say that they never use any drug whose action they do not understand. But if they really carry out this principle their chlorotic patients must get steadily greener, and their syphilitic patients more and more rotten; malarial rigors must with them continue unabated, and rheumatic fever must generally last "six weeks." I am reminded of the story told of Gull, how that when a doctor descanted to him of the good effects derived from some particular medicine Gull was much interested, but when the doctor proceeded to explain how the medicine acted Gull began to doubt the benefits that had been claimed for its use. "A fig for your theories, give me ocular demonstration." I am unable to say what is the mechanism by which specific inoculation acts beneficially in the treatment of bacterial infections. I assume that when I inject into a patient suffering from lupus minute doses of tuberculin at weekly intervals the inoculated material acts as a specific stimulus in the tissues or in the blood-stream, and as a result the infected area is subjected to a supply of lymph whose content of anti-tubercular substances is higher than formerly. But the actual steps in this process of artificial immunisation I do not know. I am at present ignorant of the steps in the process of natural immunity of the body to the invasion of the tubercle bacillus. I think it highly probable that certain of these steps, or that all of them, are repeated in the process of artificial immunisation, but even this is not certain.

I am aware that for many people these difficulties are already solved: both natural and artificial immunity depend upon the existence in the serum of a substance or of a property termed "opsonin," the function of which is so to prepare invading micro-organisms that they are capable of being readily swallowed and digested by the leucocytes. The opsonic theory turns upon a single fundamental experiment, which we owe to Wright and Douglas. If washed leucocytes and a suspension of bacteria in a neutral fluid be mixed together, the leucocytes are found to take up very few, or none, of the bacteria. If now serum be added it is found that a certain number of the bacteria rapidly accumulate in or upon the leucocytes. I say "in or upon the leucocytes" because as yet no proof exists that these bacteria are actually ingested rather than merely stuck to the cells; in other words, there is no evidence that a process of

phagocytosis takes place. At first sight this experiment suggests that something exists in serum which (as the name "opsonin" implies) prepares the bacteria as suitable food for the leucocytes. But I know of no control experiments which prevent a critic from taking the view that such a coming together of several small with one large particle, all of them inherently sticky, when immersed in a fluid medium known to be highly glutinous on account of its rich albuminous content,—I say I know no control experiments which negate the view that the result above described is due to the simplest physical conditions rather than to vital activities. (The experiment in which the serum is heated to 60° C. before being mixed with the leucocytes and the bacteria, and the consequent absence of "opsonic" effect, does not form a sufficient control on account of the chemical changes occurring in serum at this temperature. The necessary control would be met by mixing leucocytes, bacterial suspension, and an artificial serum whose chemical composition should be as nearly as possible that of natural serum, and testing the mixture for "opsonic" effect.) Not that it is inconceivable that the processes of phagocytosis, and even of immunity, may include very important physical conditions, but if the "opsonic" effect of serum depends upon some such simple factor as the colloidal content or the molecular concentration of this fluid the whole of the elaborate and ingenious deductions that have been made from the "opsonic" theory must be revised.

Passing from this criticism of the experimental work upon which the "opsonic" theory is based, it should be noticed that this doctrine is very unlikely to cover the whole process of immunity to known bacteria, because it allows nothing for the bactericidal power of the serum when acting apart from the leucocytes. And this bactericidal power of serum can, under appropriate experimental conditions, be shown to exist.

The great practical outcome of the "opsonic" theory is the "opsonic index," a determination which, it is alleged, accurately measures the state of a patient's immunising powers to two places of decimals, and which forms a valuable control in the use of bacterial vaccines. If, after specific inoculation, this index were really found to vary directly with the patient's degree of resistance to bacterial infection, great support would be given to the "opsonic" theory. But, speaking for myself, I had failed to find that this is the case. I have, in my own experience, gone on with the inoculations when the "opsonic index" bade me stop, and I have stopped when the "opsonic index" bade me go on, and in each instance the results have sometimes been good. On the other hand, I have succeeded in raising the "opsonic index," or, rather, have watched the index rise, from less than normal to more than three times the normal, the patient steadily sinking the while and dying with this high index. The warnings of the opsonist with regard to the disasters awaiting the doctor who dares to use specific

inoculation without "opsonic controls" can, I think, quite safely be disregarded. I believe them to be as romantic and imaginary as that gruesome drama into which a modern playwright thought well to weave them. I have seen no ill effects follow the employment of bacterial vaccines when prepared and administered in the way I have described. I have sometimes had to record an absence of the desired result; but let it not be thought that the opsonist's note-book is free from failures. Whether in the gross his results are better than those obtained by a worker who uses no "opsonic controls" time alone can show. It is a noteworthy fact that the opsonists have, during the past two or three years, reduced considerably the size of the doses of vaccines used by them in all instances. I venture to submit that this is the result of experience of the effects produced upon the patients, rather than from any observations with regard to the "opsonic curves" which were obtained. In this matter certain workers who, like myself, early abandoned the "opsonic control," and proceeded tentatively on empirical lines, find their withers are unwrung.

The highly fallible conditions underlying the technique of "opsonic index" determinations must strike all careful observers. I do not speak of the operator but of the operation itself. The bacterial suspension: the difficulties in obtaining a uniform emulsion can only be realised by those who choose to be fastidious in this matter. Yet the aggravating clumps of tubercle bacilli seem to cause no anxiety as to the count in some folks' minds. The "opsonic index" (to two places of decimals) of a patient's serum to a strain of conglomerate streptococcus is by some rattled off with ease, and the result taken as the guide in treatment without hesitation. The serum: twenty-four hours coming through the post and waiting this end until things are ready for the estimation. The leucocytes: jostled, washed, and rinsed; kept for some hours, it may be, at all sorts of temperatures, except that at which they are accustomed to live. Yet we are asked to believe that all these things are nicely re-adjusted by fifteen minutes' admixture in a glass pipette in the warm incubator, and that what goes on there is what would go on in the undisturbed smoothness and warmth of a lymphatic channel. The slide: shall we count the clumped cells or shall we not (the custom is to omit them), and who shall decide how many cells lying together constitute a "clump"? Shall fragments of bacilli be counted as bacilli or omitted altogether? What of the cocci that do not stain properly? Are all the leucocytes that contain no bacteria to be counted, and what is the maximum bacterial content that shall determine the inclusion of a cell in the count? All these things must be settled, and a definite set of conventions established, or every man becomes a law unto himself, and the results of no two workers can possibly have the same meaning. These difficulties are not settled, as it is so often asserted that they

are settled, by the fact that with each worker the normal slide receives the same treatment in all respects as the slide derived from the patient.

Then consider a totally different fallacy—the personal equation of the operator. I will confess that it was my inability to obtain constancy of results in respect of my own preparations that first shook my faith in the "opsonic index." Some two years ago Dr. Andrews and I made some observations upon this question. We set about an estimation of the "opsonic index," using the same slides and adopting the same conventions in counting. Our results, when only 50 cells were counted, were widely different. We found, however, as might be expected, that the more cells we counted the closer approximation our results showed. But with 100 cells there was still a very appreciable margin of difference. When it is remembered that the opsonist school claims that the diagnosis of the nature of a bacterial infection can unquestionably be made by a difference of less than 0.1 in the index to a particular micro-organism, we see how little is allowed for questions of personal equation.

But if you are concerned to know to what a high degree these fallacies may rise, and how insuperable they are, let me refer you to a paper recently published by Fitzgerald, Whiteman, and Strangeways in *The Bulletin of the Committee for the Study of Special Diseases* (vol. 1, No. 8, August, 1907). These authors give abundant evidence for regarding the margin of error in "opsonic counts" as great enough to destroy all value claimed for them. They show that, if several consecutive sets of 50 cells be counted in a slide from a tubercular patient, and in one from a normal person, for every result in the normal slide a corresponding one could be found in the tubercular slide, or one as near to it as is allowed by opsonists to be within the limits of variation in the normal. It therefore follows that, as it is a mere chance which set of 50 cells will be counted in each of two films that are being compared, a high normal count may occur with a low tubercular count, or *vice versa*, or both counts may yield the same results. The counts cannot therefore give reliable evidence of the presence of a "positive" or "negative phase." These authors show that enormous variations may occur in the results obtained from using different capsules of blood taken at the same time, and also in the results of two workers using the same capsule. Cogent reasons are given for regarding any count of less than 1000 cells as liable to give a false result! Truly, he who would be an opsonist must scorn delights and live laborious days! If the very thorough investigation undertaken by these observers finds confirmation elsewhere by equally competent bacteriologists and hematologists (the addition of a competent mathematician would, perhaps, be an advantage), "opsonic index" estimations, as they are at present determined, must be regarded as an encumbrance rather than an assistance in the treatment of disease.

Although it has long since become obvious to you that I hold no brief for the "opsonic index" as a guide to treatment by specific inoculation, you must not think I am desirous of biasing your minds against thorough investigation and research in regard to the matter. On the contrary, nothing is better worthy of your attention. For, if it be shown to be true that by means of the "opsonic index" we can really estimate a patient's position in respect of his process of natural immunity to bacterial infection, and we can also, by its means, effectively control our efforts at increasing this process artificially, all other single discoveries in modern medicine pale into insignificance in comparison with it. To the already magnificent achievement we owe to Sir A. E. Wright—the exploitation of bacterial vaccines as curative agents in infective diseases—will be added the much greater one of establishing an orderly and precise method of pursuing this curative principle. But let us not be bound by the thralldom of any theory that interferes with our acceptance and employment of an ascertained fact. The ascertained fact is the success attending the use of specific inoculation in certain infective disease-processes. Having given due thought and investigation to the matter of an accurate diagnosis, let us proceed to consider whether the patient will be benefited by this mode of treatment. If we think he will, let us adopt it forthwith. If any of us possess the necessary training, and the opportunities, by all means let them probe the question of how this treatment brings about the desired results; meantime, let us treat the patient.

On Longevity.

BELOW, a well-known Bart's man has given a most interesting account of the life and habits of a Scotch centenarian. As he remarks, the prolongation of life has always been a subject of profound interest to the human race, and from the earliest recorded times those who have lived beyond the allotted space have been the objects of respect and admiration. History tells us of the many ways in which human ingenuity has sought to extend the years of man's life on earth, and there are few pages which hold more of superstition, fraud, and credulity. It is, however, questionable whether the general average of human life has been greatly prolonged within historical times, though it is quite certain that the expectation of life for the town-dweller in these islands is considerably longer than it was fifty years ago. Mr. Rundle has summed up in a few sentences the conditions which, with our present knowledge, appear to be

those tending to the attainment of a hale old age, and points out that, in all probability, the chief factor is the inheritance of a sound constitution. He would, I think, have been justified if he had stated the proposition in somewhat narrower terms, and spoken of the possession of sound blood-vessels; for, putting aside accident, cancer, and the acute infectious fevers, disease of the blood vessels, and the degenerations that accompany or follow it, is by far the most frequent cause of death in men over sixty years of age.

Metchnikoff, the great French biologist, has recently interested himself in these problems, and has produced a book,* which, though the work of a mind now nearing the allotted three-score years and ten, shows but little evidence of that decay which we have learned to look on as one of the signs of old age. In it he discourses of the means by which the human race may, with the best prospect of success, endeavour to prolong life, and, what is more important, to preserve the mental faculties from senility. Among the most important causes of decay he places syphilis and chronic constipation; the first for obvious reasons, the second because he believes that intestinal auto-intoxication is the cause of many of the degenerations which, in our ignorance, we group under the names of gout, rheumatism, and kidney disease. The large intestine he thinks is probably a vestigial remnant, and entirely useless to civilised man, a view which finds some support in the records of its removal lately published by Mr. Arbuthnot Lane.† It is to be noted in passing that this hypothesis of Metchnikoff's has attracted the attention of his critics almost to the exclusion of other points, though in his book it occupies a relatively small and unimportant place. Metchnikoff's theories are based upon a knowledge of biology in particular, and of the whole realm of scientific investigation into nature, such as is attained by only a few men in each generation, and, though he admits that the human race cannot at present apply to its own propagation those rigid and stern conditions which have been successful in modifying so profoundly the evolution of plants and animals, he pleads that we can at least set before us ideals at which we may aim; and among these he would put in the foremost rank the ideal of an old age deferred both physically and mentally many years beyond the present average. Whether the sum total of human happiness would be increased by the realisation of this ideal is a question none can answer: Metchnikoff is an optimist, and believes that it would be so.

Such an old age as Mr. Rundle has depicted for us is at least nothing to dread; physical and mental faculties still give their possessor a place among the living; and if to these is added a "death desirable," we must at the end account him a happy man.

* *The Prolongation of Life*, Heinemann, 1907.
 † *Brit. Med. Journ.*, January 18th, 1908.

THE OLDEST LIVING SCOT.

CELEBRATED HIS 108TH BIRTHDAY ON JANUARY 1ST, 1908.

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

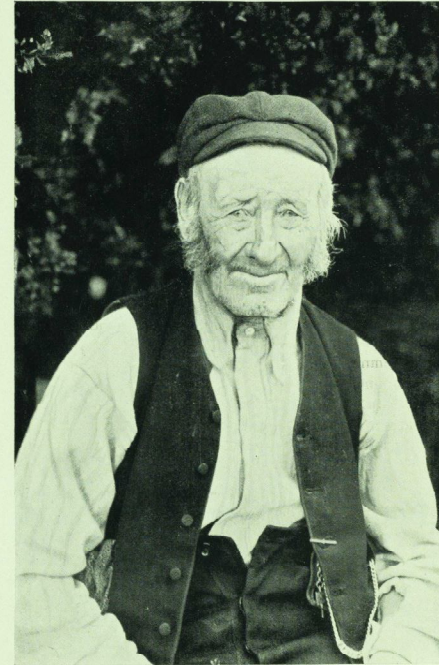
"Nature is a good guide through life,
 And the love of simple pleasures next."
R. L. Stevenson.

The following instance of reputed longevity I heard of when in Scotland last autumn. I am unable to adduce absolute proof that Mr. Grieve has reached the age stated. The difficulties of verifying great ages are considerable, but the following facts which have been obtained from his family are, I think, sufficiently trustworthy to justify his being regarded as a remarkable instance of longevity. It is stated that Grieve was born on January 1st, 1800, in the Glengarry District of Inverness-shire. I tried to verify this statement at the office of the Registrar-General in Edinburgh, but without success. I was informed that compulsory registration of births in Scotland dated from 1885; before that date registration was voluntary, and records, when taken, were often lost.

Grieve's education was of a very primitive description. At an early age he was sent to work, assisting his father in tending sheep, and he has worked all his days as a shepherd.

He was twenty years of age when he married; his wife died seventeen years ago, after about seventy years of married life. They had fourteen children (thirteen sons and one daughter), of whom three are still alive. There are twenty-eight grandchildren and twelve great-grandchildren alive. His mental faculties are clear; he is still interested in the news of the day. He claims to be the oldest living Scotsman, and has been the loyal subject of no less than five British Sovereigns. He remembers hearing the news of the Battle of Waterloo, when he was in a field herding sheep, and taking part in the rejoicings afterwards. His general health is good; he is able to walk with the help of a staff; vision fairly good; hearing impaired. It is noteworthy that, in very old people, hearing fails in a larger proportion of cases than sight: even among centenarians a large number, 80 per cent., are stated to retain good sight.

Grieve has lived chiefly on porridge, milk, eggs, and vegetables; has taken animal food sparingly; drinks a little whisky occasionally; tobacco has been a source of enjoyment to him. Diet plays, as we are beginning to find out, an important part in the prolongation of life. Sir George M. Humphry states, in his delightful book on *Old Age*: "A spare or moderate partaking of alcoholic drinks, as well as spare or moderate eating, and spare or moderate meat eating, are most compatible with health, and most conducive to the prolongation of life. In this respect the poor are at some advantage as compared with the rich, for it is quite possible, indeed very easy, to have too much of good things in the way of food, especially when they are



The Oldest Living Scot.

James Grieve Aged 107.

made agreeable to the palate, and out of the abundance of what is good, much that is evil is likely to ensue."

The subject of the prolongation of life must always be one of great interest to many people. Probably the most important factor conducing to longevity is an inherited good constitution. Life in the open air, even without much active exercise, assists by increasing the resisting power of the body to disease. When Moltke, the great German general, was asked by what means he had maintained his health and activity, he answered, "By great moderation in all things, by regular outdoor exercise in all weathers, good and bad, never a whole day at home." He was in his ninetieth year at that time.

Statistics tell us that the proportion of centenarians in workhouses is larger than in those who live outside them; most of these centenarians are women. The surroundings are advantageous, regular hours and good food, medical and nursing attendants, warmth, and in most cases contentment. To take a cheery view of life, to be an optimist is a favouring condition. Probably a good balance at one's banker materially assists in producing this happy frame of mind. Shakespeare hits the mark, "A light heart lives long."

During the year 1904 the deaths of 16 centenarians were recorded in Scotland, of whom 3 were men and 13 were women. The oldest man was a blacksmith aged 102, and the oldest woman was a crofter's widow aged 105, a carter's widow aged 104, a farmer's widow aged 103, and a farm servant's widow aged 103. Among the deaths registered in England during 1904, there were 59 of reputed centenarians, 17 of whom were men and 42 women.

A friend recently remarked that "he who lives after 90 must feel as if he were a trespasser on the earth." No one should wish to have his life prolonged, merely for the sake of length of days, but a long life associated with a fair measure of mental and bodily energy, and of enjoyment without suffering, is an end to be wished for, and when obtained a cause for thankfulness.

Mr. Grieve lives now with a son, near Whistlefield, Lochlongside, N.B. In reply to an enquiry I heard on December 23rd, 1907, that he is in "splendid health."

Since the foregoing was written, I have heard of another remarkable case of longevity, probably the oldest living Englishman. George Keel, an inmate of the Elham Union Workhouse, Lyminge, near Folkestone, states that he was born on December 16th, 1800, and was therefore, 107 last December. The Chaplain of the Union has made inquiries, and has little doubt about the old man's accuracy. He too, has been a shepherd, and worked on the Wiltshire Downs until he was ninety five years of age. He was married when thirty, and his wife had three children, a son and two daughters. He is very deaf; this is almost his only infirmity. He is a non-smoker, has taken stimulants very sparingly, and has lived a careful life. The fact that he has been engaged in a healthy, open-air occupation largely accounts for his length of years.

