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St. Bartholomew's Hospital



JOURNAL.

VOL. XVII.—No. 1.]

OCTOBER, 1909.

[PRICE SIXPENCE.]

St. Bartholomew's Hospital Journal,

OCTOBER 1st, 1909.

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

Calendar.

Fri.,	Oct. 1.—	Winter Session begins. Annual Dinner of Old Students in the Great Hall. Dr. W. P. Herringham presides. Dr. Tooth and Mr. D'Arcy Power on duty.
Sat.,	" 2.—	Exam. for D.P.H. (Cambridge) begins.
Mon.,	" 4.—	Second Exam. of Society of Apothecaries begins. Special Lecture. 1 p.m. Mr. Eccles.
Tues.,	" 5.—	Final Exam., Conjoint Board (Medicine) begins. Dr. Norman Moore and Mr. Harrison Cripps on duty.
Wed.,	" 6.—	First Exam. of Society of Apothecaries begins. Clinical Lecture. 12.45 p.m. Mr. Bowly.
Thurs.,	" 7.—	Final Exam., Conjoint Board (Midwifery) begins.
Fri.,	" 8.—	Final Exam., Conjoint Board (Surgery) begins. Clinical Lecture. 12.45 p.m. Dr. Norman Moore. Dr. West and Mr. Bruce Clarke on duty.
Mon.,	" 11.—	Special Lecture. 1 p.m. Mr. West.
Tues.,	" 12.—	Dr. Ormerod and Mr. Bowly on duty.
Wed.,	" 13.—	Clinical Lecture. 12.45 p.m. Mr. Bowly.
Thurs.,	" 14.—	Abernethian Society. Sessional Address by Dr. F. W. Andrews. "Entomology and Medicine." Medical Theatre. 8.30 p.m.
Fri.,	" 15.—	Clinical Lecture. 12.45 p.m. Dr. West.
Mon.,	" 18.—	Special Lecture. 1 p.m. Dr. Lewis Jones.
Tues.,	" 19.—	Dr. Herringham and Mr. Lockwood on duty.
Wed.,	" 20.—	Clinical Lecture. 12.45 p.m. Mr. D'Arcy Power.
Thurs.,	" 21.—	Abernethian Society. Paper by Mr. H. J. Gauvain, "Treatment of Cripples at Alton," with lantern slides. Anatomical Theatre. 8.30 p.m.
Fri.,	" 22.—	Clinical Lecture. 12.45 p.m. Dr. Ormerod. Dr. Tooth and Mr. D'Arcy Power on duty.
Mon.,	" 25.—	Exam. for M.B., B.S. (London) begins. Special Lecture. 1 p.m. Mr. Harmer.
Tues.,	" 26.—	Dr. Norman Moore and Mr. Harrison Cripps on duty.
Wed.,	" 27.—	Clinical Lecture. 12.45 p.m. Mr. D'Arcy Power.
Fri.,	" 29.—	Clinical Lecture. 12.45 p.m. Dr. Herringham. Dr. West and Mr. Bruce Clarke on duty.
Mon.,	Nov. 1.—	Special Lecture. 1 p.m. Dr. Garrod.
Tues.,	" 2.—	Dr. Ormerod and Mr. Bowly on duty.
Wed.,	" 3.—	Clinical Lecture. 12.45 p.m. Mr. D'Arcy Power.
Thurs.,	" 4.—	Primary F.R.C.S. Exam. begins.
Fri.,	" 5.—	Clinical Lecture. 12.45 p.m. Dr. Tooth. Dr. Herringham and Mr. Lockwood on duty.

Editorial.

THE new Session at "Bart.'s" begins in a very unobtrusive manner. There is no flourish of trumpets, no pomp and circumstance of an Inaugural Address to mark the commencement of another academic year. We find ourselves once more in the full swing of the Sessional work with nothing except an accession of new students amongst us to remind us that anything important has occurred. We may lose some advertisement by this unostentatious method of getting to work, but we are glad to think that the reputation of our Hospital is such as to need no adventitious puffing by being specially and periodically brought into public prominence.

In keeping with this absence of ceremony, the JOURNAL does not, like some of its contemporaries from other Hospitals, mark the occasion by the issue of any Special Students' Number. The information, that would form the substance of such a number, is so readily accessible to all in the Hospital Calendar, or can be so easily obtained from the Tutors, that we have not thought it worth while to alter the usual character of our columns by its reproduction here. Yet tradition has assigned one duty to the Editor of the JOURNAL, which we have no intention of neglecting,—that of addressing a few words of welcome and advice to the Freshmen, who have just joined us.

The first part of this duty it is an unmixed pleasure to undertake. Some of the new men have but recently come from school. These, in spite of the pessimists who are as busy as ever this year with their complaints of overcrowding, we may still congratulate on their choice of a profession. Many more come to us from the older Universities, where they have already given some years to medical studies. All alike we welcome with equal cordiality to St. Bartholomew's, and congratulate them on their choice of a Medical School. We are convinced that they will never have reason to regret the choice. They will find the name of St. Bartholomew's a real assistance to

them in their after life, and we hope that in return for all that this will mean to them it will be the endeavour of each to live up to the high standard of professional conduct invariably expected from a Bart.'s man.

The conditions, under which those who enter the Hospital to-day will work, are widely different from those within the memory of even the present generation of residents. The skeleton of the Old Surgery is still uninterred, and may be the object of tours of antiquarian inspection by freshmen of to-day. *De mortuis nil nisi bonum.* We shall speak no ill here of that ancient building, now hallowed by the accumulated sentimental regard of three years, in which for so long the Out-patient practice of this Hospital was carried on. But when we contrast this, and also the old Pathological Laboratory, with the magnificent and well-equipped blocks now in full use, we cannot but envy those, who are now joining us, the increased opportunities which all this means. They will not, we feel sure, need any urging to take full advantage of these facilities.