Local Analgesia.

A Paper read before the Abernethian Society, on Thursday, December 12th, 1907.

By B. T. LANG, M.A., B.C. (Cantab.).

(Concluded from p. 55.)



WHEN one desires to block a large nerve trunk one chooses some situation not in the immediate neighbourhood of large arteries, and injects near the nerve 2-3 c.c. of a 2 per cent. solution; anaesthesia commences in from ten to twenty minutes. This is called perineural injection. Occasionally it may be advantageous to expose the nerve by cutting down on it through analgesic tissue and injecting fluid into it (endodermal injection). By this method the analgesia is nearly instantaneous in onset.

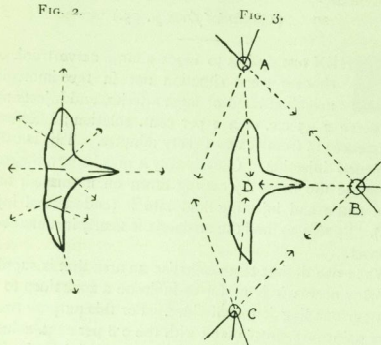
When one desires to anaesthetise an area that is supplied by many nerves it is useful to infiltrate a zone deep to the area surrounding it on all sides. For this purpose two or more points are chosen, and with the 0.8 per cent. solution (solution B) small doses are subcutaneously injected. This is done to render the introduction of the larger needle painless. Then a larger needle is used. This is passed into the tissue, and planes corresponding to the sides of a pyramid are infiltrated. This supposed pyramid has for its base the area to be made analgesic, for its basal angles the points of injection, and for its apex a point under the centre of the base. In this manner every nerve entering the area must be affected. This method is particularly useful for boils and carbuncles. But one must only infiltrate uninfamed tissue.

There are two methods of anaesthetising cuts. In the first place, one may pass the needle into the subcutaneous tissue through the cut surface, and inject fluid round the edges of the wound (Fig. 2). The other way (Fig. 3) is to surround the damaged area by a zone, A, B, C, and to inject fluid under the area in the direction of D. For this purpose with a fine needle small areas of skin are rendered anaesthetic at A, B, and C, and then with a longer and stiffer needle the other injections are made.

A cut finger may be rendered anaesthetic by injecting a "belt" around its base. It is advantageous to use a tourniquet to limit the removal of the drug from the area. Many cuts or operation fields may be easily rendered analgesic by infiltrating a zone of tissue on the central side of the area of operation through which the nerves pass.

The removal, under general anaesthesia, of a needle from the hand may, even after it has been carefully localised by skiagrams, be an arduous task, with local analgesia such an operation is much simpler. The foreign body is seen on the X-ray screen and one decides from which aspect of the limb one will remove it—a small area is anaesthetised and with the aid of the X-rays and a screen a long needle is

passed into the hand till it is seen to meet the foreign body. Fluid (solution B) is injected into that neighbourhood and throughout the track of the needle. After waiting some five minutes an incision large enough to admit a sharp-pointed pair of pressure-forceps is made through the anal-



Showing the two methods of anaesthetising wounds. The arrows represent the direction of introduction of the needles, the dotted portion being subcutaneous.

gesic skin, then with the aid of the screen and X-ray tube the forceps are pushed in until in contact with the needle. They are then slightly opened and the foreign body is seized and withdrawn. This is usually an almost bloodless operation and can generally be completed in about a quarter of an hour.

Abdominal operations.—When a patient is ill, and at the same time appreciates that his life can only be saved by a successful operation, he is not at all exacting, and is quite prepared to suffer inconvenience and possibly some pain. The patient, however, who is undergoing an operation of convenience, such as an appendicectomy, during the quiescent period, is often much harder to please.

The handling of, or even dragging on, the uninfamed visceral peritoneum is unassociated with pain; if, however, inflammation is present, there may be pain.

It is otherwise with the parietal peritoneum. A mere touch sometimes causes pain, and dragging on it usually does so. When it is inflamed manipulation is always painful. With regard to the actual technique of injections, each operation may be performed in many ways. It is usual to infiltrate the line of incision and each succeeding layer, and to divide them seriatim, taking care to recognise and anaesthetise with solution B or C each large nerve met with. The extra-peritoneal tissue should be carefully and extensively infiltrated before incision. In this manner appendicectomies, hernias, gastro jejunostomies, and other operations have often been performed with success; but the tearing

through of a single adhesion between an appendix and the iliac fossa may completely mar the success of the local anaesthetic.

The administration of morphia a quarter of an hour before the commencement of a major operation under local anaesthesia is advisable if only to allay nervous stress.

Teeth.—There is little doubt that the success of local dental anaesthesia depends largely on the type of syringe employed. Considerable pressure is necessary in order to force the fluid far into the tissues, and for this purpose various forms have been made. I always use Pare's syringe, made by Allen and Hanbury.

There are certain general principles that have to be considered. In the first place, the tooth gum must not be inflamed, for already stated reasons. The patient must be sensible, and must understand that although he will feel no pain, he will certainly appreciate the extraction of the tooth. If he will not keep his head still it is hopeless to attempt to extract teeth, much less roots.

The gum should be dried and a pledget of 10 per cent. novocaine and adrenalin applied. Then the needle may be painlessly introduced into the gum. The site of injection should be about 3 mm. below the free edge of the gum.

If the fluid leaves the needle easily, then the injection is simply passing into the loose tissue of the gum. Considerable force is necessary to drive the anaesthetic fluid into the periosteum of the jaw. Whether the fluid is forced into the space between the tooth and jaw, or only into the bone, from which it diffuses into that space, is a moot point.

The fluid injected is solution B, and it generally takes about 1 c.c. (10—15 minims) to anaesthetise a molar tooth.

I now come to Lumbar Anaesthesia.

If you inject one of these anaesthetic compounds into the lumbar sac, the nerves passing through this area are paralysed and they no longer carry impulses, and complete analgesia of the area supplied is obtained.

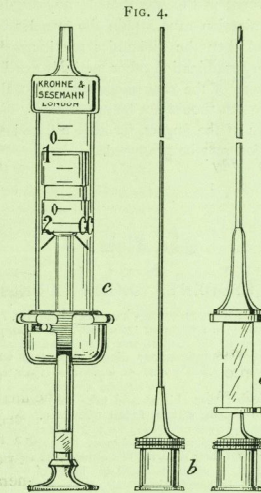
The drugs must be injected, and for this purpose quite early in the history of lumbar anaesthesia, it was decided that special syringes must be used. Many patterns are made. They mostly consist in a long needle with a trocar and a syringe attached.

It is important that all the drug should be injected within the thecal covering. The needle may puncture the dura and allow cerebro-spinal fluid to flow out, and yet the end of the needle may be only half through the theca. In this manner only a portion of the injected fluid will get within the canal. For this purpose this (Barker's) syringe has been designed. The blunt needle passes through the outer one and one millimetre beyond it. Since Professor Barker adopted this pattern he has had no failures in his analgesia.

There is a unanimity of opinion that the injections should be made in the second and third lumbar interspace, but of the position of the patient at the time of injection

and the fluid to be injected, much difference of opinion still exists.

One thing is certain; a very strenuous attempt must be made to keep the drug away from the medullary centres. It has been shown experimentally that minute traces of these drugs in the fourth ventricle rapidly lead to death.



Barker's Modification of Bier's Syringe.
a = Outer needle containing blunt needle.
b = Blunt needle.
c = Syringe.

It is obviously advantageous to do as little damage to the tissues as possible and therefore the fluids should be isotonic with the blood serum. Various fluids have been put forward.

Bier uses 4 per cent. solution of Stovaine made isotonic with 0.11 per cent. sodium chloride. This solution has a specific gravity of less than that of the cerebro-spinal fluid, and therefore, so to speak, floats. If the patient sit up, this solution is not advisable as it rapidly ascends to the medullary region. If the patient lie down, then it remains where injected in the lower lumbar region, opposite L 3, which is the highest part of lumbar curve.

Chaput therefore made his solution heavy so that it might flow into the dorsal curve. He did so, regardless of osmotic pressures, by making the solution up to 10 per cent. sodium chloride.

What has previously been said about osmotic pressures will fully explain why a solution which is so hypertonic should not be brought in contact with the nerves.

Professor Barker therefore suggested and uses a 5 per

cent. solution of glucose, to which the anaesthetic is added. This is isotonic with 0.91 per cent. saline. It is just heavy enough to cause the fluid to gently flow down the dorsal curve when the pelvis is raised. In this manner with a dosage of from 0.04—0.06 grammes he obtains complete analgesia up to the second rib, including everything below it. The head is bent forward on the chest so that the fluid shall not enter the higher cervical region.

Other observers add adrenalin to the fluid and no glucose. They use cerebro-spinal fluid to dissolve or dilute the anaesthetic by sucking some of the fluid into the syringe, and returning the whole to the canal. They say that height of anaesthesia rises proportionately to the disturbance so caused.

Headaches frequently follow lumbar anaesthesia. These have been shown to be associated with a rise in intra-dural pressure, and are relieved by the withdrawal of some of the fluid by lumbar puncture. In view of this discovery certain surgeons withdraw 10 c.c. or so of the fluid at the time of the original injection. The less irritant the anaesthetic used the less frequent are the headaches.

The degree and duration of the anaesthesia varies with the method of injection, the type of fluid employed, and the amount of anaesthetic injected. Complete analgesia should occur. The abdominal wall becomes absolutely lax, more lax even than with the deepest general anaesthetic. After incision no protrusion of the abdominal contents occurs if the patient coughs, as the intestines lift the abdominal wall before them.

The patient should be prevented from seeing what the surgeon is doing by an improvised screen. It is important that his attention should be distracted by the administration of a "moral anaesthetic." I mean that it should be the duty of someone to hold his attention, and so prevent him directing his thoughts or his hands to the field of operation. To this end some have gone so far as to give the patient a cup of weak tea or even a cigarette. In neurotic cases the administration of morphia is indicated.

Clinical Odds and Ends.

No. XII.

By SAMUEL WEST, M.D.

ACUTE SUFFOCATIVE CATARRH OF LAENNEC.

THIS condition is so little recognised now as it was in Laennec's day.

The name describes exactly the disease. It is of sudden onset, with extreme dyspnoea and cyanosis, and may end in suffocation. If the patient live, the course of the case is that of bronchial catarrh. There has been an instance of it lately in the Hospital. For two days the man

seemed in imminent danger of death from suffocation. When expectoration commenced the urgent symptoms subsided. In the sputum were found huge numbers of an unknown bacillus resembling, though not the same as, the pneumococcus. I think this bacillus was in all probability the cause of the attack.

Capillary bronchitis and broncho-pneumonia, when they end, as they often do, in suffocation, have been called suffocative catarrh, but they differ in the fact that definite bronchitis has preceded the attack for some time.

The disseminated form of acute pneumonia, or, as it may be called, the primary broncho-pneumonia, to distinguish it from the secondary form which follows bronchitis, bears a much closer resemblance to true suffocative catarrh.

Acute pulmonary oedema is another condition which has been described as suffocative catarrh, but it has a different pathology and ought to be kept distinct. It may arise quite suddenly in the course of morbus cordis of any kind, valvular or myocardial, or without any antecedent heart disease, as in hyperpyrexia or malignant and septic fevers, the cardiac failure being then due either to the high temperature or to the action of toxins, or both together.

TRANSIENT AORTIC SYSTOLIC MURMURS.

When candidates for insurance come for examination they are often more nervous than when they consult a doctor about their health, and this is especially true of young men. It is then not at all unusual to hear a distinct systolic murmur, blowing in character, at the aortic orifice and somewhat above it. The murmur does not travel far up the vessel, but is more or less localised. It may be less obvious, or disappear in the recumbent position, but frequently position does not affect it at all. At first there may be doubt whether it is due to an organic lesion or not, but one may expect that it is not from its soft blowing character, and from the clearness and normal character of the two sounds. If the patient be allowed to sit still or be engaged in conversation for a few minutes, so that the excitement passes off, the murmur disappears, and may not again return, even if the patient be made to move or hurry about. In case it may not disappear in a few minutes, the patient may be sent away and examined another day, when it will be probably absent. It is important to recognise these transient and accidental murmurs, for there can be little doubt that candidates have not unfrequently been rejected as suffering from organic disease, and a conflict has followed between the advising officer of the insurance office and the candidate's own doctor.

As a corollary to this, caution must be exercised in the value to be attached to a systolic murmur which is only brought out, on the one hand, by exercise or other exertion in the consulting room, and, on the other hand, by the use of such drugs as nitrite of amyl for the purpose, as it is often said, of testing the valves.

PALPATION OF THE ABDOMEN.

The examination of the abdomen should be made first with the whole hand laid lightly and flat upon it, and passed with a gentle stroking movement over its whole surface. If the abdomen is lax and not tender this will reveal a great deal, perhaps all that is to be felt. If it be tender, more will be discovered in this way than by any rougher means, for when examination causes pain the muscles become set and rigid, and then the difficulties are increased. After this preliminary examination other methods can be adopted which the nature of the case suggests, but, speaking generally, the abdomen should not be examined by digging into it with the tips of the fingers, for little will be learned, and much discomfort may be produced.

The Clubs.

THE STUDENTS' UNION COUNCIL.

Since the last report two meetings have been held, Dr. Herringham presiding at each. On December 13th, 1907, the Boxing Club was officially admitted to the Union, and it was unanimously decided that some form of complimentary dinner should be given to the Cricket and Rowing Club teams in honour of their winning the United Hospitals' Cups. At the second meeting on January 21st, 1908, it was decided that this should take the form of a public dinner, of which details will be found elsewhere. At the second meeting negotiations were concluded for a telephone service (at two-pence a call) to the Pavilion at Winchmore Hill, and the Golf Sub-committee submitted their report. The question of taking a "gate" at Winchmore Hill in order to avoid the influx of "undesirables," as at present, and to enable the home teams to give tea to their visitors, was discussed, and preliminary inquiries instituted as to the possibility of such a scheme.

S. TREVOR DAVIES, } Hon. Secs.
H. T. H. BUTT, }

RUGBY FOOTBALL CLUB.

Since the last issue of the JOURNAL there has been only one match, owing to the untimely appearance of frost. This match was on January 18th v. The Old Blues, when the Hospital, being very poorly represented, were defeated by 11 points to nothing. The matches which had to be scratched owing to the frozen ground were those against Lennox and the Marlborough Nomads.

With regard to Cup Tie prospects, it is very hard to say much at present; but we hope to be a rather stronger side than last year, partly owing to one or two useful recruits who have come on the scene since last season, and partly owing to the great improvement shown this season by a good many of last year's team.

The first Cup Tie is on February 4th v. St. Thomas's, and, in the event of our beating them, we meet Guy's.

ASSOCIATION FOOTBALL CLUB.

Owing to the frost we have only been able to play one match since Christmas, which was against College Park, and resulted in a win for us by the odd goal. Our chances of winning the Inter-Hospital Cup are not very great, but could be much improved if we could only turn out the same team every week.

ST. BART'S v. COLLEGE PARK.

This match was played at Winchmore Hill on January 18th, and resulted in a win for us by 4 goals to 3. We staged the game in brilliant style, scoring twice in the first ten minutes. Just before

half-time our opponents by good combination scored, giving our goal-keeper no chance. On changing over we seemed to feel the want of training, and played a much less dashing game; in spite of which we managed to score two more goals, one of which was nicely headed in by Cullen. About twenty minutes before time Norman, who had been playing very well at full-back, hurt his foot and had to leave the ground. The College, taking advantage of this, pressed hard, and were able to score once more. At back Rimington played a splendid game, quite in his old form.

HOCKEY CLUB.

ST. BART'S v. WIMBLEDON on January 18th.

The Hospital were very poorly represented in this match, which is one of the best on our fixture list, seven of the second team playing. Our opponents scored their first goal shortly after the start, but we very soon drew level, and managed to prevent them scoring for some time. At half-time the score was 4—2 in their favour. After this our defence went to pieces, mainly owing to our half-backs not marking their men closely enough, and not coming back and helping the full-backs. Wimbledon scored 7 more goals to our 3 in the second half. Several of their goals could have been saved if we had had a good goal-keeper. Our forward line on the whole played well, especially Haines, whose centres were very well timed. Hughes also was good, but was rather too slow on the ball. At back, both Caldwell and MacLaren played well at times. Our goals were scored by Robson (2), Noble, Gray, and Hughes. Team.—M. MacLaren and H. S. Caldwell (backs); G. C. Gray, F. J. Anderson, R. H. Mawhood, T. L. Bomford (half-backs); R. L. Haines, W. V. Hughes, H. E. Robinson, S. A. Burn, and J. A. Noble (forwards).

In Memoriam.

ALFRED ERNEST JEAFFRESON.



THE notice of the sad news of the death of Alfred Ernest Jeafrason contained in the January number of the Hospital JOURNAL, takes one's thoughts back a full ten years and more. Jeafrason had then recently taken the conjoint degree of the Colleges, and was looking forward to filling a Junior Staff appointment at the Hospital. On the threshold of a promising career and within a week of his final M.B. examination at Cambridge, his hopes for the future received a severe blow by the tragic discovery, made by himself, of tubercle in his own sputum.

Acting on the advice of his friends, he decided to go out to South Africa, and, though already late in the year (1897), he postponed his departure in order to take his M.B. degree before sailing in February, 1898. He was not long in settling down to work in South Africa, where he went into partnership with Dr. Cockerton, at Rouxville, in the south-east corner of the Orange Free State. Within three months of his arrival he had gained a stone in weight, thanks to the healthy outdoor life, for his practice was a busy one, entailing long rides across the veldt. His health and prospects continued to improve, and there seemed every chance of his lung trouble being cured. Then suddenly came the South African War.