We approach the second part of our traditional duty—that of advice—with more diffidence. We do not propose to assume the *role* of the stern monitor, and urge incessant devotion to medical studies. The necessity for hard work is evident to any sensible man in view of the shortness of time allowed for medical education, and the rapidly increasing number of new facts and theories with which we have to keep pace. We prefer to emphasise the importance of keeping some object of work in view other than the immediate one of passing an examination. All men would do well to decide at the outset the career for which they intend to prepare, and to keep this steadily in mind in acquiring the kind of equipment that they will need, rather than to allow themselves to drift aimlessly on to qualification, and discover too late that the only knowledge and experience they have gained is a facility for answering examination questions with text-book facts. If they have already no bias in favour of private general practice, one of the Public Services, or a consultant practice, they will find the relative advantages of these things admirably stated and balanced against each other in the Educational Numbers of the *Lancet* and the *British Medical Journal*.

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MANY men from this Hospital will, we hope, become qualified at the final examinations taking place this month. We should like to direct the attention of these to the conditions of service in the Special Reserve of Officers, Royal Army Medical Corps. Full particulars will be found in the notice which has been hung in the hall of the School Buildings. Many men, who have been unable to join the Officers' Training Corps, may still give their services to their country under these extremely easy conditions. We quote the following:—"It is perfectly recognised that a medical man well established in practice, cannot throw up his practice and proceed on active service, but it is thought that many young recently-qualified men, or men who are about to qualify, would in their early years join this Reserve in the same way as members of the other technical professions do join the General Reserve. The conditions are easy, the service is voluntary, and the officer can resign whenever he settles down, and finds that he cannot continue in the Reserve."

The Relationship of the Consultant to the General Practitioner.

By A CONSULTANT.

SOME may argue that the existence of two distinct classes of medical practitioners—the consultant and the general practitioner—is not conducive to the advantage of the patient or the practitioner. The view of the consultant, particularly if he be a "specialist," is apt, some say, to be constricted, and almost necessarily so, and his treatment of disease in consequence may be somewhat narrow and irrational. The knowledge and ability of a thoroughly sound and skilled general practitioner cannot be surpassed, and is of infinite value in diagnosis and treatment.

But, however much it may be thought undesirable that there should be these two distinctions, the fact remains that they exist and their existence cannot be ignored, and should therefore be utilised to the best advantage of the patient.

It is distressing to see from time to time instances in which the right and proper relationship between consultant and general practitioner has been outrageously upset.

If the remarks in the following lines are blunt and to the point, let them not cause offence to any, for they are penned solely with the desire that this relationship of practitioners may be seen in its best light, and may be scrupulously maintained by all.

Firstly, if a patient or a patient's friends wish for a consultation with another practitioner, whether a colleague in the vicinity or a consultant, the medical man should in his own and generally in his patient's interests readily acquiesce. It may be somewhat humiliating to professional pride to realise that a request for a consultation savours of a lack of confidence on the part of the patient or his friends; but seldom is it that the prestige of a general practitioner is lowered by consultation with a respected brother practitioner.

Secondly, never hesitate, if it be to the patient's interest, to suggest that a consultation should be held. It is far wiser to share the responsibility of a grave or perplexing case, than to permit friends subsequently to say a consultation was not even proposed during the critical period of the disease.

All registered practitioners may be met in consultation, unless there has been a known and definite ethical misdemeanour on the part of any one in particular. It is a good rule, if in doubt, to remember that the interests of the patient should certainly come before the inclinations of the doctor. Women practitioners should certainly be met in consultation, and of course treated with the courtesy which is due to their profession and sex. Consultation with those members who practise so-called homeopathy may not be altogether desirable; but to let a patient suffer because he

them in their after life, and we hope that in return for all that this will mean to them it will be the endeavour of each to live up to the high standard of professional conduct invariably expected from a Bart.'s man.

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If the remarks in the following lines are blunt and to the point, let them not cause offence to any, for they are penned solely with the desire that this relationship of practitioners may be seen in its best light, and may be scrupulously maintained by all.

Firstly, if a patient or a patient's friends wish for a consultation with another practitioner, whether a colleague in the vicinity or a consultant, the medical man should in his own and generally in his patient's interests readily acquiesce. It may be somewhat humiliating to professional pride to realise that a request for a consultation savours of a lack of confidence on the part of the patient or his friends; but seldom is it that the prestige of a general practitioner is lowered by consultation with a respected brother practitioner.

Secondly, never hesitate, if it be to the patient's interest, to suggest that a consultation should be held. It is far wiser to share the responsibility of a grave or perplexing case, than to permit friends subsequently to say a consultation was not even proposed during the critical period of the disease.

All registered practitioners may be met in consultation, unless there has been a known and definite ethical misdemeanour on the part of any one in particular. It is a good rule, if in doubt, to remember that the interests of the patient should certainly come before the inclinations of the doctor. Women practitioners should certainly be met in consultation, and of course treated with the courtesy which is due to their profession and sex. Consultation with those members who practise so-called homoeopathy may not be altogether desirable; but to let a patient suffer because he

has chosen to trust a homœopath is, to say the least, wanting in humanity. Obviously, if a surgeon is called in to perform an operation which is imperative if life is to be saved, he does not refuse because called by a homœopath.

When it has been decided that a consultation should be held, it is usual for the family practitioner to suggest the consultant who should be approached. This is well, and it would be happy if the rule was less often departed from. Unfortunately at times friends, who think they know better than the doctor, are sure that a certain "specialist" is the one who should be consulted, and grotesque propositions through ignorance are not infrequently thereby introduced. The practitioner will need all his tact and persuasion to controvert these on occasions.

If the consultant is to visit the patient at the patient's own home, then the time mutually agreed upon should be rigidly adhered to by both the parties. Punctuality is not nearly so difficult as it is often thought to be, and to arrive five minutes before the appointed hour is far more pardonable than to come ten minutes late. A consultant's time is in reality more his own than the general practitioner's, and for him to keep the local practitioner waiting is an act which can hardly be forgiven.

The practitioner should be ready before the examination is made to give a short, clear, and honest account of the history and progress of the case since he has had knowledge of it. No discussion on the condition or the treatment of the patient should be permitted in his presence, unless it is mutually agreed beforehand that such is to be allowed. The consultant often has a difficult task to perform, and the practitioner should be alive to this fact, and should loyally support him in his interview with patient and friends. On the other hand, the consultant should show every possible courtesy to his colleague, and never, in the slightest degree, undermine the confidence of the patient in his medical attendant.

If, on the other hand, it is arranged that the patient should visit the consultant, it is usually best for the local practitioner to accompany him, but this is so often impossible or inconvenient that it is certainly but seldom carried out.

When it cannot be, then the practitioner should always, previous to the interview, send an account of his knowledge of the case. This act of courtesy is of value to all parties concerned, but it is frequently omitted. It does entail an expenditure of time and thought, but it is due to the patient and the consultant. The consultant, on his part, is in honour bound to reciprocate by a letter to the practitioner dealing with his diagnosis and suggested treatment of the case.

This letter the practitioner should always acknowledge, even if very briefly, though consultants will say such an acknowledgment is constantly being neglected.

In connection with the arrangements for a consultation,

a situation by no means infrequently occurs in which the consultant receives a letter from a patient asking for an appointment, mentioning, perhaps, that his doctor has advised him to seek this further advice, or making no reference to his medical practitioner.

Here there has been a fault committed—on the part of the medical attendant, who ought himself to have written to the consultant saying he wished the consultation to take place and at the same time giving a *resumé* of the history of the case, or on the part of the patient, who ought to have signified to his local practitioner that he desired to consult a "specialist." The consultant (or "specialist") is bound to accede to the wish of the patient for an interview and to forward an appointment card, because everyone has a right to seek advice—good, bad, or indifferent—concerning his own health.

At the consultation, the consultant, if he does not know who is the medical attendant of the patient, should tactfully discover his name and place of residence, and should communicate by letter (or telephone) with him promptly after the interview.

In the case of a consultant whose reputation has become known to the general public, such interviews, apart from previous correspondence with the practitioner, are apt to become increasingly frequent. They are certainly not the most desirable form of consultation for any of the parties concerned, but they can hardly be avoided.

The practitioner, on receipt of the letter, should first of all refrain from being annoyed that his patient has, of his own will, consulted a "specialist," and secondly, should acknowledge to the consultant his indebtedness for the communication. Unfortunately, it is in instances of this kind that friction is most apt to arise, and the fault may be on every side. Sometimes the consultant fails to obtain the name of the practitioner, either wilfully or because the patient refuses to divulge it.

In the first instance the consultant is seriously to blame; in the second the patient may be exceedingly foolish, and may place the consultant in a position towards the practitioner which is undesirable and avoidable. Sometimes, may it be said not infrequently, the practitioner fails to take any notice of the consultant's letter, or, in replying to it, makes use of expressions which are neither fair nor kind to either patient or consultant.

It is, sad to say, the experience of most consultants to have had their efforts to obtain and maintain the proper relationship between themselves and brother practitioners completely negated by the scant courtesy, or absolute abuse, of the general practitioner.

It is equally true, and perhaps more often true, that the general practitioner has to complain of the conduct of the consultant. His patient is seen by the consultant without his being made aware of such an interview. Treatment is suggested and carried out by the consultant, frequent visits

may be made to him, and it is only by chance that later the local practitioner becomes aware of this condition of affairs, which certainly savours of underhand dealing, and naturally his anger is aroused. Sometimes, he must remember, it is entirely due to the patient, but this is not by any means always so, and he then undoubtedly has a legitimate grievance against the consultant.

Would that these unpleasant relations might never arise, and if perchance they do, would that it might be said that both consultant and practitioner were entirely free from blame.

All are members of an honoured profession, one in which, above all others, courtesy and forbearance is not only desirable, but essential, in order that the relationship between the two classes should be such that they may trust and assist one another to the mutual advantage of themselves and their patients.

Cases from the Electrical Department.

TWO CASES OF SEVERE, NON-FATAL, ELECTRIC SHOCK.

THE two following cases of severe electric shock are interesting in that both the subjects escaped with their lives after having been in contact with electric light mains at 2500 volts. Generally, such an accident proves fatal, as many examples have shown in the past.

CASE 1.—W. G—, æt. 42, was at work upon a transformer, which was supposed to have been cut out of circuit, and came in contact with a wire which proved to be "alive," grasping it with his right hand. He has a clear recollection of what happened, and does not seem to have lost consciousness, or at all events not immediately, for he described his sensations as though he were being lifted up into space, and felt that his eyelids were opening and shutting convulsively. He considers that the contact lasted for ten seconds, but very probably it was not so long. He then became disengaged and fell down, and may have been insensible for a few moments, but he got up by himself, and remembers that his fellow-workman was bellowing from alarm.

When seen he had a severe burn of the right hand with much blistering of the whole palm and of the flexor surfaces of the fingers, the deepest burn being of the fourth finger. There was also a small burn of the right thumb.

The left foot had blisters on all five toes, showing that the current had gone to earth by that channel, and there was a small blister on the second toe of the right foot as well.

He attended at the Hospital under the care of Mr. Rawling, and made a gradual recovery, and with remark-

ably little permanent damage considering the severity of the burns. The fourth finger, however, is stiff, as the destruction there involved the flexor tendons, and this finger is useless and may need removal. There is no impairment of sensation in the fingers.

The interesting points of the case are that the current clearly traversed the whole body of the patient from hand to foot, as shown by the burns of the feet. It is usual in electric shock accidents for the discharge to occur from one pole to earth, and not from one pole to the other; and it is therefore useful in such accidents to examine the feet first when searching for the path of exit of the current. Burns may often be found on the feet, though they are not always observed, for a damp foot in a damp boot will carry off a good deal of current before the temperature can rise high enough to produce a burn. The conducting surfaces, too, in the foot are larger, and the current is more diffused than at the point of contact at the hand, and on this account the burns are usually less pronounced.

Another factor to be remembered is that the severity of the burns depends not only upon the magnitude of current, but upon the duration of its passage. Cases have been recorded of fatal shock from very brief contacts, in which the burning at the point of contact was so slight that it might have been overlooked.