Being in the Orange Free State he and his partner were commandeered to serve as medical officers with the Boer forces, while his mother and sisters were compelled to make their way as refugees to Queenstown.

Jeafrason remained with the Boer Commando for six weeks, when, as there was no fighting, his services were dispensed with, and he returned to Rouxville. In January, 1900, he moved to Aliwal North, which was retaken from the Boers by the Colonial troops two months later.

An incident in March, 1900, is worth detailing. He was sent out from Aliwal to attend to some wounded men belonging to a small force occupying a kopje, and while there was exposed to a strong Boer fire, which lasted for close on twenty-four hours with but little interruption. The position, proving untenable, was at length abandoned, and Jeafrason, left alone in charge of the wounded, fell into the hands of the Boers. He was recognised by some of the men belonging to the very Commando with which he had been compelled to serve at the beginning of the war. A lively debate then followed as to why he should not be summarily shot as a deserter! But his protests as a non-combatant and British subject claiming the protection of the Geneva Convention prevailed, and he was allowed to ride off thinking himself safe under the flag of truce he carried. However, he soon found his mistake. He had not ridden far before bullets began to fly unpleasantly close from the Boer lines he had just left—whether to harm or only alarm he never stopped to consider, but rode for all he was worth until safe out of range.

At a later period he joined General Brabant's force, and had charge of military hospitals at Thaba N'chu and Harmonia, in the Orange River Colony. Before the close of events he was transferred to Cape Town on plague duty. But the heavy work and privations he had already undergone resulted in a sudden breakdown with an attack of hæmoptysis. By the time peace was declared he had lost almost everything he had, and considered himself lucky to receive compensation from the Government at ten shillings in the pound.

From Cape Town he went back to Aliwal North, where he spent a successful year in practice, but was again invalidated with repeated hæmoptysis. This did not, however, interrupt his work, and though confined to his bedroom he still continued to see his patients. On his recovery he returned to Rouxville in the hopes of restoring the practice he had lost during the war. Persistent ill luck followed him. The local Dutch hated him for serving his country, and when the post of district surgeon was made that country's Government replaced him by a stranger. He then shook off the dust of the Orange River Colony, and moved in 1904 with his old partner, Dr. Cockerton, to Middleburg in the Transvaal. There for the next year or two matters prospered, and the practice for the time being proved a success.

Jefferson bought a house and married. His letters at a later date contained most encouraging news of his prospects, and he wrote in high spirits of the birth of a daughter, and the lovely garden he had cultivated wherein grew "carnations of great beauty, roses of surpassing sweetness, and cauliflowers of amazing whiteness!" All went well till the summer of 1906. The summer, an unusually hot and wet one, proved disastrous to him physically and professionally.

His health once more gave way, and the poor fellow went rapidly down hill. Patients became bankrupt, or just omitted to pay their debts, until, at length, Jefferson decided to give up his partnership. In the hopes of regaining lost ground he again returned to Rouxville in the latter half of 1906, and there, after a brave struggle of ten years against ill-health and varying fortune, he died on December 1st, 1907.

By his death the loss his Cambridge and Bart.'s friends suffer is felt none the less keenly for the interval of years and distance of thousands of miles which separated him from his old Hospital.

Indeed, the loss is accentuated by admiration for his splendid pluck and constant cheerfulness in battling so manfully against most trying odds. His spirit, always keen and eager, surpassed his bodily strength. He was an unflinching and loyal friend, and, needless to add, a thorough sportsman in the best sense of the term.

For the widow and child he leaves is felt the deepest sympathy of all his friends.

J. G. F.

The Christmas Entertainment.

THE Hospital Christmas entertainment, given on December 31st and January 1st, consisted, as in former years, of a performance by the Dramatic Club, assisted by the Musical Society. The overture began at 8 o'clock, and the first play at 8.15, a decided improvement on the 7.30 p.m., 7 p.m., and 6 p.m. of not so many years ago. The Great Hall was packed on both nights; and those not of the high and mighty (for whom seats are roped off) who arrived at 8 o'clock, trusting to find seats, were woefully disappointed.

There were two plays this year, neither of much length, but sufficiently long, with the music and half an hour's interval, to hold the audience till 11 o'clock.

The first piece performed was "A Privy Council," a one act comedy by Major W. P. Drury and Richard Pryce. It was produced on the London stage for the first time as recently as 1905. This being so, a description of the plot here will be unnecessary. The chief character in the play is Samuel Pepys, of *Diary* renown; and this part was sustained by Mr. Harold W. Scawin. It is a complex part, and praise is due to Mr. Scawin for the whole-hearted manner in which he tackled it. His happiest bits were in the supper scene with Mrs. Knipp, the famous actress of the King's Playhouse, whom Pepys is entertaining with some friends in his wife's absence; and in the later scene of wild confusion when the unexpected arrival of Mrs. Pepys is hurriedly announced. Mr. Scawin forcibly represented Pepys' hypocritical nature, the result, presumably, of a combination of inborn roguery and puritanical upbringing with subsequent change of faith. The one criticism we would make is that Mr. Scawin was at times inclined to allow his voice to become monotonous.

Four ladies who are members of other London amateur dramatic clubs very kindly came to the assistance of the Hospital Club, and took the female parts. They did with such success as to completely disarm any prejudice which may still linger among those at the Hospital who used to look forward to the extravaganza of men strutting the stage in furberlows and petticoats. The part of Mrs. Knipp was taken by Miss Ella Barrett, who put much charm and spirit into her rendering. Her thoroughly artistic performance showed that she is well versed in things histrionic.

The shorter, but almost equally important, part of Mrs. Pepys was played with grace and vivacity by Miss Nina Bishop. Mercer and Mary, to whose lot falls the usual function of servants in plays—to appear in the opening scene—were excellently portrayed by Miss Mary Strahan and Miss Dorothy Foster respectively. Miss Strahan's acting was delicate and finished, and of Miss Foster we can only say that we are sorry she had not more to do. The picturesque characters of Sir Christopher Mings and Sir William Killigrew, were effectively played by Mr. M. Lindsey and Mr. F. A. Roper.

There was an interval of half an hour between the two plays, and this break was much appreciated by old Bart.'s men, among whom we hope was a correspondent who wrote on a previous occasion recommending this departure from the usual rule. After the interval "The Critic," an old favourite with the Dramatic Club, was once more presented. Only the second act was produced, but even so a goodly number of performers were required, as the following list of characters shows. Of the actors before the curtain Puff is the chief. Mr. Waldo's conception of the part, we may imagine, hardly Sheridan's, but it was original, and at the same time brilliant and amusing. His topical gags were justifiable, we think, in a play which almost demands that it shall always be adapted to the period in which it is played. Puff's critical friends, Dangle and Sner, were well sustained by Messrs. S. Séguin Strahan and M. Lindsey, the latter being more at home here than in the former piece. These are strong character parts, and were played as such both in manner and costume, but it was a little inconsistent to have Puff in exemplary evening dress of the present day, whilst his intimates were arrayed in early Victorian neck-gear. Mr. Bloxsome in the part of the Under-Prompter was happy alike in speech and action.

Of the characters of the tragedy we must mention the ladies first. Miss Barrett gave a capital rendering of Tilburina—the mad scene in particular being strikingly effective. The Confidant and the two Nieces, all of them small parts, were worthily filled by Miss Strahan, Miss Bishop, and Miss Foster. Of the male characters Mr. M. Donaldson as Sir Walter Raleigh, and Mr. V. J. Clifford as Sir Christopher Hatton had the longest parts, and they did them justice. Most action was seen in the performances of Mr. Scawin as Don Ferolo Whiskerandos, and Mr. Vernon Favell as the Beefeater. Their duel scene, accompanied as it was by the orchestra, was a very humorous interlude, although inclined to be somewhat long drawn out. Mr. Roper doubled the parts of the Earl of Leicester and Lord Burleigh, and was good in both. The remaining characters, the Governor of Tilbury Fort and the Master of the Horse, were equally well rendered by Mr. K. D. Pringle and Mr. T. S. Lukis. Mr. S. H. Andrews, whose name was on the programme, was, we were sorry to hear, unable to play through illness, and Mr. Lukis took his part at short notice.

The orchestra, under the skilled conductorship of Mr. Carwardine, supplied incidental music for both plays. The overture played at the beginning of the evening and the selections after the interval were much appreciated.

A PRIVY COUNCIL.

By Major W. P. DRURY and RICHARD PRYCE.

CHARACTERS.

Samuel Pepys, Esq., F.R.S.	Mr. HAROLD W. SCAWIN.
(Secretary of the Admiralty)	
Sir Christopher Mings	Mr. M. LINDSEY.
(Vice-Admiral of the White)	
Sir William Killigrew	Mr. F. A. ROPER.
(of the Maritime Regiment of Foot)	
Mrs. Pepys	Miss NINA BISHOP.
Mercer (her Maid and Kinswoman)	Miss MARY STRAHAN.
Mary (a Chambermaid)	Miss DOROTHY FOSTER.
Mrs. Knipp (of the King's Playhouse)	Miss ELLA BARRETT.

THE CRITIC.

By RICHARD BRINSLEY SHERIDAN.

CHARACTERS BEFORE THE CURTAIN.

Puff	Mr. H. C. WALDO.
Dangle	Mr. S. SÉGUIN STRAHAN.
Sner	Mr. M. LINDSEY.
Under-Prompter	Mr. H. E. BLOXSOME.

Characters of the Tragedy.

Governor of Tilbury Fort	Mr. K. D. PRINGLE.
Earl of Leicester	Mr. F. A. ROPER.
Sir Walter Raleigh	Mr. M. DONALDSON.
Sir Christopher Hatton	Mr. V. J. CLIFFORD.
Master of the Horse	Mr. S. H. ANDREWS.
Beefeater	Mr. VERNON FAVELL.
Don Ferolo Whiskerandos	Mr. A. F. ROPER.
Lord Burleigh	Mr. HAROLD W. SCAWIN.
First Niece	Miss NINA BISHOP.
Second Niece	Miss DOROTHY FOSTER.
Confidant	Miss MARY STRAHAN.
Tilburina	Miss ELLA BARRETT.
Sentinels	Messrs. O. TEICHLMANN and A. P. PHILLIPS.

PROGRAMME OF MUSIC.

OVERTURE	"Egmont"	Beethoven
SELECTION	"Cathmen" (Suite I)	Bialet
SELECTION	"Merry Widow"	Lehar

GOD SAVE THE KING.

Students' Union Dinner.

FOR some time there has been a feeling that the Hospital "Smokers" have been conspicuously dull, and very sparsely attended by students. It is hard to decide whether this is due to the lack of musical talent in the Hospital, or to a distaste for such entertainments on the part of the majority. It was therefore suggested that this year some other scheme should be promoted, and the problem as to how best to entertain our victorious cup teams brought out the suggestion of a Students' Union Dinner. Inquiries were privately made amongst those interested in the success of the Union, and the proposal met with a considerable amount of approval. At a meeting of the Students' Union Council, therefore, on January 21st, 1908, it was decided to organise a dinner. It is proposed to hold it at some suitable restaurant in the West End, to make a charge of 5s. per head (if a suitable menu can be obtained for that sum), and to admit to the occasion all members of the Students' Union, with or without guests. Dr. Herringham, the President of the Union, has kindly consented to preside; and it is further proposed that all those present should equally share the expenses of the dinner of the members of winning cup tea teams since March, 1907. Wine will be, of course, both for supporters and victors, an individual expense. The date will probably be about the middle of March, at the termination of the annual Union election, and it is hoped that this new venture will do something to cement together the many and various sections of our large community. Further notices will be issued as arrangements proceed. Meanwhile the Secretaries of the Students' Union, Messrs. Trevor Davies and H. T. H. Butt, will be only too glad to receive any suggestions.

Reviews.

PROCEEDINGS OF THE ROYAL SOCIETY OF MEDICINE.

We have received the first number of the 'Proceedings of the Royal Society of Medicine.' They do credit to the Society, the editor, and the authors of the papers contained therein. The whole style is good. The size—ten inches by seven inches—is out of the ordinary for such productions; the colour of the cover is very pleasant; the

type excellent; the illustrations, although not numerous, are perfect; and the paper highly toned, which occasions the only fault, namely, that the volumes are rather heavy to hold.

The proceedings of the several Sections are given in alphabetical order, an arrangement which, although the first number contains matter from no less than eleven Sections, allows of very ready reference. The papers themselves, seeing that so many branches of medical science are represented, are numerous and varied. Such topics as congenital deformities of the lower limb, morphaea, poverty of the teeth of fossil fishes, macroglossia neuro-fibromatosa, the value of the X-rays in the diagnosis of obscure abdominal cases, and the treatment of functional dyspepsia, serve to indicate the wide range of information presented in the November issue. The second number contains a larger number of pages than the first, and continues to prove the excellency of the work done by the Royal Society of Medicine. It would appear almost invidious to single out any particular paper or discussion which appears in either of these initial numbers, but special notice deserves to be paid to the discussion on "Pneumonia and its Complications," begun in the November and concluded in the December issue. One might almost say that such a discussion was hardly likely to produce much that was new in the present day, but a perusal of the speeches and of the excellent statistics from twelve of the London hospitals will show how much can be learnt by a thorough investigation and statement such as this on an everyday affection.

Future numbers of the 'Proceedings' will be looked forward to with great pleasure and read with considerable profit. The idea of the union of the medical societies into the Royal Society of Medicine was happy, and the carrying out of the idea successful, but the issue of its 'Proceedings' proves the life, the resource, and the erudition of the Fellows.

PROSTATIC ENLARGEMENT. By CUTBERT S. WALLACE, M.B., B.S. (Lond.), F.R.C.S. (Eng.), Surgeon to the East London Hospital for Children, and Surgeon to Out-patients, St. Thomas's Hospital; Teacher of Practical and Operative Surgery in the Medical School. (Henry Frowde, and Hodder and Stoughton, 1907.) Pp. 215. Price 12s. 6d. net.

In this monograph the author gives a very complete account of "senile" enlargement of the prostate gland. In addition to the clinical side of the subject the book deals in an exhaustive manner with the surgical and comparative anatomy of the organ, and a chapter by Dr. L. S. Dudgeon on the bacteriology completes, by far the best and most scientific description of the pathology of adenomatous enlargement of the prostate, which has yet appeared in the English language.

The two great principles Mr. Wallace has set out to prove, and which we consider he has absolutely established are—

- (1) That the common type (85 per cent.) of innocently enlarging is an encapsulated adenomatous change, strictly comparable to the similar condition met with in the breast, and shows no evidence of an inflammatory origin.
- (2) That the operation of "total prostatectomy" is anatomically impossible. In this procedure one or more adenomatous tumours are enucleated, leaving behind a cavity shut off from the pelvic cellular tissue by a sheath composed from within outwards of—
 - (a) A "pathological capsule" composed of condensed interstitial tissue containing some glandular elements, mainly derived from the cortex of the gland.
 - (b) A fibrous sheath formed by the vesical and recto-vesical portions of the pelvic fascia.

The prostatic plexus of veins lies partly between these two layers (a and b), and partly embedded in the vesical layer of the pelvic fascia.

In dealing with the treatment by operation of the non-encapsulated "fibrous" type, we are surprised to find that Mr. Wallace makes no mention of perineal prostatotomy, which is probably the best method to adopt in dealing with this class of case.

The book concludes with a chapter on carcinoma of the prostate, and stress is laid on the important points that neither hæmaturia nor hardness and nodularity of the gland as felt *per rectum* are by any means constant or even comparatively common symptoms. Although secondary infection of the pelvic, iliac, and lumbar glands is described, the enlargement of the inguinal set, which occurs in 17—20 per cent. of the cases, is not referred to.

A special feature of the work is the large number of beautiful illustrations, which are not merely of statistical interest, but each one of which demonstrates some particular point in the morbid anatomy of the disease, to which the author wishes to call attention.

New Preparations, etc.

We have received from the Jaeger Woollen Clothing Company, 65, Cheapside, various samples of their wearing apparel for notice and approval, and we have much pleasure in placing on record the high opinion we have formed as to the excellence of the quality of the same. They are soft, warm, and light. We congratulate the Jaeger Woollen Clothing Company on their foresight in anticipating this, one of the coldest spells of weather experienced so far this year, and in submitting samples at such an opportune time. The test has therefore been a severe one, and we confess we have found the articles of clothing very comforting. The idea of making socks with a separate slot for the great toe is ingenious and novel, but, when put on in a hurry, we find the socks always will get on to the wrong feet; these socks, therefore, are only to be worn by people of leisure.

Examinations.

CONJOINT BOARD First Examination.

Chemistry.—F. H. Guppy, I. L. Waddell.
Physics.—A. S. Coalbank, C. P. C. Sargent.
Elementary Biology.—R. B. Agaskar, G. Aspinall-Stivala, C. P. C. Sargent, J. M. Shah, C. B. Vakil.
Practical Pharmacy.—B. Barnett, T. B. Davies, H. D. Gillies, K. Pretty, S. Wood.

Second Examination.

Anatomy and Physiology.—W. M. Glenister, H. J. Hacker, W. H. S. Hodge, I. Rihan.

Appointments.

BEDDOW, HAROLD J., M.R.C.S., L.R.C.P., House Physician to Bedford County Hospital.
BRANSON, W. P. S., M.D., M.R.C.P., Assistant Physician to the Royal Free Hospital.
GAYNER, JOHN S., M.R.C.S., L.R.C.P., Hon. Administrator of Anaesthetics to York County Hospital.
KILBY, T. A., M.R.C.S., L.R.C.P., appointed Assistant Resident Medical Officer at the Royal Waterloo Hospital for Women and Children.
KIMBELL, H. J. S., M.R.C.S., L.R.C.P., Senior House Surgeon to Bedford County Hospital.
MOSES, D. A. H., M.R.C.S., L.R.C.P., appointed House Surgeon at the Stamford, Rutland, and General Infirmary.
DE VERTEUIL, E. J., M.R.C.S., L.R.C.P., appointed Third House Surgeon at the Royal Infirmary, Halifax.

New Addresses.

BISHOP, F. M., Royal Victoria Hotel, Varenna, Lake of Como.
DECK, H. L., Ashfield, Sydney, N.S.W.
DOWLING, S. M., 17, Monkham Avenue, Woodford.
DYALL, T. J., 59, Cressfield Road, Ealing Common, W.
FEGAN, R. A., The Homestead, Forest Row, Sussex.
FISHER, J. C., 20, Church Road, Lytham, Lancs.
FOWLER, T. H., Heinnall Street, Epping, Essex.
HALLSTONE, J. E., Addenbrooke's Hospital, Cambridge.
HUGO, J. H., Capt. I.M.S., Sirdapore, vid Mhow, Central India.
KILBY, T. A., Royal Waterloo Hospital for Children and Women, Waterloo Road, S.E.
LINDSAY, A. W. C., 1, Bankside, Hendon, N.W.

MANCIN, F. M., Major R.A.M.C., R.A.M.C. Meas, Aldershot.
MANNING, H. C., Fulbourne Asylum, Cambridge.
MAXWELL, J. L., junr., 31, Hammelton Road, Bromley, Kent.
McDOUGAL, E. D., 43, Park Street, Grosvenor Square, W., Tel. No. 8660 Gerrard.
MELHUISH, H. M. H., Capt. I.M.S., Assistant Plague Medical Officer, Amritsar, Punjab.
MORRIS, E., 5, Captera Terrace, Plymouth.
NOON, L., 7, Nottingham Terrace, N.W.
O'HEA, J., Surgeon R.N., Eastney Barracks, Eastney.
OWLES, O. W., Beccles, Suffolk.
PLEWS, J. M., care of Dr. Walker, Elm Lodge, Swallowfield, Reading.
PRITCHARD, H., 11, Welbeck Street, W.
RIVIERE, B. B., St. Giles' Plain, Norwich.
SYKES, M. C., 50, Maddox Street, W.
THOMAS, C. J., Maes-crug, Walton-on-the-Hill, near Epsom.
WARDE, W. B., 13, Lonsdale Gardens, Tunbridge Wells.
WHITE, C. K., The Beeches, Clapham, Yorkshire.

Births.

JACKSON.—On the 22nd January, at Woodhouse, Bakewell, the wife of R. Houlton Jackson, M.R.C.S., L.R.C.P., of a daughter.
SANDLANDS.—On the 10th January, at Bonville, Winchester, the wife of John E. Sandilands, M.D., of a daughter.
SMITH.—On the 11th January, the wife of Gilbert Smith, M.D., F.R.C.S., of a son.

Marriage.

GIBSON—BERTRAM.—On the 7th January, at St. James's, Piccadilly, by the Rev. Father Searle, Sydney Herbert Gibson, M.R.C.S., etc., to Florence Rosa Bertram.

Deaths.

BEST.—On the 11th January, at 21, Royal Parade, Cheltenham, Frederick Arthur Best, M.R.C.S., L.S.A.Lond., aged 69 years.
PHILLIPS.—On the 27th December, at Cairo, Egypt, Gwyneth Helen Powell Phillips, the only child of Dr. and Mrs. Llewelyn Phillips, aged 2 years and 4 months.

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: 1439, Holborn.
A Cover for binding (black cloth boards with lettering and King Henry VIII Gateway in gilt) can be obtained (price 1s. post free) from MESSRS. ADLARD and SON, Bartholomew Close. MESSRS. ADLARD have arranged to do the binding, with cut and sprinkled edges, at a cost of 1s. 6d. or carriage paid 2s. 3d.—cover included.

St. Bartholomew's Hospital



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St. Bartholomew's Hospital Journal,

MARCH 1st, 1908.

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

Calendar.

Mon., Mar. 2.—Hichens Prize.
Applications for Luther Holden Scholarship to be sent in.
Special Lecture, 1 p.m. Mr. Harmer.
Tues., 3.—Dr. Tooth and Mr. D'Arcy Power on duty.
Wed., 4.—Clinical Lecture, 12.45 p.m. Mr. Bruce Clarke.
Thur., 5.—Clinical Lecture, 9.15 a.m. Dr. Griffith.
Abernethian Society. Clinical Evening.
Fri., 6.—Clinical Lecture, 12.45 p.m. Dr. Herringham.
Dr. Norman Moore and Mr. Cripps on duty.
Mon., 9.—Special Lecture, 1 p.m. Mr. Eccles.
I.S.A. Surgery begins.
Tues., 10.—Dr. West and Mr. Bruce Clarke on duty.
Wed., 11.—Clinical Lecture, 12.45 p.m. Mr. Bruce Clarke.
Thur., 12.—Clinical Lecture, 9.15 a.m. Dr. Griffith.
Abernethian Society. H. Girling Ball, F.R.C.S., "The Application of Trusses in Hernia."
Fri., 13.—Clinical Lecture, 12.45 p.m. Dr. Tooth.
Dr. Ormerod and Mr. Bowly on duty.
Mon., 16.—Kirkles Scholarship and Gold Medal.
Harvey Prize—Junior Practical Anatomy.
Special Lecture, 1 p.m. Mr. Harmer.
L.S.A. Medicine, Forensic Medicine, Midwifery begins.
Tues., 17.—Harvey Prize—Senior Practical Anatomy.
Dr. Herringham and Mr. Lockwood on duty.
Wed., 18.—Senior Scholarship, Junior Scholarships.
Clinical Lecture, 12.45 p.m. Mr. Bruce Clarke.
Thur., 19.—Clinical Lecture, 9.15 a.m. Dr. Griffith.
Abernethian Society. Annual General Meeting.
Fri., 20.—Dr. Tooth and Mr. D'Arcy Power on duty.
Mon., 23.—Special Lecture, 1 p.m. Dr. Morley Fletcher.
Tues., 24.—Dr. Norman Moore and Mr. Cripps on duty.
First Exam. Conjoint Board begins.
Thur., 26.—Clinical Lecture, 9.15 a.m. Dr. Griffith.
Essays for Wix and Bently Prizes to be sent in.
Second Exam. Conjoint Board begins.
Fri., 27.—Winter Session ends.
Dr. West and Mr. Bruce Clarke on duty.
Tues., 31.—Final Exam. Conjoint Board (Medicine) begins.

Editorial Notes.

WITH the permission of the Treasurer and Almoners arrangements have now been completed for an Evening Concert to be given in the Great Hall of the Hospital early in May by the Hospital Musical Society, assisted by eminent professional artists.

The proceeds will go to augment the Fund for building a new Nurses' Home.

We hope, in the April number of the JOURNAL, to give further and fuller particulars.

SLOWLY, but, in very truth, none the less surely, the many needs of our great Hospital are being dealt with. The New Out-patient Building is all that could be desired; the Resident Staff Quarters, we understand, are highly appreciated, and not a whisper of complaint reaches the most straining ear from the strenuous and untiring band of workers who dwell within its walls; the New Pathological Block is making rapid progress, and will soon be nearing completion.

It but remains that the necessary steps be taken to ensure construction of adequate quarters for our large Nursing Staff. We hope the forthcoming concert will receive the support it deserves.

We are asked to earnestly solicit all members of the Hospital who sing or play, and are not already members of the Musical Society, to join the Society and take part in the Chorus and Orchestra, and thus help to ensure the success of the undertaking. Application for membership should be addressed to the Hon. Sec. of the Musical Society at the Cloak Room.

We have pleasure in announcing that Dr. Samuel West has been elected a Member of the Governing Body of Westminster School.

DR. C. HUBERT ROBERTS has been appointed one of the Honorary Secretaries to the "Section of Obstetrics and Gynaecology" at the next meeting of the British Medical Association, to be held at Sheffield on July 28th, 29th, 30th, and 31st, 1908. We are requested to announce that Dr. Roberts will be glad to receive any original papers or communications from Bartholomew's men relative to this section.

THE date fixed for the Annual Dinner, to be held at the Trocadero Restaurant, in connection with the Students' Union, is Tuesday, March 17th, at 7.15 p.m. Dr. Herringham will be in the chair. It is hoped that the muster will be a large one, and that all Hospital men, past and present, will do their best to swell the numbers on this festive occasion.

WE are now in the midst of the various cup-ties, the first rounds being all played off. The Rugby XV defeated St. Thomas's easily in the first round, and have played a point-less draw with Guy's in the second round; the replay has been arranged to take place at Richmond on Wednesday, March 4th. The Rugby second team, by defeating Mary's, are left in for the final. The Association Football Club has been very disappointing, both teams having been beaten by Guy's in the first round after playing draws. The Hockey team have beaten King's and London, and play Guy's in the final on Monday, March 2nd, and, if the team plays anything like up to form, should win. Perhaps the feature of the cup-ties to date has been the excellent play of the Rugby team in the game against Guy's. During the past seven years Guy's have always beaten us fairly easily; perhaps the tide has at last turned. It is to be hoped that as many students as possible will cheer the various clubs on to victory in matches. To enable men to be present the lectures, etc., are usually postponed, and the Staff set an excellent example by being represented by one or more of their number.

JUNIOR STAFF NOMINATIONS.

The following gentlemen have been nominated for the posts of Resident Medical Officers for the ensuing year:

HOUSE PHYSICIANS TO—		
DR. NORMAN MOORE	April, 1908	E. A. Cockayne.
	October, 1908	K. Pretty.
DR. WEST	April, 1908	C. Tylor.
	October, 1908	R. Crawford.
DR. ORMEROD	April, 1908	A. W. Cunningham.
	October, 1908	B. G. Klein.
DR. HERRINGHAM	April, 1908	T. S. Hele.
	October, 1908	G. Graham.
DR. TOOTH	April, 1908	H. D. Clementi-Smith.
	October, 1908	T. R. H. Blake.
INTERNAL MIDWIFERY ASSISTANT—		
	April, 1908	H. J. Gauvain.
EXTERNAL MIDWIFERY ASSISTANT—		
	April, 1908	R. A. P. Hill.
	July, 1908	H. J. Cates.
OPHTHALMIC HOUSE SURGEON—		
	April, 1908	E. V. Oulton.
HOUSE SURGEON TO THROAT, NOSE, AND EAR DEPARTMENT—		
	April, 1908	A. E. Gow.

Extracts from the Memoirs of a late Physician.

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

(Continued from p. 56.)

ANOTHER case occurred which made me famous throughout the kingdom. It was as follows: Fida, e Khan ordered the beheadal of a powerful rebel, who plundered in all directions in the King's territories; he was the brother-in-law of the Kazi of Lahor. His name was Theka Arabam, and he was extremely fat. I thought it was a good chance of laying in a stock of human fat, procuring it from the man and his companion, who was also very obese. I spoke to Fida, e Khan, pointing out the necessity I was under of having this medicament. As the opportunity was favourable, would he give orders to remove the fat from these two condemned men? He then ordered the *Kotwal** to have this done, and, in compliance with the order, men were sent to carry out the operation. I thus acquired eighteen *sirs*—that is, five hundred and four ounces purified.

"This matter caused great talk in the city, and the Kazi, assembling many of the learned, sent men to complain to the king against Fida, e Khan for protecting a Frank. On his behalf he had committed the sacrilege of removing the fat of a Mahomedan, a man who had read the Koran, and yet had been thus afflicted."

This danger was averted by timely bribery. "God was also pleased to deliver me once more after several months. For there came a relation of the beheaded man expressly to kill me. By a lucky chance he came when I was prescribing for the sick, distributing medicine, adding alms for those who were in want. He came into my divan with his sword and shield, leaving his spear and horse at my door. Without any salutation he sat down in front of me and watched my movements, the humanity with which I spoke to the sick, and the liberality with which I succoured the needy. Nor did I fail from time to time to observe the face of this new guest without knowing either who he was or what he wanted. I wondered at his wrathful countenance, his head-shakings, and other signs of a man in anger. Having got rid of my patients, I asked him more than once if he wanted anything in which I could be of use, but he returned no answer. At length, there being no one else left, he asked me if I knew the cause of his coming. I replied that I did not. He said he had come resolved to kill me because I had removed the fat from his uncle. But, finding that in my hands it was being well employed, he felt satisfied at making my acquaintance."

"The Kazi did not find it so easy to forget his anger against me. Fida, e Khan did not stay much longer in

* Kotwal = Chief Constable.

Lahor. The Kazi then sent someone for me, and, on my presenting myself, he was very affectionate, but did all he knew to trip me up in my talk. He began a conversation about the fat of his brother-in-law, asking me if I ever gave such fat to be taken for a medicine, and for what complaints it was used. I answered, in ignorance of his maliciousness, that fat was not administered by the mouth, but served simply to make ointments in nervous disorders. It was lucky that I answered thus, for, if I had said that the fat was also given by the mouth, it would have been enough to afford him an opening for planning a fresh persecution against me, and ordering me to be tortured.

"It appeared to him most barbarous to prescribe human fat to be taken, imagining that I did this to make mock of the Mahomedans by getting one man to eat the fat of another. After this I fell into conversation with him, and saw the kindness God had done me in making me reply as above. For it was this which had delivered me from death. But he who came to catch me got caught himself. On his demanding of me some remedy for a cough he had, I told him of various drugs; among other things I said that, as he was an old man, 'human myrrh' would be good. He answered that he had already taken it, but it had done him not the least good. Upon this, with a smile, I said openly to him that to me it did not seem much of a thing to give human fat through the mouth by way of medicine, when at the same time he had no scruple in eating human flesh and fat. For that is what is meant by 'human myrrh.' He also could not help laughing, and told me such medicines were to be taken secretly only, so that no one knew."

Some Errors in the Diagnosis of Adenoids.

By FRANK A. ROSE.

AMONGST the patients sent to the Throat Department many come with the provisional diagnosis of adenoids. In the large majority of cases this diagnosis is correct. It is but natural, however, that occasionally a mistake should be encountered if the circumstances in which the opinion is formed are borne in mind.

A child who snores usually has adenoids, but reliance on this symptom alone may lead to rather serious error.

A little girl, æt. 9, came to the department with the suggestion that her adenoids should be removed. "She snores terrible" was her mother's description. On looking at the child it was evident that she could breathe freely through the nose. Examination with the rhinoscope showed that the naso-pharynx was free from adenoids, and at the same time revealed the fact that her soft palate hung down flaccid, and that the posterior wall of her pharynx was almost insensitve. When it was further discovered that on drinking some of the fluid returned

through her nose, and that she had recently recovered from a sore throat, it became clear that her symptoms were due to paralysis of the palate following diphtheria.

Other conditions simulate adenoids much more closely.

The following case seen in another department illustrates one of these.

A boy, æt. 12, was brought by his mother, who complained that his nose was stopped up, and that he snored at times. This naturally suggested adenoids. But the following history was then volunteered. He had been taken to a children's hospital on account of the foregoing symptoms, and an operation was performed on the back of his throat. A year later a second operation of the same nature was performed at the same hospital. The symptoms, however, did not disappear, so he was then taken to a special hospital where a third operation was performed. Still the result was not satisfactory, and with splendid perseverance he was taken to another special hospital where a fourth operation was done.

It seemed clear that the present symptoms could not be due to adenoids, whatever may have been the case originally. It was hardly credible that he had succeeded in growing five crops of adenoids, nor was it probable that his adenoids had successfully resisted the efforts of four surgeons.

Examination showed this view to be correct. He had no adenoids. The symptoms were due to a chronic dry rhinitis. Patients with this affection frequently complain of stuffiness in the nose, although the nasal passages appear clear when examined, whilst the accumulation of crusts or inspissated secretion in the nose often leads to obstruction.

Adenoids may be present, but are not of necessity the real cause of the symptoms.

A little boy, æt. 4, was noticed to keep his mouth open and breathe heavily. The actual date of the onset of the symptoms was doubtful. His mother said that he had been worse during the last three weeks, that he snored badly, and that he had bled once from the right nostril.

His naso-pharynx contained a medium-sized pad of adenoids. His *alæ nasi* and upper lip were sore; clear fluid was running from his nostrils. His right nasal fossa was filled with gelatinous membrane. When a piece of this was pulled out bleeding resulted. A cultivation was made from the material removed, and diphtheria bacilli were grown in large numbers. The bacteriological examination thus proved that the child was suffering from membranous rhinitis, the adenoids being of quite secondary importance. On one occasion a very rare condition was found, when it was suspected that adenoids were the cause of nasal obstruction.

The patient was a girl about 12 years of age. Adenoids had been removed at this hospital some time previously. She had improved after the operation, but her nasal respiration was still not considered satisfactory. On examination

it was found that she could not blow the mucus out of her right nostril. A small amount of adenoids was visible, and it was decided to remove it. At the operation the adenoids were curetted; it was then discovered that the right choana was completely stopped up. A probe could not be passed through the nose into the naso-pharynx.

The obstruction was due to a thin, strong, fibrous membrane, which stretched across the choana and separated the posterior portion of the nasal cavity from the naso-pharynx. An opening was made through the membrane and enlarged by means of burrs to the size of a lead-pencil.

Such membranes are very uncommon. They are believed to be congenital and to arise from some error in development. The partition has in some cases contained bone; none could be felt on this occasion.

In each of the foregoing cases the error lay in attributing to adenoids symptoms which were really due to other causes. That is the mistake one is most apt to make. For adenoids are seldom overlooked if the patient is a child, and complaint is made of snoring and nasal obstruction. Nevertheless, that may happen if attention is particularly directed to some other lesion in the nose.

A boy, *æt.* 10, was brought to the Hospital by his father, who stated that a severe blow had turned the nose to one side.

By means of manipulation the nose had been straightened to some extent, but the point was not in the middle line. Complaint was made that the lad had difficulty in breathing through his nose, and snored at night.

On examination it was observed that he kept his mouth open, and had the aspect of a mouth breather. The cartilaginous septum was dislocated, and bent on itself in such a way that the opening into the left nasal fossa was much narrowed by the distorted cartilage.

In the post-nasal space was a large mass of adenoids.