CASE 2.—A. C—, æt. 40, was dusting a live transformer on June 16th of this year, when he came accidentally into contact with it, and received a discharge of short duration at 2500 volts to the back of the right hand. He was thrown down, but was not rendered insensible. The duster took fire.

When seen he had much blackening and blistering of the dorsal surfaces of the thumb, index, middle, and ring fingers of the right hand. The little finger had escaped, and the palm was not burnt. The nails of the index and middle fingers were charred at the edges. There was no burn of either foot, although the current probably went to earth by that route as he was standing on a non-insulated metal grating, and the burns of the hand were less severe than in Case 1. The duration of contact was momentary, and this explains both these points, in which the second case differs from the first.

The patient has made a good recovery, and though not yet returned to work he will shortly be able to do so, and with a good hand. While attending at the Hospital he has been under Mr. Blakeway's care.

In neither of these patients were there any signs of nervous shock or of any after effects of a neurasthenic type, and this is important in view of the fact that the shocks they received were very severe.

Cases arise from time to time in which individuals who have had electric shocks of much less severity complain of indefinite neurasthenic symptoms, and it is often difficult to know what weight to attach to alleged illness after elec-

tric shock if the symptoms complained of are purely subjective.

MULTIPLE ENDOTHELIOMA IN AN INFANT, SIMULATING NÆVUS.

Alexander R., æt. 11 months, was referred to the Electrical Department on the 16th of July as a case of multiple nævus. Scattered over the surface of the body were twenty-seven bright red growths, varying in size from that of a pea downwards, the smallest being minute, no bigger than a pin's head, but all were florid and resembled nævi. The largest were raised so as to form little rounded tumours. As there was something peculiar in their appearance which made me doubtful as to whether they were ordinary nævi or not three of the largest were cut off by means of the galvano-cautery point, and taken to the pathological department for examination. In cutting through the base with the galvano-cautery it was noticed that they were paler within than might have been expected if they had been nævi, and Dr. Andrewes' report was as follows:

"The tumours are not really nævi. They consist of more or less solid sarcoma like tissue, covered by ordinary epidermis scarcely thickened. They are not specially vascular. They quite resemble in their histological structure ordinary fleshy moles or warts.

These growths are now usually considered to be of endothelial origin. Ziegler terms them "lymphangioma simplex hypertrophicum. They are innocent in nature, but may be the starting-points of melanotic sarcoma."

The mother stated that none of the growths were present at birth, and none were seen until the child was a month old, when they began to appear and developed in succession, the largest being the first to appear. They were increasing in size. There had been a twin brother who died when aged two months, but he also presented two growths of similar appearance.

All the spots were destroyed by the galvano-cautery except one small one of the left shoulder, which was left for observation. The mother was instructed to report later, and came up on September 20th. The untreated spot has remained unchanged. Of those which were cauterised most have disappeared, but two show a red colour still, and though not raised above the general surface, appear as though they might be growing.

H. L. J.

Recent Papers by St. Bartholomew's Men.

Jordan, A. C., M.D. "X-ray Examinations for the Physician." (*Archives of the Königin Ray and Allied Phenomena*, Aug., 1909.)
Dickins, S. J. O., M.D. (Brux.) "Fractures occurring during Epileptic Fits." (*British Medical Journal*, August 14th, 1909.)

With the Officers' Training Corps, University of London, in Camp.

ON Friday, July 30th, the University of London O.T.C. went for its first training in Camp on Salisbury Plain. Our readers will be more interested in the doings of the Medical unit, and with them we shall be more concerned, but, as the medical unit is only a part of the contingent, it will not be out of place to say a word about the Corps as a whole.

The Corps consists of—

1. An Engineer unit, 76 strong.
2. An Infantry unit of 6 companies, 302 strong.
3. A Medical unit of 3 sections.

A Section.—Headquarters St. Bartholomew's Hospital, including cadets from St. Bartholomew's, London, King's College, and Charing Cross Hospitals. 59 strong.

B Section.—Headquarters Guy's Hospital, including cadets from Guy's and St. Thomas's Hospital. 74 strong.

C Section.—Headquarters University College Hospital, including cadets from University College and the Middlesex Hospitals. 84 strong.

The strength of the Medical unit is 217, and the total strength of the Corps is 596.

The officers are mostly men holding teaching appointments in the constituent Colleges of the University. Those attached to "A" Section are Majors Herringham and Tooth and Lieut. Charlton Briscoe, of King's.

The Adjutant is Capt. A. G. Egerton, Coldstream Guards, who has won the esteem of everybody.

Lieut. T. Ll. Humberstone, who is the Secretary of the Military Education Committee, is the Quartermaster.

There are five very efficient Sergeant-Instructors, two of whom belong to the R.A.M.C.

"A" Section of the Medical unit was fortunate in possessing four very smart and experienced Sergeants in Morse, Capon, and Greaves, of St. B.H., and Brown, of King's. The Section owed a great deal to their unremitting care and attention.

It will, therefore, be evident that the University has responded to the call of duty, and is training a goodly contingent of young men to supply the shortage of officers in the event of a great war in three important branches of the service. It is to be hoped that these numbers will at least double themselves in the coming year.

Four days before the main body entrained an advance party of some fifty cadets, under the command of Capt. Charles, went down to the Plain to pitch the camp, which was situated on a commanding site on West Down North, about six miles from the G.W.R. Station Lavington. This party did their work admirably, and the camp was pitched with a smartness and precision worthy of regular troops. So willing and energetic were the fatigue parties that the

Ordnance Store officer remarked that he had never seen stores handled more expeditiously even by regulars.

After the first two days the weather became all that could be desired, brilliant sunshine all day, and almost tropical heat, but delightfully cool nights.

The health of the contingent, and particularly of the Medical unit, was very good, and the really hard work in blazing sun resulted in only one or two slight casualties. There was an excellent spirit among the cadets generally, and a desire to make the best of the time for training, all too short anyway. The full time was fifteen days, and the larger number stayed for this, but among the medicals about a third went at half time, which is much to be regretted, for there is much to learn, and a man who goes at the end of the first week must lose much instruction and experience that could not be crowded into a week. It would not be possible nor advisable to make the second week a simple repetition of the first.