The dislocated septum was undoubtedly partly responsible for the symptoms in this case, but not entirely, and it was very important to remove his adenoids if a good result was to be obtained. A considerable degree of septal deformity can exist without causing the patient any discomfort, so that if well-marked symptoms of nasal obstruction are present it is always desirable to look for some additional cause of obstruction before deciding what operative procedure is best for the patient.

A Case of Lepto-meningitis following Fracture of Base of Skull.

By R. V. FAVELL, M.R.C.S., L.R.C.P.



R—, *æt.* 40, was brought up by police on morning of Monday, December 9th, having been found asleep in an office. He was conscious and quite sensible, and gave the following account of himself:

Saturday night, December 7th, he fell twelve feet into an area—according to the police, trying to break into the premises. He was stunned and unconscious for some time.

Sunday, December 8th.—Vomited. Crawled down a passage into an office where he found some coats, one of which he wrapped round himself and made a pillow of another. Felt too ill to get away. Vomited several times.

Monday, December 9th.—Found by work-people in the morning, who called in police.

On admission.—Answered questions rationally. Complains of pains in head. Temp. 99°; pulse 76; resp. 24. Contusion right side forehead. Black eye. Slight subconjunctival hæmorrhage. No bleeding or discharge from mouth, nose, or ears. Pupils equal and active. Put to bed, and given calomel gr. v.

Tuesday, December 10th.—Still complains of pains in head. Slept during the night four and a half hours altogether. Bowels opened. Passed water. Taking food well. Temp. 99.2°; pulse 72; resp. 20.

6 p.m.—Called to ward by Sister, who says since he had his tea at 4 p.m. has been rambling and plucking at bed-clothes as though going in for delirium tremens. He was unconscious, but could be roused. Twitchings of both arms and hands.

7 p.m.—Absolutely unconscious. No corneal reflex. Pupils small; do not react to light. Some deviation to left. Temp. 102.6°; pulse 112; resp. 24.

Arms.—Twitchings of hands and arms increasing; slightly more marked on right.

Legs.—Some rigidity. Knee-jerks brisk. No ankle-clonus.

9 p.m.—Temp. 104.2°; pulse 128; resp. 28. Breathing at times periodic.

Face.—Suffused.

Eyes.—Deviation not so marked.

Pupils.—Right dilating; is larger than left.

Arms and hands.—Movements almost absent. Slightly rigid.

Legs as before.

10.30 p.m.—Breathing markedly periodic and stertorous. Sour smelling fluid coming into mouth, and dribbles away. Temp. 105°; pulse 140; resp. 28.

Face—Suffused.

Pupils.—Right more dilated.

Arms.—Rigid.

Legs.—Knee-jerks absent.

Died 11.40 p.m.

At the *post-mortem* a fracture of the base of the skull into the anterior and middle fossæ; general lepto-meningitis; pneumococcal. The fracture began at the right frontal bone, one and a half inches above the superciliary ridge, extending across roof of orbit into cribriform plate of ethmoid, across pituitary fossa into sella turcica.

Frontal, ethmoidal, and sphenoidal sinuses all exposed

and full of blood; a little blood extravasated between dura and bone over roof of orbit.

Semi-purulent fluid over surface of brain, at base, and in ventricles.

As will be seen, the symptoms did not come on for nearly three days, and then the man was dead in less than eight hours.

There were no localising signs, and the diagnosis lay between compression due to blood-clot, cerebral abscess, or meningitis.

A diagnosis of meningitis was made since the symptoms seemed to come on too late for compression, and too early for abscess.

I am indebted to Mr. D'Arcy Power for permission to publish the notes of this case.

Medicine and the State.*

By CHRISTOPHER ADDISON, M.D., B.S.Lond., F.R.C.S.,
Lecturer on Anatomy.

LADIES AND GENTLEMEN,—I believe that experts consider that there should be four parts of a properly constructed speech. First, the Introduction, in which you confess in suitable terms your own unworthiness to fill the office to which you are called, and in which also you say agreeable things of your audience. The second section may be described as that of the Preliminary Considerations, and in this you approach the fringe of the subject, with which you deal in the third part or Body of the speech. Finally, there is the Peroration, concerning which this advice is given, "Whatever you do, never forget the peroration."

The choice of a subject for an address of this kind presents some difficulties. Anatomy naturally suggests itself, and it offers a wide field; but we will only trespass upon it for a minute or two.

Detailed anatomical descriptions have been more and more elaborated during the past fifty years, and I believe that they have taken from the subject much of the vital interest which should attach to it. It ought to be our business to make these dry bones live before you, and to clothe them as far as possible with the attributes of activity. We should seek in our descriptions to give an account of the parts of the body in the light of their uses in health and in disease so far as we know them. An excess of detail tends to obscure our knowledge of the functions of the parts dealt with—a right understanding of which is surely the end and object of our study—and in whatever degree the methods of our study hinder the attainment of its proper end they are to be deprecated.

* The Mid-session Address delivered before the Abernethian Society, January 23rd, 1908.

We are not able to assign a function to every part; but this is the measure of our ignorance, and cannot justly dismiss an obscure structure by calling it a relic, by saying that it is atavistic, or by the use of any epithet whatever.

The medical curriculum in many respects is in urgent need of reformation, and I hope that St. Bartholomew's will take the lead in this matter, for, with the increasing pressure on the time at the disposal of students, it becomes more necessary than ever that all their studies should be arranged in due proportion to one another, with one end always in view, namely, the training of men in the art and science of medicine.

However, I do not think that when you have invited me to give this address you wished to have a lecture on the medical curriculum. Perhaps it occurred to you that, during an absence of thirteen years from the School, one might have received some impressions that would lead to observations of common interest. It may be interesting, therefore, for a few minutes to dissect ourselves, not as anatomical specimens, but as parts of the body of medical men and as parts of the 'body politic.'

An intelligent loyalty to our class and to our institution is right and proper; indeed, it is inseparable from the nature of every true-hearted individual; but we have to be careful in places and classes outside our own that it does not obtrude itself too much. It is therefore necessary, wherever we are, to cultivate the habit of sinking our prejudices as far as possible, for thereby we render the greater credit to any institution we hold in honour. In the end we exalt our profession more if we take our share in the common life of man without any pretentiousness.

There is no profession, I think, except the Church, in which its members are more exposed to the temptations of a certain type of hero-worship than the medical. The deference of patients and of patients' friends is apt to make us sometimes think more highly of ourselves than we ought to think. It is a commonplace truth enough, but very apt to be forgotten, that a man has nothing to be proud of in the fact of his possessing more knowledge or more art in his speciality than the person with whom he deals. It would be discreditable to him if he did not.

This hero-worship and the air of mystery with which the doings of many members of our profession are surrounded by the unthinking behaviour of patients and of their friends, are apt to foster a spirit of aloofness, which, whilst having some advantages, presents great drawbacks.

Any tendency to think of ourselves as a class apart inevitably restricts the range of our ideas and of our thoughts. We become too conscious of ourselves, and do not realise as we ought how inseparably associated our life is with that of those who are around us.

One further reflection may form a part of our preliminary observations. It concerns the business habits of medical men.

It is often said that medical men are "so unbusinesslike." Like most generalisations this probably exaggerates the case, but I think there is a certain measure of truth in it, although I am not prepared to define precisely what is meant by the term "unbusinesslike." Possibly a busy professional life with many men, either from a supposed lack of time or from some other reason, is not conducive to orderliness in the conduct of their affairs. At the same time it is certainly true that most of the busiest and most successful men are thoroughly orderly; indeed, method is essential to complete success in any line of action. It is, I think, chiefly the methodical use of our time that is concerned. It is not so much the time used as the time wasted that is the fault with many of us. This, manifestly, does not refer to the time which is used for proper recreation and exercise, for these things being essential, it follows that a fair measure of time devoted to them is not wasted; but it is the odd half-hours wherein I think many of us lose our opportunities. The proper utilisation of them makes it easy to keep our affairs in order from day to day, and makes the performance of our ordinary work much easier and free from a sense of hurry.

The use of these odd times also enables us to devote our leisure to general reading and to the pursuit of other interests; and it is only by widening our outlook and taking an interest in diverse things that we are enabled to approach questions without prejudice. It is a strange thing that a methodical training like ours should fail so much as it does to dissipate prejudices. Perhaps it is explained by the fact that, being a special training, it tends to make us judge things from one special standpoint.

Whilst, however, urging the necessity for cultivating interests outside our profession, one must remember that an absorption in general reading, in historical, literary, or philosophical studies, if carried too far, may interfere with our effectiveness in action. Some men deliberate so much that they deliberate until the time for action is passed, "and circumstances of great pith and moment" with too much regard "their currents turn awry and lose the name of action."

The active life, with a keen appreciation of affairs outside the circle of our own concerns, is necessary for the formation of a well-balanced judgment.

What, then, is the point of these foregoing remarks? Surely it is this:—So far as any measure of loyalty to our profession becomes professional aloofness, so far is it likely to hinder our taking a thoughtful and intelligent interest in general affairs, and so far also does it hinder our considering projects upon their own merits and with the least possible intrusion of our own prejudices. Moreover, to whatever extent our occupation and habits of thought incline to a want of orderliness in the conduct of our affairs, so far do they also hinder our public usefulness, for it is certain that

a man is not often likely to conduct well the concerns of others whilst his own are in confusion.

Well-balanced judgment and methodical action are pre-eminently necessary for the attainment of social well-being.

But perhaps some of you may say, "What have these outside things to do with me? I do my duty by my patients; what more can you expect of me?"

We cannot stay to argue that question, but it may be pointed out that, whether we like it or not, the course of progress in civilised communities is more and more throwing upon the medical profession wider and greater responsibilities both for advice and for direction in the management of affairs.

Our work as a profession seems to fall into three classes. First, there is the immediate treatment of disease. Second, there is the prevention of disease; and thirdly, we are called upon to assist the State so that its citizens may be born and brought up in such a way as to be physically and mentally as capable as possible.

With regard to the first duty, I do not think it would be an exaggeration to say that no profession does its duty with more self-sacrifice and with more diligence than does ours, and it is manifestly impossible that a man whose working hours are taken up with seeing patients should be able to take any great share in those other duties which devolve upon the profession as a whole.

In regard to the second class of duties, namely, the prevention of disease, they are, as you know, rapidly extending, and they have been in the past, and doubtless will be in the future, most momentous in the history of civilisation. For example, if the Black Death in the Middle Ages could account, in one visitation, for well nigh one-third of Christendom, it is clear that the elimination of these epidemics has had a most important bearing upon the progress of the nations of Europe.

In our own day, as a result of the activity of the American Sanitary Authorities in the destruction of the white-ribbed mosquito, yellow fever is rapidly disappearing from Panama, and the construction of the Canal is thereby facilitated immensely. The great mortality amongst the labourers employed was primarily responsible for many of the troubles of the recent French Company, the collapse of which, you may remember, was accompanied with much danger to the French Republic.

In the same way great tracts of South America, where formerly it was almost impossible for white men to live, are now becoming capable of development. In due time, no doubt, many parts of Africa and of other countries, by the elimination or diminution of malaria with the destruction or avoidance of the Anopheles, will become open to the white man; and if we reflect upon how much the acquirement of colonies, or the desire of them, has modified the course of European history during the last 100 years, we shall appreciate the significance of these discoveries in regard to

malaria and yellow fever. They will bring to many nations, ourselves included, many new responsibilities and anxieties in the time to come.

Some of you, however, are much better fitted to deal with this part of the subject than I am, and we will turn to the third duty of the medical profession—namely, that of assisting the State to become possessed of citizens, healthy and strong in mind and body.

The real wealth of a state primarily consists in its supply of industrious, right-living citizens; for without these progress in any direction is impossible. The degree to which medicine assists people to be free from disease and to live under such conditions as will enable them successfully to combat it, is, in a great measure, an extension of our work in its prevention, but it is indirect, and aims more at the acquirement of a greater degree of health and vigour than at the immediate prevention of disease.

In regard then first to the adequate supply of citizens, three cases may be mentioned which throw light upon the effects of any shortcomings in this respect.

If we were to ask what were the most important results of the influence of Napoleon upon the life of France, we should receive, no doubt, various replies, touching chiefly on questions of war and conquest; but I do not think that many would point out that one of the most enduring and influential of the changes brought about by him was the alteration in the law of testamentary division of property. The Napoleonic laws in question are those which concern the equal division of property at death amongst the children inheriting, and the provision of the dowry on marriage.

It is obvious that even a large estate, if divided amongst many persons, may provide an insufficient amount for each, and in application of this two consequences have followed from the establishment of this law in France during the last century. First, there has been a great splitting up of estates, and a corresponding distribution of wealth and the creation of a large mass of small holders, with the result that France, in many respects, is free from a wide distribution of poverty. But, coincident with this, there has taken place a systematic limitation of the size of families so that the population of France has made little progress.

The analysis presented by the Ministry of Labour of the census of 1901 shows that at that time there were 11,315,000 couples, or 22,630,000 persons, and that these persons had amongst them only 24,733,357 children, or only a little more than two per family in the average.

In 1850 the populations of France and Germany were practically equal. To-day France has 39,000,000 against Germany's 62,000,000. In 50 years France has increased 4,000,000 and Germany 26,000,000. If the present relative rates of progress are maintained, in 10 years' time Germany will be able to put two conscripts into the field against one French.

Regarded in this light, it is no wonder that the subject is one of great anxiety to patriotic Frenchmen.

Until recent times the mass of the immigrants into America were of Anglo-Saxon stock, and the increase, both of their numbers and of those of the descendants of the original settlers, was considerable; but of late years the rate of increase has been greatly checked, and the immigrants, to a large extent, have come from the countries of Southern Europe. They have provided great masses of cheap labour, and we are gradually coming to see the establishment of two main classes in America—a ruling class, chiefly derived from the Anglo-Saxon stock, whose rate of increase in numbers is being checked, and who form an increasingly smaller proportion of the bulk of the community. Beside these, there exists a growing multitude of imperfectly civilised, low-grade workers of diverse nationalities, with different habits and ideals, and ultimately agreeing only in one thing, namely, to obtain more than they now possess by some means or another. With this material to work upon, it is no great wonder that corruption on a colossal scale is possible. Indeed, it is unavoidable under existing circumstances. If, moreover, we add to these conditions the pressure of competing Asiatic workers, skilful and thrifty, who seek for admittance, we gain some idea of the anxieties and difficulties which the future contains for the rulers of America, and how indispensable it is for the maintenance of their standards of life and civilisation that their better citizens should exist in adequate numbers.

The case of Australia is more striking still. There, a great continent is in the possession of a relatively small number of white men, whose rate of multiplication is exceedingly slow and is getting slower. These men naturally seek to retain their magnificent country for their own service, and to keep out the masses of capable Chinese and Japanese who seek to enter; for the Australians recognise that if once these Asiatics were allowed to come in they would compete on very advantageous terms with themselves, because to their patience and skill as workers the Asiatics unite a willingness to live at a rate so cheap, and under such conditions, as are entirely unacceptable to the rest of the inhabitants.

Nevertheless, if the white settlers in Australia, in the time to come, do not increase at a greater rate than seems probable at present, it is doubtful whether, ultimately, even the assistance of the British Navy will secure them indisputable possession of their territory, for the Chinese appear to be awakening to the immense power they possess, both in natural capacity and in their great numbers.

There is no necessity to enter further into this difficult question of the limitations of populations; but I think that whilst the restriction of families to two or three in number may make life easier for the individuals concerned, yet, remotely, the effect of that increased ease must certainly increase weakness, and, if history teaches us anything, it is

that the course of a people increasingly devoted to ease, and of insufficient numbers, must end at last in ruin and subjection.

The reason why the subject is referred to at this stage is because it is fairly certain that whatever steps may be taken to restrict this tendency, they will be effected more through the agency of our profession than in any other way, and it is necessary, therefore, that we should give thought to its potentialities upon society.

It would seem as if, whilst we have eliminated plague and sweating sickness, Nature will still demand her toll of lives, for in our factory cities, one child in five dies before it is twelve months old, and amongst the rest great numbers are struggling into existence imperfect in mind and body, developing hereafter into unemployables and becoming a burden on the State.

It would be a little presumptuous for me to go into many details on this question of infant mortality before an audience of St. Bartholomew's men seeing the great share that Dr. Newman has had in enlightening us upon the subject, and in stimulating public interest therein.

The decline in the general death-rate of recent years is well known to you, but Dr. Newman has pointed out that from 1888—1901 the death-rates of infants under three months of age increased from 70 to 75 per 1000. That is to say that certain conditions are prevailing which make the earlier months of life less favourable than before. If we take Dr. Newman's analysis of the Registrar-General's returns from '89 to '91 we see where this increasing mortality prevails.

He takes, first, typical agricultural counties, such as Herts, Wilts, and Dorset; second, typical mining and manufacturing counties, such as Staffordshire, Lancashire, Leicestershire, Durham, and the West Riding of Yorkshire; and thirdly, typical manufacturing cities, such as Preston, Blackburn, and Leicester, and compares the infantile death-rates in the three groups. It is found that out of 100,000 children born in the group of agricultural counties 10,000 would die before the end of twelve months; in the case of mining and manufacturing counties the number would be 17,000; and in the case of the factory towns it would be 22,000.

In the same connection Dr. Newman's analysis of the case of tenement dwellers of Finsbury is most interesting. He found, in 1905, that the infantile death-rate in one-roomed tenements was 210 per 1000, in two-roomed tenements 157, in three-roomed tenements 141, and in houses of four or more rooms 99.

Those conditions which favour a high infant mortality are also associated with a defective bodily development in those that survive. For example, Dr. Arkle, of Liverpool, has made a careful examination of the height and weight of the children attending the schools in that city, and a comparison of the children of the same grade at various ages

with those at Port Sunlight, where there are good housing conditions, yields the following results:

Age.	Height.		Weight.	
	Liverpool.	Port Sunlight.	Liverpool.	Port Sunlight.
7 ...	44.3 inches.	47 inches.	43 lbs.	50.5 lbs.
11 ...	51.8 " "	57 " "	59 " "	79.5 " "
14 ...	56.2 " "	62.2 " "	75.8 " "	108 " "

An inquiry in Glasgow embracing 72,857 children yields an equally striking result when they are classified according to the number of rooms the family occupies. All children between five and eighteen years of age are included, and the average heights and weights for the boys are as follows, those of the girls being parallel:

	Height.	Weight.
One-roomed tenements	46.6 inches	52.6 lbs.
Two " "	48.1 " "	56.1 " "
Three " "	50.0 " "	60.6 " "
Four (or more) " "	51.3 " "	64.3 " "

Over-crowding, however, is not the only factor; there are conditions associated therewith which are equally operative, and chief amongst these are dirt and ignorance of the proper way to feed a child.

An inquiry in Derby covering the years 1900 to 1903 showed the infantile death-rate in breast-fed children to be 69.8, in those fed partly by the mother and partly by hand 98.7, and in those fed wholly by hand 107.5.

Prematurity and immaturity, and the conditions associated therewith, operating chiefly during the early months of life, are estimated by Dr. Newman to account for 30 per cent. of the total deaths, and next in importance diarrhoea and associated complaints are responsible for 25 per cent. The deaths from bowel complaints arise mainly from improper feeding and from, what mostly goes with it, uncleanly feeding.

Dr. Hope, of Liverpool, from an inquiry in the years '84—'86, makes the surprising estimation that fifteen times more hand-fed children die of diarrhoea than those that are breast-fed.

The importance of these matters and the magnitude of the evils arising out of them is at last becoming realised by the general community, and as this realisation results in efforts to deal with them, so the direction and administration of these efforts will increasingly fall upon our profession.

With a view to dealing with the high mortality of the first weeks of life we have already the Notification of the Births Act, and how important this matter is in regard to the factory cities is very forcibly brought out by Dr. Newman in his comparison of them with agricultural counties. He showed that the infantile death-rate in the cities is 23 per cent. greater than in the counties in the first week, 64 per cent. greater in the second week, 83 per cent. greater in the third week, and 97 per cent. greater in the fourth week.

With a view to dealing with children in their earlier days,

various associations are already at work and various experiments are being made, as, for instance, in Huddersfield, Oxford, Marylebone, St. Pancras, and Finsbury.

In Marylebone there is an association, chiefly of voluntary workers, for the visitation and instruction of mothers, the association being under the direction of the Medical Officer of Health and of the municipal authorities. Dr. Sykes, the Medical Officer of Health for St. Pancras, has created an excellent organisation for the instruction of mothers. There are other organisations also which undertake to direct and, if necessary, give assistance towards the feeding of mothers or of those about to become so.

Similarly crèches for infants, milk depôts, and the rest exist in many places under medical direction.

At the present time all these efforts, and, doubtless, many more that will arise, are inco-ordinated and, perhaps, sometimes misdirected, but in due time no doubt they will become more systematic and efficient in their efforts, and more and more will they be directed by Medical Officers of Health or by medical men appointed specially for the purpose.

We all know how necessary it is that the milk-supply of our cities should be clean and properly supervised, and the milk depôt established by Dr. Newman in Finsbury shows what can be done under scientific guidance on a self-supporting basis; but whilst matters of this sort will necessarily receive attention, we shall not accomplish any real reformation until our efforts are regularly directed to the dissipation of the amazing ignorance which so widely prevails amongst women in regard to these matters.

I daresay many of you have read Mr. Herbert Spencer's little book on education, and if so you will recall how pointedly he reveals one of the great defects in our educational system.

He suggests that if our school-books were discovered centuries hence by some people to whom our history was unknown they would think them to be the text-books of some monastic order, for there is no mention in them of children or of their up-bringing. There is abundant instruction in dead languages, in the history of Greece and Rome, and in the doings of brave men by sea and land, but there is none whatever on the right and best way to care for, to feed and develop our own bodily and mental powers. This is clearly a fair criticism, and, in regard to the point we have been discussing, I think it is evident that an effort should be made to dissipate the appalling ignorance which prevails.

That is to say, the methodical instruction of girls and women in the simple facts which concern the right feeding and up-bringing of a child should be essential elements of our educational system. Moreover, as we have seen, after childhood multitudes of the poor have stunted and weakly bodies, and this arises, I believe, just as much, if not more, from improper feeding as from insufficient feeding.

Simple instruction in the respective values and in the best ways of preparation of common foods is very necessary.

Why is it that many of the made-up foods, for example, the different preparations of oatmeal, are sold so largely, whilst in many cases they are more than twice the cost although of no greater food value than the simple article? It is because people are ignorant of the food value and best method of preparation of oatmeal itself, and the same applies to other articles of diet.

Instruction in all these and kindred matters has hitherto been left to girls after they have left school; it is expected that in some way or another they will pick up a casual acquaintance with them, and the consequence is, of course, that the same ignorances and prejudices are handed down from one generation to another.

It is probably not an exaggeration to say that the majority of people who have barely enough to live upon do not obtain more than three-fourths of the proper food value for what they spend.

Similar considerations apply with an equal force to instruction in temperance and in cleanliness.

It would be impossible to imagine a more significant illustration of the importance of a knowledge of the principles of cleanliness than has been exemplified in the recent Russo-Japanese war. The rank and file of men in this country would even yet, I think, regard with derision the precaution of washing their bodies and putting on clean clothes before going into battle, and yet the observance of these and like practices, and their intelligent care in regard to drinking water, were mainly responsible for the remarkable freedom of the Japanese soldiers from disease and from death by wounds.

The trifling wastage of troops which they thereby suffered in comparison with the Russians contributed, as every soldier will tell you, very greatly to the successful issue of the war. A comparison of their records from death and from disease with our own in South Africa have rightly given us cause for much humiliation.

An Act establishing the systematic examination of school children is now coming into force, and it presents considerable difficulties to the members of our profession. In the end, probably, in the majority of our cities and urban areas, the duties will devolve upon medical officers, specially appointed for this and kindred public purposes, whose care it will be to co-operate with the general practitioners of the district, and to avoid coming into conflict with their legitimate interests.

This Act, however, has now entered the experimental stage, but many of the matters I have brought before you are only just coming forward for experiment. The application of medical science to the common life of the people is at present in its infancy, but whether we deal with the care of infants, with the instruction of mothers, with the education and oversight of children, or with any of the numberless

details which will come to be associated therewith, it is evident that success can only be attained under scientific guidance; and if we add to these duties the great development of public health work that is steadily taking place in other directions, we shall, I think, be willing to believe that the time is not far distant when all these concerns will be brought together and regulated in one department of the State.

Obituary.

REGINALD C. P. McDONAGH.

THE sudden death of Reginald C. P. McDonagh has come as a terrible shock to all who knew him, and this was especially so, as he was given to the most healthy pursuits, for which he had a capacity little short of genius. I remember when he and I were playing one day in a cricket match, and his bowling had disposed of the most dangerous batsmen on the opposite side, their wicket-keeper, himself a county player, said to me, "Your friend has a natural genius for cricket." It was the same with every sport he took up. When at school he was chosen as one of the gymnastic pair. At this Hospital he was a keen Rugger man until incapacitated from play by an attack of synovitis of the knee, after which he took up water polo, and made the best captain the Swimming Club has ever had. While these may appear unimportant attributes, I think they show the character of the man. Outstanding in his character were his capacity for taking pains and his quickness in learning, two attributes which rarely enough go hand in hand. This it was which made his success in his work as great as that in his play. I never remember his failing in an examination, and he was particularly good in *visu voce*, having a cool head, and more common sense and tact than is vouchsafed to most of us. He was a clear thinker, and his mind was entirely unprejudiced, and doubtless it was this faculty which made him such an excellent judge of character. Combined with these, a keen sense of the importance of punctuality and the excellence of his methods stood him in good stead in both work and sport.

Qualified before he was twenty-two, he went up for the Navy Medical Examination, and, though there were only ten vacancies, he secured the third place. He went to Haslar, and from there was appointed Surgeon to H.M.S. "Cressy." When his ship was at Portsmouth I went down for a few days to pay him a visit, and was greatly struck with his popularity among the other officers of the ship, as the position of surgeon often requires much tact.

At this time he was about to be changed over to H.M.S. "Aboukir," and the officers each told me how sorry they all were, and how they would miss him. And that was the

last time I ever saw him, and I left Portsmouth with his praises still ringing in my ears.

If ever there was a case showing the futility of the law of survival of the fittest when applied to the individual surely this is an outstanding example. Young, energetic, temperate, level-headed, with the world before him, how could his career have been other than brilliant? As I write the sad lines of Tennyson recur to my mind:

"One says that other friends remain,
That loss is common to the race,
And common is the commonplace,
And vacant chaff well-meant for grain.

That loss is common would not make
My own less bitter—rather more.
Too common, never morning wore
To evening, but some heart did break."

And if a friend thinks thus, what an overwhelming blow must his death be to his family. This all too imperfect appreciation is not needed to enlist the deepest sympathy of all Bart.'s men, past and present, for the sad bereavement which has befallen his own people. How truly can it be said of him:

"And now his chair desires him here in vain,
However they may crown him elsewhere."

C. F. O. W.

Thomas Francis Odling, C.M.C., M.B., C.S.

THE writer wishes to do honour to the name and memory of a St. Bartholomew's man—his predecessor in the post of Physician to the British Legation at Teheran, Persia: a man about whom we do not know enough—to judge from the brief obituary notice in our JOURNAL: a man who, through a long residence of thirty years in a foreign land, lived, worked, and died an honour to his country, profession, and hospital.

Odling was born at Buslingthorpe in Lincolnshire in 1851. He entered at St. Bartholomew's in 1869, took the diploma of M.R.C.S. three years later, and became house surgeon to the Hospital. In 1873 he entered the Persian section of the Indo-European Telegraph Department, was appointed Medical Officer in Charge of the station at Ispahan, and shortly afterwards of that at Shiraz, where he remained till 1885. In 1887 he came to Teheran, and shortly afterwards was made Medical Superintendent of the whole Persian section. In 1888 he became unofficially attached to the British Legation, and in 1891 was made C.M.G. in recognition of his services to Sir Henry Drummond Wolff, Her Majesty's Minister, during a severe illness. Sir Henry wrote at the time to the Viceroy of India. "It is to Dr. Odling that, humanly speaking, I am indebted for my recovery." In 1892 Odling was confirmed in his appointment of Physician to the Legation; he also

held the posts of Medical Officer to the Indo-European Telegraph Company and to the Imperial Bank of Persia. In 1900 he retired from the Telegraph Department with a pension from the Indian Government, having served for twenty-seven years.

Odling had a large private practice, and rendered conspicuous services in more than one cholera epidemic. He was noted for his kindness of heart, and for the personal and human interest he took in his patients. He died of enteric fever on February 17th, 1906, in his house at the Legation, leaving a widow and five children. In him passed away one of the best-known Englishmen in Persia—beloved of rich and poor, European and Persian—one who had advanced his country's credit more than many another of whom more is heard, who is remembered with affection and regard wherever he lived. He was a keen all-round sportsman, but excelled as a rider and snipe shot; and there was no better judge of a horse in the country.

He was buried in the English cemetery near Teheran, and his many friends erected a stone monument over the grave. Early last year a memorial service was held in the American Mission Church at Teheran, when Sir Cecil Spring Rice, K.C.M.G., the British Minister, unveiled a tablet. In the course of his address he said: "We English and Americans are proud of our nations, of our victories, our great possessions, our wealth. But here, who reads our annals? Who knows the names of our victories? Who counts the square miles of our territory, or reckons up our dollars and our pounds? What they know here is not America or England, but Americans and Englishmen. That is the book they read, what we do and say here. We want to spread our glory abroad, but the battle of our nations is not to be fought by force or fraud, but by loving-kindness and sympathy, and justice and truth. And that is why this man has done more for our glory here than all our famous generals and illustrious statesmen."

Truly, Odling's name should be inscribed on the roll of famous Bartholomew's men.

A. R. N.

The Clubs.

STUDENTS' UNION.

A Council Meeting was held on Tuesday, February 11th, Dr. Herringham presiding.

The dates for the Council election were fixed for—

Monday, March 2nd.

Tuesday, " 3rd.

Wednesday, " 4th.

Each day, from 12.30 to 1.30, voting will take place in the Abernethian Room.

Messrs. Trewby, Colt, and Gauvain were elected as Tellers, and have kindly consented to act.

The Annual General Meeting was fixed for Tuesday, March 10th, at 1 p.m., in the Abernethian Room.

The Annual Dinner has been fixed for Tuesday, March 17th, at the Empire Rooms, Trocadero Restaurant. Time, 7.15 for 7.30 p.m.

The Council of the Students' Union will be very glad to see any number of old Bart.'s men and any friends of students.

Seats may be reserved beforehand on application to Secretaries. Tickets 5s. 6d. each.

There will be the usual toasts, and several songs, etc., by the best of our home talent.

RUGBY FOOTBALL CLUB.

ST. BART.'S v. STREATHAM.

This game was played at Streatham, on January 25th, and resulted in a win for the Hospital by 13 points to 9. Tries were scored for the Hospital by Gibson, Bilderbeck, and Gordon, and Gibson converted two of them. Streatham crossed the Hospital line once, and converted the try, and also scored a dropped goal. The Hospital were not at full strength, and did not play up to their usual form, having only slightly the better of a scrambling game.

ST. BART.'S v. R.N.C. GREENWICH.

This game was played at Winchmore Hill, on Wednesday, January 29th, and after a very hard but pleasant game the visitors ran out winners by 10 points (2 goals) to nil. The Hospital started one short, and during the first five minutes the Naval College scored under the posts and kicked a goal. From this point onwards the game was very evenly contested, the forwards on both sides being about equal, but the Naval men always held the upper hand behind. The game was very keen, and the tackling too good on both sides to allow of much open play, but towards the end of the second half the visitors scored again after a magnificent run by one of their three-quarters, and again kicked a goal, time being called almost immediately after.

ST. BART.'S v. BEDFORD GRAMMAR SCHOOL.

This match was played at Bedford, on Thursday, January 30th, and resulted in a win for the School by 44 points to 12. The Hospital had most of the game forward, but their back division were not at full strength, and were quite incapable of coping with the combination of the School backs.

ST. BART.'S v. HAMPTSTEAD WANDERERS.

This game was played at Whitstone, on February 1st, and the Hospital won fairly easily by 15 points to nil. Tries were scored by Oulton (2), and Butt and Oulton converted all three tries.

ST. BART.'S v. UNITED SERVICES.

Played at Portsmouth, on February 15th. The Hospital lost the toss, and had to play against a strong wind. During the first half the Services pressed continually and scored 16 points. In the second half the Hospital did much better, but could not score, and the home team added 5 more points. The Hospital were then beaten by 21 points to nil.

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

The above teams met at Richmond, on Tuesday, February 4th, in the first round of the Cup ties, and after a good game we came out victorious by 21 points to 5.

Losing the toss Thomas's kicked off against a strong wind, and play settled down in mid-field. Soon after the start, our forwards having taken the ball down to our opponents' 25, we were awarded a penalty kick, from which Oulton scored a good goal. After this play was of a very give-and-take character, of which we had slightly the better. Bilderbeck getting the ball made a dash for the line, but fell before reaching it; however, he managed to scramble over; the try was rightly not allowed us, for when he stumbled he grounded the ball, and had not properly played it. The next feature of the game was a try by Gordon after good combination; the halves got the ball away quickly from a scrum, and passed to Gordon, who had

a clear run in. Oulton converted from a difficult angle. From the kick-off the Thomas's forwards threatened danger, but by good scrum work our pack worked the ball back, and Coombs securing the ball obtained a very clever try right under the posts after dodging several opponents, Oulton again converting. Just before half-time Gordon scored another try, which Oulton converted. After half-time Thomas's with the wind behind them had much more of the game than they had during the first half, and were often dangerous. Eventually from a scrum on our line they pushed our forwards over, and scored their only try, which Meakin converted. Our only score in the second half was a try by Gordon, whose pace again came in handy as he had a couple of men chasing him, but showed them a clean pair of heels. After this the game slackened off a little, and no side was called with Thomas's pressing. The game ended in a good win for us by 21 points to 5.

Our forwards who worked well together slacked off a little during the second half when we had a lead of 18 points. Their heeling was much quicker than that of the Thomas's pack. It would be invidious to single out any one forward for special praise, for those who were not always to the front in following up made amends by hard scrumming and good defensive work. Coombs and Chillingworth at half worked very satisfactorily as a pair on the whole considering the few times they have played together, but we should like to see the stand-off half always get the ball at full speed instead of when he was standing almost still. Coombs' try was typical of the player, but we have seen him play many a better game. Chillingworth proved himself a plucky half, the way he fell on the ball before some of the heavy Thomas's forwards being quite heroic for one so small. The three-quarters who had not played in this formation once during the whole season combined remarkably well, and were much faster and cleverer than our opponents' corresponding line. Gordon demonstrated the fact, which many people will not recognise, that speed is the first essential for a wing man. Bilderbeck on the other wing has improved a lot, and did many good things, but is hardly fast enough. Oulton as usual played a very strong game both in attack and defence; his place kicking was quite a feature in the game. With played a very good defensive game, but is much handicapped by the fact that he has no fixed place in the team, having to play half-back quite as often as three-quarter. The Hospital is lucky in having a man who can play equally well in both places. Ferguson at back was not often called upon, but his fielding and kicking were both sound. Team:

A. Ferguson (back); F. J. Gordon, E. V. Oulton, P. A. With, A. Bilderbeck (three-quarters); H. M. Coombs, A. Chillingworth (halves); W. B. Grandage, J. W. Adams, H. B. Follitt, H. A. Harris, F. Trewhy, H. T. H. Butt, J. M. Weddell, J. Van Schaik-wijk (forwards).

JUNIOR CUP TIE.

ST. BART'S v. ST. MARY'S.

Played at Winchmore Hill, on Wednesday, February 10th, and resulted in a win for us by 1 try to nil. The team as a whole was disappointing; the forwards, though packing and heeling well were slack in following up; while none of the outsiders seemed to have any idea of passing. St. Mary's three-quarters were often dangerous when they got the ball, but our defence was always good and kept them out. Our three-quarters were useless in attack, our solitary try being due to a fine individual run by Brewitt, whose handing off was a treat to see. Several changes at half-back were tried in the hopes of opening up the game, but none of them were effective, and we scarcely deserved our win by the narrow margin of 1 try to nil.