It is well perhaps to insist that the training is not a holiday, but a time for really hard work, bodily and mentally, and requiring a man's full energy if he is going to get any real good out of it.

Now for a short review of the work done by the Medical unit. The idea underlying the training is to teach the cadets the soldiering side of the R.A.M.C., the medical and surgical teaching of course is the duty of their hospital, and in such a training as this is left alone, in fact, a number of the men are not yet out of the dissecting room, and therefore quite unfit for any but the most elementary first aid work. Cadets are working for an examination for Certificate A, which requires a very elementary knowledge of anatomy, together with squad and company drill, and the handling of bodies of men, which every officer must know. Indeed a good deal of the time of training was given to perfecting the men in company drill, and it was not time thrown away. Men were also called out from the ranks to take command of squads or companies, and there is no other way of learning to command. Stretcher drill, the intelligent handling of wounded men, the loading and unloading of ambulance waggons, the behaviour of stretcher bearers in the field, all require practice, and an amount of drill detail which at first sight seems unnecessary.

Reveille was at 6 a.m., and there was half an hour's drill before breakfast. Tents cleaned and kits piled ready for inspection. Breakfast 7.30. Line inspection at 8.30. General fall in for parade and roll call at 8.40. Except on field days the three sections then marched off to their parade ground for drill, the sections working independently. At 11 a.m., except on field days, there was a lecture or demonstration. The lectures were by Major Stammers, R.A.M.C., on "Camp Sanitation, Water Supply, purification and filtration"; by Col. James, on "General Plan and Scope of Field Ambulances, and details of Equipment." Capt. Egerton, Coldstream Guards, Adjutant O.T.C., kindly gave

a lecture on "Map Reading." Demonstrations also by Col. James on "Equipment of Field Ambulances and Pitching of Tents."

From 12 to 2 there was a break-off for lunch and rest.

At 2 p.m. fall in again for drill and exercise, tent pitching, etc.

4.30.—Tea. 5 to 7.—Recreation, cricket, football.

Lights out at 10.15.

In sports the Medical unit distinguished itself by winning the Rugby and Association football. In cricket the match, Contingent v. Inns of Court, was won largely by the excellent batting of Capt. Egerton (Adj.) and F. T. Hill, "A" Section Medical. In the athletic sports the Medical unit proved very strong; in fact, they won all the events, and of these "A" Section won the mile—R. H. Hodges, King's; obstacle race Corpl. E. A. P. Brock, St. Bart's. On three evenings there was a concert on the parade ground, in which the officers took part. Cadet Stuart's recitation, and Sergt. Morse's "Come, Landlord, fill the Flowing Bowl" were both excellent, and it was here that the O.T.C. song first saw the light. Few of those present will forget these sing-songs under moon and stars of almost tropical brilliancy.

But to return to the work. One half day was given to actual hard spade work—the digging of latrines, incinerators, slop, refuse, and urine pits and camp kitchens, the practical illustration of the lectures. Not the least arduous of the duties was the filling up of the trenches and holes on a subsequent occasion, and the replacing of the sods.

On four occasions the whole unit went out as a complete section of a Field Ambulance, under the command of Major Herringham. It was then that the effect of many wearisome drills and exercises showed itself in the alertness and smartness of the cadets, and the smooth working of the whole unit. The work shortly consists of a march out to the field of action, in so-called column of route, with ambulance waggons, army service waggons, water cart, and all the equipment necessary for the establishment of a collecting station not far from the firing line, a dressing station some little way behind this, and a "tent division camp" with tents for the wounded, operation tent, kitchens and bivouacs for officers and men, pitched in a comparatively safe place. These three elements of the Field Ambulance in action must be in communication by signallers and cyclists. Bearer squads of six men each are continually going to fetch wounded men from the firing line and bringing them back to the collecting station, where trivial wounds are at once attended to, and the more serious sent back in ambulance waggons to the dressing station, which is better equipped for treatment, but the cases which require more elaborate surgical treatment are sent back further to the tent division camp.

All this work was rehearsed, and to the great instruction of all, officers and men.

This, important as it is, forms only a part of the R.A.M.C. officer's duties. He has to learn all about the equipment of station hospitals and base hospitals and the duties of an officer generally, involving knowledge of military law, war establishments, and the general organisation of the army in peace and war. These will form the subjects of the examination for Certificate B.

A cadet who has obtained Certificate B can, after qualification, take a commission in the Territorial R.A.M.C., or, if he elects to enter the Regular R.A.M.C., he gets certain very tangible advantages, and it is hoped that the O.T.C. may become a popular gate of entrance into the Regular service.

But, failing this, it is very desirable, nay essential, that our cadets should eventually enter the "Special Reserve of Officers." It is by the future strength of this body that the real success of the O.T.C. will be gauged, for this, the Reserve which engages to serve abroad on emergencies, is, next to the Regular Army, the most important Corps in the Service. If it is filled we shall have trained officers to depend upon in the next war. If it is not, we shall again, as in the Boer war, have to enlist a lot of untrained civilians, who knew nothing of soldiering, and, in consequence, cannot do half of the things which form the daily work of an officer in the R.A.M.C.

In conclusion, it is earnestly hoped that our freshmen will be so alive to their duty to the country as to enter the Corps as soon as possible after entering the Hospital. We believe that they will not regret the step.

H. H. T.

The Ballad of the O.T.C.

(Air—BONNIE DUNDEE.)

TO the Senate of London 'twas Haldane who spoke,
"If the corps is once formed there are hearts will be broke.

So let each who loves duty, and beauty, and me,
Come put down his name for the O.T.C."

*Come fill up my cup, come fill up my can,
Come saddle my horses and call out my men,
Come open the west port and let us go free
And we'll show them the way in the O.T.C.*

The Majors are mounted, they ride round the School,
Their riding's not strictly according to rule,
But the Sergeant, douce man, he says "E'en let 'em be
We don't meddle too much with the O.T.C."

The Captains have each got a book in his hand,
They're painfully learning the words of command,
And they say to each other as grave as can be,
"Oh, they work us too hard in the O.T.C."

The subaltern looks at himself in the glass
To make sure that no lady can "see him and pass,"
Then he curls his moustache, if he's got one to curl,
And he's off on the spree with his next best girl.

Then here's to the Corps that belongs to the town,
And here's to the Camp that it keeps on the down,
And may all the good fortune that ever can be
Be the lot of the London O.T.C.

*Come fill up my cup, come fill up my can,
Come saddle my horses and call out my men,
Come open the best port and let us drink free
Long life and good luck to the O.T.C.*

Three Cases of Early Carcinoma.

By H. T. H. BUTT, M.R.C.S., L.R.C.P.

THE following cases occurred in Mr. Bowlby's wards during the early part of 1909. It was thought that their combined interest lay in the fact that each shows a refutation of the recognised dictum that carcinoma is a disease of those who are advanced in years. Many early cases have been recorded in the medical press, but the average clinical experience of the dresser and house surgeon tends emphatically to produce misleading ideas on the age limit of carcinoma. For this reason the recording of three consecutive cases may be of value.

CASE 1. Epithelioma of the lip.—E. K—, male, æt. 34, shepherd, was admitted to Harley, under Mr. Bowlby, on April 19th, 1909. Patient was a robust, healthy man. He gave a history of a blow on the mouth from a sheep eight months previously. An ulcer formed on the lower lip, which healed, but recurred at intervals. Six months after the injury (January, 1909), a lump formed on the same spot. This gradually increased in size and hardness, but was painless. Patient had never smoked a "clay."

On admission a typical papillomatous epithelioma of the lower lip was found at the junction of skin and mucous membrane at the left angle of the mouth. The ulcer was hard at the base, with no induration around, but with commencing ulceration at the summit, and was freely movable, about the size of a hazel nut. Enlarged glands were felt in the left submaxillary triangle (not fixed).

The growth was removed on April 23rd with the usual V-shaped incision, with the glands in the submaxillary triangle and carotid region, and the pre-sterno-mastoid chain cleared out on the left side. A frozen section taken in the theatre previous to removal of the glands confirmed the diagnosis.

Recovery was complete. The man was seen three months later (July, 1909), and there was no sign of recurrence. The pathological report showed squamous-celled carcinoma (inflamed); the glands were found to be enlarged, but there was no microscopic evidence of infiltration.

The case was considered of interest owing to the age of the patient, the enlargement of glands without secondary infection thereof, and the history of recurring ulceration at the site of the lesion.

During the years 1903—1907 there were forty-eight cases of epithelioma of the lip treated in St. Bartholomew's Hospital. Of these the age varied from forty-four to eighty-four (giving an average of fifty-nine). Two only of the forty-eight were situated on the upper lip, and nearly 85 per cent. were situated at the left angle of the mouth on the lower lip. I can find no record, during the above years, of any case whose age was within ten years of this patient.

CASE 2. Epithelioma of the leg.—G. B—, male, æt. 21, milk carrier, was admitted to Harley, under Mr. Bailey, on January 29th, 1909. Patient was walking with a limp, but appeared in good condition.

He gave the following history:—*Eighteen years previously* the left leg was extensively scalded from hip to ankle. Cicatricial contraction followed, with ankylosis of the knee in a position of semiflexion. *Fourteen years after the injury* the knee-joint was excised by Mr. Howard Marsh in St. Bartholomew's Hospital. *Sixteen years after the injury* (1906) a small white pimple appeared on the upper and outer side of the leg, over the site of the old scald; this increased, broke down, and healed in three months. A second ulcer appeared a few months later, which also healed. The present ulcer commenced fifteen months before admission, and had grown slowly, and discharged profusely for twelve months. Within the last few weeks the base had become raised and hard, and had grown rapidly.

Patient had been walking with a limp many miles a day up to time of admission. No history of loss of weight; no syphilitic or cancer history.

Local examination showed an irregular ulcer (about three by two inches) on the outer side of the upper third of the left leg. The margins were irregular, raised, bluish red, and hard. The base consisted mostly of a mass of raised granulations, arranged in clumps, bleeding on touch. Some of these clumps were raised a quarter of an inch above the level of the margin. There was marked eversion of the edges above, where the large ulcer merged into a smaller bay in which the base was not raised, and was covered with a film of pus. The surrounding tissues were tightly stretched by cicatrices, reddened and œdematous in patches. The skin of the limb was very thin, and almost entirely replaced by tightly-drawn scar tissue. The knee was ankylosed in a position of extension. Enlarged glands were felt in the groin. A small portion of the growing edge of the ulcer was excised under a local anæsthetic, and found to show undoubted evidence of epithelioma.

The limb was therefore amputated on February 5th at the junction of the middle and lower thirds of the thigh. Some difficulty was found in getting the flaps to heal as the skin and subcutaneous tissues were so ill-nourished. Before the stump was completely healed a second operation was performed, and a large number of enlarged glands removed from the left groin. More irremovable enlarged glands were felt in the iliac region. This wound also made very slow progress, but eventually healed. Patient was discharged, with crutches, on April 7th.

The pathological report showed squamous-celled carcinoma in both the ulcer and the glands. The malignant ulceration was found to be superficial in extent, and not in any way to affect the tibia. The muscle tissue was only slightly invaded. The patient was seen six months after the operation, having put on a stone in weight, and has

been fitted with an artificial limb. The stump and groin show no signs of recurrence.

On looking up the records of similar cases during the five years 1903—1907 seven cases are found, the ages varying from forty-four to seventy-one. In most there seems to be a definite history of previous injury.