R. Burn (back); B. A. Keats, R. O. Bridgeman, G. V. Ormsby, G. Tressider (three-quarters); — Hammond, — Jenkins (halves); K. Waddington, F. J. Craddock, S. Trevor Davies, H. M. Gilbertson, R. von Braun, A. Brewitt, N. A. Scott, E. N. Russell (forwards).

ASSOCIATION FOOTBALL CLUB.

ST. BART'S v. EMERTIL.

This match was played at Winchmore Hill on January 25th, and resulted in an easy win for the Hospital by 4-1. Forrester in goal played a good game, and cleared well.

ST. BART'S v. LONDON COUNTY ASYLUM.

This match was played at Dextley on February 1st, and resulted in a draw of 1-1. There was a very strong wind blowing across the

ground which spoilt the game. We were also unfortunately without Norman at back, but we hope he will be fit to play against Guy's in the Cup-tie.

ST. BART'S v. ROYAL VETERINARY COLLEGE.

This match was played at Winchmore Hill on February 5th. We were beaten very badly by 5 goals to nil. It is true we were without a full team, but the team seemed to be able to do nothing. Soon after half-time Hodge had to retire hurt, and soon afterwards Wilson had to retire for a short time. The Vets. played a good game, especially their forwards, who combined well. Team:

P. C. Cole (goal); H. Rimington, G. A. Hooton (backs); C. R. Woodruff, S. Hodge, B. H. C. Wilson (halves); W. C. Dale, F. T. Gordon, A. E. Cullen, R. G. Riches, P. Wippel (forwards).

ST. BART'S v. OLD BERKHAMSTEDIANS.

This match was played at Winchmore on February 8th, and resulted in an easy win for the Hospital by 4-0. In this match we had a new centre-half, P. With, who played a very good game, both his tacking and passing being good. Forrester in goal had little to do, but what he had to do he did well. Team:

A. T. W. Forrester (goal); H. Rimington, G. A. Hooton (backs); C. R. Woodruff, P. With, B. H. C. Wilson (halves); W. C. Dale, C. C. Binns, A. E. Cullen, R. G. Riches, P. Wippel (forwards).

CUP TIES.

Position of clubs in Inter-Hospital Cup:

University beat London, 3-2.

Guy's v. Bart's, draw, 2-2.

Thomas's beat Middlesex, 9-2.

Charing Cross v. Westminster not played.

Clubs remaining in Competition are—

University v. Winners of Charing Cross and Westminster.

Thomas's v. " " Bart's and Guy's.

At last we appear to have men capable of playing Cup-tie football. This was clearly in evidence in the match played by us v. Guy's on Wednesday, February 12th. Some surprises were afforded us, notably the goal-keeping of Forrester, the sound half-back play of P. With. Indeed, the half-back line was quite above the standard of the Hospital for some years past. Had Norman been well enough to play a different result might have been recorded. On this account a re-arrangement of the team was necessary; Gordon had to play full back. He did well enough in that position, but it was evident that full back is not his position. Rimington, as usual before a crowd, played a fine game. Spectators act as a tonic for him. The forwards did not combine, this in itself accounts for their failure. The inside men ought to stick to their positions, frequently the outsiders had no support from the insides, and were merely fed by them. Apart from the above, Riches played a strenuous game. The goal he scored was from a *milieu* in goal. Our second goal was scored by Dale, a really magnificent shot, being hard pressed at the time.

As usual the President, Mr. Jessop, and Vice-President, Mr. Gordon Watson, were present to support us, and at half-time cheered our side by their kind remarks.

THE GAME.

Bart's won the toss and decided to play facing the pavilion. There was quite a decent crowd, and Last had the ground in splendid condition.

From the beginning Guy's pressed, and play was in our half for about six minutes. A neat piece of work between Guy's left wing and centre worked towards our goal; somehow the Guy's centre was left unmarked, and we scored by a shot which no goal-keeper could have saved. Play gradually moved towards the Guy's goal, but our forwards were scrappy, and instead of working ahead, they were apt to play towards their own goal. There was a rush by our men and Cullen had a shot at goal. Unfortunately he slipped or was charged at the critical moment and the ball went behind. A couple of corners fell to Guy's. The placing of these corners by Guy's outside right was a feature of the match. Another rush towards the Guy's goal by our men and half-time was sounded. Score: 1-0 against us.

The second half opened tamely, Guy's left wing being prominent, but so was Rimington. It is really wonderful how this small man tackles, as he does, with safety to himself. He kicked well all through the game. Our side was re-arranged, Gordon going forward, and at once a change came, play being transferred well into Guy's half. Cullen takes the ball down with Binns, a corner was

ball comes out to Riches who planked it safely into the net. After the kick off, Guy's played strenuously and took the ball right up to our goal and scored. Bart's were not done, and our forwards and halves backed up, especially Wippel and Dale. Before very long play returned towards Guy's goal, and Dale, meeting a ball, worked along on the wing, but his centre went begging. Again Dale has the ball, and, by a good shot at goal, equalised the score. The game was from now to the end very exciting, Rimington and Gordon working like Trojans. Forrester brought off a remarkable save. No more goals were scored, and we actually had drawn against Guy's.

We have to go back many years before we can chronicle such a gratifying result of a Cup Match.

Guy's are a good side. Their inside left, centre, and outside right were perhaps the pick of their side. Team:

A. W. Forrester (goal); H. Rimington, F. J. Gordon (backs); C. R. Woodruff, P. A. With, B. H. C. Wilson (half-backs); W. C. Dale, C. C. Binns, A. E. Cullen, R. G. Riches, P. Wippel (forwards).

ST. BART'S AND XI v. GUY'S HOSPITAL 2ND XI.

This match, the first round of the Junior Cup, was played on our opponent's ground at Honor Oak on Saturday, February 15th, resulted in a rather fortunate draw of one all for us, as we had rather a scratch side in the field, and a greater part of the play was in our half. As it had rained in the morning the ground was muddy and the ball heavy. Guy's scored first, and looked like keeping their lead, as our forwards never seemed able to get away. But in the second half Glenister equalised for a corner.

The best game was played by our backs, who defended well, and but for them we should have been beaten. Team:

C. Sykes (goal); P. C. Cole, N. F. Norman (backs); K. Pretty, W. M. Glenister, F. I. Strudde (halves); D. B. Pascale, A. J. W. Cunningham, G. A. Hooton, A. G. Turner, A. E. Stansfield (forwards).

HOCKEY CLUB.

CUP-TIE.

The first round of the Cup-Tie was played at Richmond, on February 11th, against King's. Glenn and Sylvester were unable to play. We won fairly easily by 6 goals to 1. In the first half our forwards did not get together well, the passing being scanty and erratic. If we had passed more frequently we could have made a much larger total in the first half, as their backs were the weakest part of their team. At half-time the score was 3-1, Robinson having got 2 goals and Gaskell the other. After the interval the forward line was rearranged, Stathers going to his usual place at outside left, and Lewis taking his place at inside right. On the whole this worked better, Stathers making some useful runs, and centring well. The final score was 6-1, Robinson having got two more and Page one. Page made a tremendous difference to the team, and played very well. If the other halves would copy his methods and draw their men off before passing to the forwards we should make a much stronger side. Viner played a safe game at back though he had little to do. Team:

H. F. Griffith (goal); A. G. Turner and G. Viner (backs); T. L. Bomford, G. F. Page, and G. C. Gray (halves); I. F. G. Lewis, J. Gaskell, H. E. Robinson, G. N. Stathers, and R. T. Haines (forwards).

ST. BART'S v. WOOLWICH GARRISON, February 1st.

We took down a weak side to Woolwich, and got beaten 3-4. All our goals were scored by Hepper, who played a good game at inside right, and ought to make a good forward. The game was very much one sided in the first half, the Garrison scoring 3 goals without our gaining any. In the second half we played up better, and on the whole had the best of the game. Our backs played a good defensive game, but our forwards were very weak. Team:

H. F. Griffith (goal); F. Whitby and K. S. Caldwell (backs); T. L. Bomford, A. G. Turner, and G. C. Gray (halves); R. T. Haines, G. N. Stathers, H. E. Robinson, J. E. Hepper, and G. A. Noble (forwards).

ST. BART'S v. SIREATHAM, February 8th.

This match was played at Norbury, and resulted in a defeat for us by 2 goals to 1. We seemed to have the best of the game throughout, but failed to get in our shots. Our forwards were good in the first half, but fell off in the second, trying to do too much individual play. We were very glad to have Viner back again. Our backs played well, but the halves did not mark their men close enough.

The wing half must stick to the outside forward, and leave the inside forward to the back. If the wing half goes for the inside when he has got the ball the outside is left unmarked, and if he gets the ball the back has to come out to tackle him. Gaskell scored our goal. Team:

H. F. Griffith (goal); F. Whitby and G. Viner (backs); T. L. Bomford, — Lander, and G. C. Gray (halves); L. F. G. Lewis, J. Gaskell, H. E. Robinson, E. N. Stathers, and G. A. Noble (forwards).

ST. BART'S v. BROXBORNE, February 15th.

We had the weakest team we have turned out this year for this match. It rained throughout the game, and this was in our favour. Lewis played a good game forward, and at times came back and helped the halves. Hughes and Haines on the left wing played well. The score was 7-3 against us. Hughes got two of our goals, and Hepper got the other. Team:

H. F. Griffith and J. C. Nicholson (backs); G. C. Gray, H. E. Robinson, J. E. Hepper, and A. J. Clarke (halves); V. Hughes, R. T. Haines, A. E. Gow, L. F. G. Lewis, and G. A. Noble (forwards).

BOXING CLUB.

The old surgery has been open for boxing since February 11th, and the Club has now made a fair start. One end of the room has been roped off to make four rings, and a hot and cold shower bath and a punching-ball and platform are being erected.

The instructor, on his second visit, was kept hard at work, and now that the existence of the Club and its hours of meeting are becoming more generally known, he will find his time fully occupied.

The professional, Charley Allum, who was engaged on the recommendation of the Secretary of the National Sporting Club and of the Belsize Boxing Club, has given general satisfaction. He weighs about 11 stone, and has had great experience both as a boxer and instructor. Twice Open Champion at his weight, he taught at the Belsize before he was chosen by Colonel Fox, of the Aldershot Gymnasium, to go to Sweden as Instructor to the Swedish Army.

The Club is also fortunate in receiving gratis the services of Porter Rust, who is well known at open amateur light-weight competitions.

We note with pleasure that some members of the old club who are now on the Junior Staff have not lost their interest in the game.

In conclusion, we quote a remark made by the Secretary of the Stock Exchange Boxing Club—"It would do your Rugger forwards a world of good to do a little boxing—make them nipper and quicker on their feet." We suggest, in the interests of humanity, that these men of brass should come in pairs.

The room is open daily (except Saturdays) from 12-7 p.m. Club evenings: Tuesday, 4.30 to 7 p.m., when the Instructor is present. Thursday, 4.30-7 p.m., when Porter Rust is present.

N.B.—The entry is by the old staff door near the College.

List of Books Added to the Library during January and February.

Osler, William, M.D., F.R.S., and McCrae, Thomas, M.D., F.R.C.P., Editors of a System of Medicine by Eminent Authorities in Great Britain, the United States, and the Continent. In seven 8vo volumes of about 900 pages each. Illustrated.

Vol. I. Evolution of Internal Medicine—Predisposition and Immunity—Diseases caused by Physical, Chemical, and Organic Agents, by Vegetable Parasites, by Protozoa, by Animal Parasites—Nutrition—Constitutional Diseases. Lond., 1907.

„ II. Infectious Diseases. Lond., 1907.

„ III. Infectious Diseases (continued). Diseases of the Respiratory Tract. Lond., 1908.

The following were presented by Mr. McAdam Eccles:

Eccles, W. McAdam, M.S.(Lond.), F.R.C.S. Hernia, its Etiology, Symptoms, and Treatment. (Third Edition.) Lond., 1908.

De Garmo, W. B., M.D. (New York). Abdominal Hernia, its Diagnosis and Treatment. Philadelphia and Lond., 1907.

Presented by Dr. Klein:

Klein, E., M.D., F.R.S. Studies in the Bacteriology and Etiology of Oriental Plague. With 80 Photograms. Lond., 1906.

Reviews.

HERNIA: ITS ETIOLOGY, SYMPTOMS AND TREATMENT. By W. McADAM ECCLES. 3rd Edition. (Baillière, Tindall and Cox.)

The third edition of this book has been carefully revised, but little need for alteration has been found necessary.

It is essentially a book of practice, and the author, from his wide experience of hernia, speaks with well recognised authority. All forms of abdominal hernia are treated of from the point of view of diagnosis and treatment, the differential diagnosis of the regional swellings being rendered concise by tabulation.

An especially useful feature is the thorough way in which treatment by mechanical appliances is dealt with; numerous trusses are figured and described, and many modifications, additions, and improvements, together with the indications for their employment are explained.

The photographic reproductions are for the most part excellent. It is a book which will be found of the greatest value to any who have to deal with hernia from whatever point of view.

A DICTIONARY OF MEDICAL DIAGNOSIS: A TREATISE ON THE SIGNS AND SYMPTOMS OBSERVED IN DISEASED CONDITIONS. By HENRY LAWRENCE MCKISACK, M.D., M.R.C.P. 77 Illustrations. Pp. 583. (London: Baillière, Tindall, and Cox.)

Within the limits of a single volume, moderate in compass, and printed in clear type of reasonable size, the author has succeeded in covering a great deal of ground in a satisfactory manner. A dictionary of medical diagnosis is a large undertaking, full of difficulties. It is almost as easy to be sketchy and inadequate as it is to be tedious and over-elaborate. That there is need for such a book, treating diagnosis from the standpoint of individual symptoms, few will deny. Patients do not usually present themselves labelled with their diseases. They generally complain of symptoms or exhibit signs of disease; and in many cases the several signs and symptoms cannot for some time be referred with certainty to any one disease. A reliable reference book, to which the student and practitioner may turn for guidance in the interpretation of particular symptoms, should, therefore, become popular. The discussion of diseases themselves and their various manifestations forms the subject of many excellent treatises; but until some notion has been formed of the nature of the malady it is often difficult and wearisome to search through these volumes for the possible meaning of isolated observations. Another want which this work supplies is a guide to the proper methods of eliciting particular signs, arranged not only according to the systems involved, but also under the names of the signs themselves. Dr. McKisack limits these descriptions to the methods most commonly used, since every alternative procedure could not be included in a work of this size. Although the descriptions are for the most part good, and the information throughout is clear, accurate, and concise, we would suggest that, to make the instructions for lumbar puncture, for example, of practical value, the author should be a little more explicit; otherwise it were better to give no directions at all. The arrangement of the book is alphabetical, with abundant cross-references and a serviceable index. Thus considerable space is given to Blood Examination, while there is also, to take one instance, a short account of Poikilocytosis under its own title, with a reference to the longer article for those who need more information. Throughout the book tabulation is seldom made use of, but where it occurs it is unobjectionable. The photographs and diagrams are good. Perfection in such a work is clearly impossible; but this Dictionary seems to us to be worthy of a permanent place in the student and practitioner's library as a valuable complement to the text-books of medicine.

INSANITY AND ALLIED NEUROSES: A PRACTICAL AND CLINICAL MANUAL. By GEORGE H. SAVAGE, M.D., F.R.C.P., with the assistance of EDWIN GODDALL, M.D., B.S., F.R.C.P. Illustrated. Pp. 624. New and Enlarged Edition. (London: Cassell and Co., Ltd.) Price 12s. 6d.

Dr. Savage's manual has now been before the medical public for over twenty-three years, and its popularity has been well maintained and well deserved. Its style and general arrangement must now be quite familiar. The fourth edition has been extended in various directions, especially in so far as the pathology and morbid histology of mental disease are concerned. The illustrations have been increased in number, and six excellent coloured plates, illustrating pathological changes, gross and minute, have been added.

There is also evidence of considerable revision in the text of the present edition, and this is especially marked in the section dealing with pathology. In this respect the book may be considered to be up-to-date. With regard to the clinical aspects of insanity, although there is much to commend, the revision has hardly been so complete, and continental authorities might not agree with the author's claim that the fourth edition is up-to-date throughout. But we have little doubt that this volume will retain its popularity with English students and practitioners as a concise and readable text-book of mental diseases which will be found of practical service in diagnosis and treatment.

Correspondence.

SPECIFIC INOCULATION—A CRITICISM.

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

SIR,—Dr. Horder's paper, which you publish in your last number, suggests the reflection that we live in stirring times. He tells us he has attained the end which Koch attempted, namely, the successful treatment of bacterial diseases by specific inoculation. It may be interesting to trace the steps by which this achievement has been attained, inasmuch as the moral of the tale does not seem to be necessarily that which Dr. Horder inculcates. We may suppose that specific anti-sera were found wanting; and some other method was to be saved from the battlefield where so many theories of immunity have been done to death. The followers of Metchnikoff claimed that phagocytosis was the chief factor in immunity, Ehrlich's school that this character depended on the properties of the various animal juices. Meanwhile investigators, removed a little from the clash of these opposing views, were content to give a qualified adherence to both. Looking more nearly at the practical application of these beliefs to medicine, he found Wright engaged in the "energetic exploitation" of bacterial vaccines as curative agents. By them the patient was stimulated to fortify his own protective mechanism, a guide to vaccination being sought in the variations of the opsonic power of his serum. While it appeared that such a method was applicable with perfect generality to all bacteria, the Critical Spirit in Dr. Horder's breast was aroused by the implied belief in the general importance of the phagocytic factor in immunity. This ghost, once raised, was not to be laid, and haunted his chair with a monotonous string of questions, demanding, with Gull, "ocular demonstration." "Does phagocytosis occur? Is it important? Can it be reproduced in vitro? Recurrence as yet no proof exists that these bacteria are actually ingested rather than merely stuck to the cells!" Is the opsonic index a measure of any part of that complex whole we call immunity? Does specific inoculation do good? The malicious sprite insists, till he gains, for the time, complete ascendance and the unwilling physician is hurried to the laboratory, pinned down to the irksome task of emulsifying recalcitrant and sticky bacilli, outraged by the necessity of "washing and rinsing" the defenceless leucocytes of some self-sacrificing friend. His better feelings, all on edge, it seems no wonder to him if the protestant poly-nuclears conspire to bewilder their tormentor by an irresponsible absorption of stray microbes. Remorse nips shrewdly, and he longs to purge himself from these barbarities. The Critical Spirit, losing power, has begun to fade.