A striking parallel to the case under discussion was found in a patient who was in Pitcairn, under Mr. Harrison Cripps, in February, 1903. He was a labourer, æt. 45, apparently in good health. *Twenty-three years* previously he scalded his right leg badly; skin grafting was necessary. For many years the skin over the lesion broke down at the least bruise, and a succession of ulcers appeared, always on one spot. His work as a stone breaker brought about constant irritation, and in September, 1902, the ulcer "grew" into a lump, which gradually increased in size. On examination he was found to have an ulcer almost precisely similar to that of the above patient, with marked eversion of the edges and in the lower third of the leg. The skin for a considerable distance around was cicatricial and very thin. There is no mention of glands. The limb was amputated in the upper third of the leg; recovery was uneventful.

The resemblance is marked both in the history of original scalds and in the long period elapsing before ulceration commenced. In both cases recurring ulcers seem to have formed on a spot previously damaged by scalds, and, in both, such ulcers eventually took on malignant characters.

CASE 3. Carcinoma of the colon.—P. S—, female, æt. 26, single, was admitted to Stanley, under Mr. Bowlby, on March 19th, 1909. Patient looked ill and pale. She gave the following history:

For six months a swelling had been noticed in the lower abdomen, steadily enlarging. Complications were obstinate constipation, painful defecation, and smarting micturition. Treated for flatulence and dyspepsia without examination. Catamenia regular until last twelve months, since when she had "menstruated twice monthly," and lost considerably. No dysmenorrhœa; amenorrhœa for last six weeks. No history of vaginal discharge.

The swelling became very painful the day previous to admission, and patient could not get her clothes on. During last forty-eight hours patient had had complete intestinal obstruction with vomiting (not stercoraceous), and great frequency of micturition. In spite of this she remained at light work, and walked into the hospital.

On examination, she looked very ill. Weak, intermittent pulse. A pear-shaped swelling was found rising out of the pelvis, and reaching to a point two inches above the umbilicus. Lateral offshoots were felt, especially on the right side at the upper angle. Here the tumour was very painful; hard and tender above, more tense and softer below, dull all over. No pulsation was felt. The swelling had the appearance, before examination, of an eight-month uterus displaced to the right side. There was gaseous

distension on both sides. The swelling was practically fixed.

Vaginal and rectal examinations demonstrated a very hard fixed mass, painful on pressure, occupying the whole of the pelvis. The mass could be slightly disimpacted when patient was on her side. As far as could be ascertained, the abdominal and pelvic tumours were one and the same. The rectal walls were approximated by pressure of the tumour, and no rectal lumen could be found.

There were no signs of pregnancy. The bladder was nearly empty. Laparotomy was performed on March 19th. Free, clear fluid was found in the peritoneal cavity. It was found that the swelling consisted of two enormously enlarged ovaries, the right as big as a football and lying in the abdomen; the left the size of a cocoa-nut and firmly impacted in the pelvis. Both were of a purple-black colour, soft in places, ulcerating in two spots; both extremely hard and obviously malignant. On removal of these by clamping the mesovaria the uterus was found to be normal; but nodules of secondary growth were found on the pelvic peritoneum. Although at first the ovaries were thought to be sarcomatous, further search was made for a primary focus, and the latter was discovered in the sigmoid flexure of the colon. Here the gut was the seat of a growth for a length of about two and a half inches, hard, fixed, and nodular, with the great omentum attached. The growth was found to be too fixed for removal and too low for anastomosis, and therefore transverse colostomy was performed, and the patient returned to bed.

Patient made a slow recovery, and left the ward four weeks later fitted with a colostomy belt.

The pathological report showed colloid carcinoma in both ovaries. No ovarian tissue was found. Naked eye section of the ovaries showed dense vascular tissue with numerous sloughing foci—mostly blackish—in one place draining into the abdominal cavity.

The interest of the case seems to lie in the extremely early age at which the primary carcinoma of the sigmoid must have arisen, and in the fact that, although there was abundant evidence of secondary peritoneal infection, yet the ovaries were shown to be undergoing colloid degeneration, and must therefore be regarded as representing a backward step in the progress of the disease.

I have failed to find as early a case in the years 1903-1907 in the Hospital records, although I believe two very early cases of colon carcinoma have occurred in this Hospital lately. The complication of complete intestinal obstruction, caused by the impaction in the pelvis of a secondary mass, must be exceedingly rare.

The above cases are not put forward as unique in their coincidence as to age, but are recorded rather as examples of an exception to an unwritten rule which most of us involuntarily make for ourselves.

I am much indebted to Mr. Bowlby and Mr. Bailey for permission to publish these cases.

The Clubs.

DON'TS !!

FOR FRESHMEN—AND OTHERS.

I. Don't forget to put your names upon the various games lists, which are just inside the Abernethian (Smoking) Room.

II. Don't forget that secretaries are a hard-worked and long-suffering body of men, and that it greatly lightens their labours if you occasionally look at the match lists early in the week and cross (X) at once.

III. Don't play for outside teams.

IV. Don't, because you are not in a first team, make engagements for Saturday afternoons. The Rugby, Soccer, and Hockey Clubs run two teams.

V. Don't, when you have been playing for a first team, and a better man is discovered, give up the game. Only eleven or fifteen, as the case may be, can play, and the officials always try to select the best men.

VI. Don't forget that first teams rely on good second teams for efficient substitutes.

VII. Don't wait until the season is half over before you start playing. Turn out for the first match, and regularly after that.

VIII. Don't imagine a team will ever do any good with half a dozen "Captains" in it. One is quite sufficient.

IX. Don't let about forty men, and most of them old-stagers, fill up every team in the Hospital, as they have had to do recently. As men approach their final exams they have to get through more work, and so the junior men must organise the games: the "forty" will always turn out and play.

X. And Do "Read, mark, learn, and inwardly digest" the above remarks.

CRICKET CLUB.

INTER-HOSPITAL FINAL CRICKET CUP-TIE.

ST. BART'S v. ST. THOMAS'S.

Having fought our way into the final for the Inter-Hospital Cricket Cup, we met St. Thomas's on Guy's ground on July 20th, and were beaten by 8 wickets. We won the toss, and decided to take first innings. The wicket, though very fast, had not recovered from the heavy dew; and Morcom, making the most of it, bowled with deadly effect, taking 8 wickets at a very small cost. Norman, With, and Waugh gave us a good start, but the rest, save Keats, could do nothing with Morcom, and the innings closed for 103.