The habit of middling actions which we call Common Sense, a less fantastic presence, hints that a physician's business is with his patients, they wait treatment, they are even anxious to be inoculated. Let us inoculate straight away, without blood examinations, as soon as we have made our diagnosis. We may do good. A clinical experiment is still an experiment, and may take worthy place as a paving stone on the Way of Truth. The Critic, now diaphanous almost to extinction, just gasps, "The patient takes the risk." "Sir," cries the Physician, borrowing a retort from his foe, "Give me ocular demonstration of the risk!" The Critic flies, and the patients are treated. But the Critic, in exile, wonders whether a system which brought disappointment to Koch, and success to Dr. Horder, is really to be preferred to a newer combination which has already rewarded many laborious workers with an encouraging measure of success.

One moment, if you please. Our goblin, even smearing under defeat, will allow no rhetorical antithesis to pass unexamined. He cannot compass the interval from pole to pole, but joggling his own

conceded, Gordon took the kick, and there was a rush in goal; the pace, often picks up unconsidered trifles by the way. Is it quite clear that Dr. Horder has followed in the same track as Koch? Evidence to the contrary is not lacking. He recognised the achievement already attained by Wright; perhaps he has been riding all the while, picking his own pleasant way indeed through the fields, but keeping always in sight the high road where the oponentists pedal strenuously ahead. Let him beware lest he be unhorsed at some fence, or founder in some ditch, where the travellers on the high road have passed safely! Which is the better way? The physician may leave this question to time, and gaily cut the oponentist on his second place of decimals, but the troublesome ghost is not laid for ever, he will appear again. Exiled he is still observant. While we note with interest a patient dying with an index three times normal, he has stumbled across a deathbed attended by three physicians. Are doctors therefore useless? Perish the thought! Then, perhaps, a high opsonic index may still have some value? He clanks his chain!

Rapt thence on the howling night-wind he sees a hospitable light, and creeps for shelter through the keyhole of some quiet laboratory. A patient worker, repeating old experiments, has just opsonised typhoid bacilli or meningococci, and has offered them, in a tamped dish, to some *connaisseur* upon leucocytes. He sees them ingested; they are not "merely struck to the cells;" they become enclosed in vacuoles; a few minutes more and they are actually digested; he sees them swollen, faded, disintegrated; then they disappear. Is this all an effect of ionic concentration? In the next experiment the microbes, opsonised without the addition of leucocytes, are washed and washed again, and finally presented to the leucocytes in a medium of physiological salt solution; still the same phenomena are observed. However we explain it, or name it, an "ascertained fact" remains that our microbes have been so altered by their contact with serum as to be readily ingested by leucocytes.

The Critic itches to break the serenity of this worker with a poser. He asks, can he prepare an artificial serum that will deceive the chemist, and yet not serve as a sauce to the meal of a phagocyte? The Worker winked, and thus replied, "Sweet Puck, I had rather synthesised an opsonically active than an inactive serum! I can do neither. But my gentle Puck, as thou would'st mock the chemist and the physicist with a riddle, take two phials of the serum, and heat me the one temperately to the fifty-fifth degree, then go ask them to read thy riddle, which is the heated serum? But beware how thou mockest the sage well versed in immunity, he is not to be caught in any toils of thine."

Hopefully the Spirit goes off in search of mischief; it will not be long before he has come back to bully or beguile the physician from his superior calm, and set him wrestling in the laboratory with some as yet unmastered method of bacteriological investigation.

L. NOON.

Royal Naval Medical Service.

The following appointments have been made since December 31st, 1907:

Staff-Surgeon W. H. Pope to the "Phlommel" on commissioning.
Staff-Surgeon E. Folliot to the "Hindustan," to date January 7th, 1908.

List of Stations, etc., corrected to date:
Surgeon H. C. Adams, H.M.S. "Vernon," Portsmouth.
Staff-Surgeon H. C. Arathorn, H.M.S. "Diamond," Atlantic Fleet.
Surgeon L. A. Bais, N.H., Hong Kong.
Surgeon K. D. Bell, School of Physical Training, Portsmouth.
Staff-Surgeon I. Boyan, H.M.S. "Defiance," Devonport.
Staff-Surgeon H. X. Browne, H.M. Dockyard, Devonport.
Fleet-Surgeon H. W. Burke, H.M. Dockyard, Sheerness.
Fleet-Surgeon H. Clift, H.M.S. "Cyclops," Home Fleet.
Staff-Surgeon W. J. Codrington, R.N. Hospital, Haslar.
Fleet-Surgeon F. J. Dalton, Hosp. Ship "Maine," Mediterranean.
Surgeon W. P. Dyer, H.M.S. "Bramble," China.
Staff-Surgeon E. Folliot, H.M.S. "Hindustan," Channel Fleet.
Surgeon N. H. Harris, H.M.S. "Defiance," Devonport.
Surgeon H. B. Hill, School of Physical Training, Portsmouth.
Staff-Surgeon W. K. Hopkins, H.M. Dockyard, Portsmouth.

Surgeon H. A. Kellond Knight, H.M.S. "Racer," for, R.N. College, Osborne.
Surgeon G. M. Leveick, H.M.S. "Home Fleet, Portsmouth.
Surgeon L. M. Morris, H.M.S. "Hampshire," Channel Fleet.
Fleet-Surgeon R. C. Munday, H.M.S. "Formidable," Mediterranean.
Surgeon L. C. Murphy, H.M.S. "Duke of Edinburgh," Channel Fleet.
Staff-Surgeon F. H. Nimmo, H.M. Royal Yacht "Osborne," Portsmouth.
Surgeon J. O'Hea, R.M.A. Barracks, Eastney.
Fleet-Surgeon A. M. Page, H.M.S. "Repulse," Home Fleet, Devonport.
Staff-Surgeon J. H. Peap, H.M.S. "Astraca," China.
Staff-Surgeon W. H. Pope, H.M.S. "Phlommel."
Surgeon P. M. Rivaz, H.M.S. "Teal," China.
Staff-Surgeon H. W. B. Shewell, R.N. Hospital, Bermuda.
Staff-Surgeon A. R. H. Skey, Medical Depot, Sydney, N.S.W.
Surgeon W. C. B. Smith, H.M.S. "Lancaster," Mediterranean.
Staff-Surgeon H. Spicer, H.M.S. "London," Home Fleet, the Nore.
Fleet-Surgeon C. Strickland, H.M.S. "Cochrane," Home Fleet, the Nore.
Surgeon E. S. Wilkinson, H.M.S. "Achilles," Home Fleet, the Nore.
Staff-Surgeon A. Woolcombe, H.M.S. "Argonaut," Home Fleet, Portsmouth.
Surgeon W. P. Yates, H.M.S. "Thistle," China.
Fleet-Surgeon Wm. Spry, R.N. (retired).

Royal Army Medical Corps.

Captain A. H. Morris to be Major.

Major F. M. Mangin, on return from Jamaica, is posted to the Connaught Hospital, Aldershot.

Captain R. H. Lloyd is posted to the Depot at Aldershot for a course, having been selected as an Adjutant for the Territorial Force.

Lieut. L. V. Thurston is home from India on medical certificate.

Lieut. E. W. M. Paine embarked for India in December.

Indian Medical Service.

Capt. H. W. Illius, I.M.S., is placed temporarily at the disposal of the Government of the United Provinces on plague duty.

Capt. F. V. O. Beit, I.M.S., recently Civil Surgeon of Maymyo, Upper Burma, is granted one month's privilege leave.

An Indian Medical Service Dinner was held at Calcutta on January 10th, Surg.-Gen. G. Bomford, the Director-General, presiding. Of the forty-one officers present, the following were Bart's men:
Lt.-Col. C. P. Lukis, Lt.-Col. J. Lloyd Jones, Lt.-Col. F. P. Maynard, Maj. R. Bird, Maj. C. R. Stevens, Maj. F. O'Kinealy, Capt. F. P. Connor, Capt. A. D. White.

Appointments.

BERRY, H. S., M.R.C.S., L.R.C.P., appointed House Physician at the Westminster Hospital.

BURRA, L. T., M.B., appointed R.M.O., Royal National Hospital for Consumption for Ireland, Newcastle, co. Wicklow, Ireland.

HUDSON, BERNARD, M.D., M.R.C.P., appointed Assistant Physician to the Royal Hospital for Diseases of the Chest, City Road, E.C.

OLEF-SKAW, H. W., M.R.C.S., L.R.C.P., appointed Medical Inspector of Schools under the Hendon Education Committee.

PALGRAVE, E. F., M.R.C.S., L.R.C.P., appointed Assistant Medical Officer of Schools, Middlesex County Council.

WILLIAMSON, J. S., M.R.C.S., L.R.C.P., appointed Clinical Assistant at the Holborn Union Workhouse Infirmary.

New Addresses.

AMSDEN, W., Potters Bar.

BAINBRIDGE, F. A., 9, Rugby Mansions, Kensington, W.

BOYAN, Staff-Surgeon J., H.M.S. "Defiance," Devonport.

BRANSON, W. P. S., 21, Upper Wimpole Street, W. Telephone: Paddington 3885.

BURRA, L. T., Royal National Hospital for Consumption, Newcastle, co. Wicklow, Ireland.

COLT, G. H., 4, Priory Court, West Hampstead. Telephone: P.O. Hampstead 2620.

DAVIES, A. T., 9 and 10, Tokenhouse Yard, E.C.

DUDLEY, HUGHES, c/o Dr. Giles, Caxton, Cambs.

FIELD, F. A., Taneta, Birchington-on-Sea.

GEORGE, H. T., 2, St. Andrew's Place, Cardiff.

HAMILTON, W. G., Capt. I.M.S., Central Jail, Bhagalpur, Bengal.

HUMPHREYS, A. A., 98, Caledonian Road, N.

LEONARD, W. H., Capt. I.M.S., c/o T. Cook and Sons, Ludgate Circus, E.C.

MONKTON, V. G., North-Western Fever Hospital, Hampstead, N.W.

ROWLANDS, B., Lydbrook House, Regent's Park Road, Finchley.

SHERIDAN, N., Adderley House, Eloff Street, Johannesburg.

WILLIAMS, A. SCOTT, c/o Holt and Co., 3, Whitehall Place, S.W.

WILLIAMSON, J. S., Holborn Union Workhouse Infirmary, Archway Road, Upper Holloway.

Births.

MICKLETHWAIT.—On the 30th January, at Crewe Cottage, Haslington, Crewe, the wife of George W. Micklethwait, M.D., of a son.

TANNER.—On the 4th February, at Farnham, Surrey, the wife of Charles E. Tanner, M.D., F.R.C.S., of a son.

THOMAS.—On the 19th October, 1907, at Whitehouse, Cape Colony, the wife of H. E. Thomas, M.B. (Lond.), of a daughter.

WILLIAMSON.—On the 24th February, at The Limes, Epsom, the wife of J. Williamson, M.D. (Lond.), of a daughter.

Marriages.

BOYAN—CATTY.—On 18th December, at St. Joseph's, Newbury, Berks, by the Very Rev. Canon J. Scannell, D.D., Staff-Surgeon John Boyan, Royal Navy, eldest son of John Boyan, Esq., Rathmines, Dublin, to Pearl Alexina, younger daughter of the late Major-General Charles Parker Catty and Mrs. Taylor, of The Rest, Southsea.

LOCKWOOD—WALLACE.—On the 18th February, at Christ Church, North Finchley, by the Rev. J. T. Lang, Vicar, and the Rev. B. Irvin, Vicar of Saltburn, Charles Barrett Lockwood, of Upper Berkeley Street, son of the late George Lockwood, of Stockton-on-Tees, to Florence Edith, second daughter of W. D. Wallace and Mrs. Wallace, of North Finchley.

STEVENSON—HOWARD-SAUNDERS.—On the 29th January, at St. James's Church, Sussex Gardens, by the Rev. G. F. Prescott, M.A., assisted by the Rev. Marcus Rainsford, M.A., Vicar of the Parish, E. Bruce Stevenson, youngest son of Nathaniel Stevenson, of 51, Wimpole Street, to Maud Rita, younger daughter of the late Howard Saunders, of 7, Radnor Place, Hyde Park.

WHITTLE—CAFE.—On the 20th January, at the British Vice-Consulate, Las Palmas, Grand Canary, Ed. George Whittle, M.D. (Lond.), to Violet Isabel Harriet, daughter of Col. C. H. W. Caffe (late Royal Sussex Regiment), and adopted daughter of Deputy Inspector-General S. Sweetman, R.N.

Deaths.

CHARLES.—In September, 1907, Capt. G. E. Charles, I.M.S.

GOODCHILD.—In January, N. Goodchild, Highgate Road.

HARRIS.—On the 3rd February, at 17, St. John's Wood Road, N.W., Benjamin Harris, M.R.C.S. Eng., L.S.A. (Lond.), fourth son of the late William Harris, of 55, Park Street, Grosvenor Square, W., aged 70 years.

ORMEROD.—On the 15th February, at 25, Upper Wimpole Street, Elizabeth Katharine, second daughter of Dr. and Mrs. Arderne Ormerod, after a short illness.

Acknowledgments.

The All India Hospital Assistants' Journal, British Journal of Nursing, L'Echo Médical du Nord, Giornale della Reale Società Italiana d'Igiene, Guy's Hospital Gazette, The Hospital, Charing Cross Hospital Journal, Journal of Laryngology, Rhinology, and Otolaryngology, London Hospital Gazette, New York State Journal of Medicine, Nursing Times, Medical Review, Middlesex Hospital Journal, St. George's Hospital Gazette, The Stethoscope, The Student, St. Mary's Hospital Gazette, University of Durham College of Medicine Gazette, St. Thomas's Hospital Gazette, Practitioner, Indian Medical Gazette, British Journal of Nursing, Le Mois Médical Chirurgical, The Eagle, Mitterlungung aus der Medizinischen Fakultät der Kaiserlich-japanischen Universität zu Tokyo, Polyclinic.

Formamint Tablets, Ilford X-ray Plates.

Wellcome's Photographic Exposure Record and Diary.

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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APRIL 1st, 1908.

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

Calendar.

Wed.,	April 1.	—Exam. for D.P.H. Cambridge begins.
Thurs.,	" 2.	—Final Exam. Conjoint Board (Midwifery) begins.
Fri.,	" 3.	—Final Exam. Conjoint Board (Surgery) begins. Dr. Herringham and Mr. Lockwood on duty.
Tues.,	" 7.	—Dr. Tooth and Mr. D'Arcy Power on duty.
Fri.,	" 10.	—Dr. Norman Moore and Mr. Cripps on duty.
Mon.,	" 13.	—I.S.A. Final Surgery Exam. begins.
Tues.,	" 14.	—Dr. Samuel West and Mr. Bruce Clarke on duty.
Fri.,	" 17.	—Good Friday. Dr. Ormerod and Mr. Bowlby on duty.
Mon.,	" 20.	—Easter Monday. L.S.A. Final Medicine, Forensic Medicine, and Midwifery begins.
Tues.,	" 21.	—Dr. Herringham and Mr. Lockwood on duty.
Wed.,	" 22.	—Summer Session begins.
Thurs.,	" 23.	—Part II of 3rd Exam. for M.B. (Cantab.) begins.
Fri.,	" 24.	—Dr. Tooth and Mr. D'Arcy Power on duty.
Tues.,	" 28.	—Dr. Norman Moore and Mr. Cripps on duty.
Fri.,	May 1.	—Dr. Samuel West and Mr. Bruce Clarke on duty.
Tues.,	" 5.	—Dr. Ormerod and Mr. Bowlby on duty.

Editorial Notes.

THIS, the April number of the JOURNAL, is destined to have a wider circulation than ordinary issues, in so far as it is sent to all old Bartholomew's men and not only to those who are subscribers. Would that the two were synonymous! The JOURNAL is the organ of the Students' Union, and as such endeavours to keep all past students of the Hospital informed of matters

of interest taking place there. It contains from time to time, in addition to many special lectures and articles of interest by acknowledged authorities, a record of all recent appointments in the Services and at various institutions, so that by perusal of its columns readers are the better acquainted with the doings of men of their own time, and the *esprit de corps*, which is, and always has been, so prominent among St. Bartholomew's men, is thus fostered.

We would urge that to be reminded of one's student days is to perpetuate one's youth, and therefore in the strength of this conviction, we recommend, with all deference, perusal of the pages of the JOURNAL as a prophylactic against threatening arterio-sclerosis; subscribing to the JOURNAL thus becomes a short cut to longevity!

THE First Annual Dinner of the Students' Union was held at the Trocadero Restaurant on Tuesday, March 17th, Dr. Herringham, President of the Union, was in the chair. Suffice it to say that from first to last the dinner was eminently successful, and it is hoped that this event will be attended, year by year, with ever-increasing interest. Further details will be found in another column.

IN the pages of one contemporary, the *Graphis*, we note with interest a delightful account of student life at St. Bartholomew's. The description of the Medical School and of the medical curriculum as it obtains there, is concise, clear, and truly representative. The illustrations, too, are excellent. The one of the Out-patients' Hall hardly does justice to the size of the building. We could have wished also that the "Square" had been included.

We heartily congratulate Mr. J. D. Davis on being elected to the Luther Holden Scholarship in Surgery; we also note with pleasure that he is the first to fill the newly-made appointment of Resident Medical Officer to the City of London Lying-in Hospital.