The first three St. Thomas's wickets fell cheaply, but the wicket improving, a good display of batting was seen by Meakin and Bowes, who carried the score from 17 for 3 to 169 for 4. Bridgman bowled excellently, taking 6 wickets for 52 runs.

Bart's started their second innings 163 runs behind. Barnes batted well for his 77 not out, but the innings closed for 187. St. Thomas's knocked off the 25 runs required, and thus we were beaten easily by 8 wickets.

SCORES.

ST. BART'S.

1st Innings.		2nd Innings.	
N. F. Norman, c Fry, b Bowes	17	c Neild, b Bowes	4
P. A. With, b Morcom	12	b Morcom	7
A. J. Waugh, c and b Bowes	22	1-b-w Meakin	24
H. W. Barnes, b Morcom	2	not out	77
P. B. Wallis, b Morcom	2	b Meakin	44
E. G. Martin, b Morcom	0	b Meakin	0
B. A. Keats, b Morcom	21	c Meakin, b Paddon	21
J. Neal, b Morcom	3	b Paddon	0
C. N. Binney, b Morcom	1	b Paddon	0
R. O. Bridgman, not out	11	b Paddon	0
R. W. B. Gibson, b Morcom	0	c Morcom, b Bowes	0
Extras	12	Extras	10
Total	103	Total	187

FALL OF WICKETS.

	1	2	3	4	5	6	7	8	9	10	for
1st Inn.	34	34	43	55	55	67	72	76	103	103	
2nd Inn.	5	24	43	116	116	166	166	176	186	187	

BOWLING ANALYSIS.

1st Innings.		2nd Innings.	
No. balls.	Runs.	Wickets.	Overs.
Martin	3	04	0
Barnes	19	0	4
Bridgman	52	6	20
Wallis	2	13	0
Norman	20	0	4
Waugh	23	2	5
Keats	6	0	2
Neal	25	2	8

2nd Innings.	
Bridgman	14
Martin	8

ST. THOMAS'S.

1st Innings.		2nd Innings.	
F. M. Neild, b Bridgman	3	b Bridgman	5
L. Meakin, b Waugh	70	b Martin	2
E. A. Seymour, c Wallis, b Bridgman	4	not out	7
D. M. Gibson, b Bridgman	1	not out	8
R. F. B. Bowes, b Bridgman	115		
A. F. Morcom, c and b Neal	9		
E. H. Walker, b Waugh	1		
H. L. Mann, c Barnes, b Bridgman	14		
H. J. B. Fry, b Bridgman	0		
W. R. Parkinson, b Neal	22		
H. L. Paddon, not out	0		
Extras	27		
Total	266	Total (2 wks.)	26

FALL OF WICKETS.

	1	2	3	4	5	6	7	8	9	10	for
1st Inn.	3	15	17	169	186	191	239	239	240	266	
2nd Inn.	9										

SEASON, 1909.

The season was a fair success, but ought to have been better, considering the side we were able to turn out. Our full team was certainly one of the strongest we have had for some years.

Eleven matches were played, and of these we won six and lost four. Four other matches were scratched, and three of them certainly ought not to have been. The "Past v. Present" produced some exciting cricket, the "Present" just winning on time.

We managed to get into the final Cup-tie, easily beating King's and Middlesex, but we lost the final to St. Thomas's by eight wickets.

The batting averages were much better this year, six men being over twenty-five, including Waugh, who had an average of over fifty.

With proved a very capable captain, and batted consistently throughout the season. Norman recovered some of his old form, and made a capital century against King's. We had valuable additions this year in Waugh, Barnes, and Neal. Waugh batted exceedingly well, and his average of 50.14 is the highest we have had at the Hospital for years. Barnes proved useful both with bat and ball. Neal made some good scores, and shows promise as a slow left-hand bowler. Wallis batted well, but his average, 34.6, was helped by four incomplete innings. We hoped to find a valuable recruit in Martin, but this year was evidently his off season.

In the bowling averages Cunningham came out with the best analysis, although Bridgman was certainly the most consistent bowler of the season.

AVERAGES, 1909.

BATTING.		BOWLING.	
Name.	No. of times in innings, not out.	Highest score.	No. of runs.
A. J. Waugh	9	103	351
P. B. Wallis	10	48	208
N. F. Norman	12	0	362
P. A. With	12	0	335
J. Neal	8	2	100
H. W. Barnes	10	2	202
R. N. Barrow	8	0	148
R. O. Bridgman	9	3	89
A. J. W. Cunningham	7	1	43
R. W. B. Gibson	7	0	18

ALSO BATTED.

B. A. Keats	2	0	21	42	21
A. Ferguson	3	0	45	54	18
A. G. Turner	4	0	25	65	16.25
P. U. Mawer	3	0	17	36	12
H. Rimington	2	0	15	22	11
T. Osmond	4	1	16	39	10
E. G. Martin	4	0	13	24	6

* Signifies not out.

BOWLING.

Name.	Overs.	Maidens.	Wickets.	Runs.	Average.
A. J. W. Cunningham	80	13	17	226	13.29
H. W. Barnes	71.1	5	17	241	14.18
R. O. Bridgman	132.4	33	23	361	15.69
E. G. Martin	74.4	18	9	157	17.4
J. Neal	42.2	2	7	123	17.57
N. F. Norman	34.4	4	7	152	21.71
T. Osmond	24.3	2	4	95	23.75

ALSO BOWLED.

P. A. With	5.3	0	3	17	5.6
A. G. Turner	19.3	5	5	83	16.6
A. J. Waugh	12	3	2	35	17.5
P. B. Wallis	16	4	2	55	27.5

THE ASSOCIATION FOOTBALL CLUB.

BY ONE OF THE FOUNDERS.

In the Students' Union Year Book it is stated that the Association Football Club was "formally" founded in 1881. This is not only incorrect, but is somewhat unjust to the actual founders, who by great energy and personal sacrifices succeeded, in spite, too, of considerable opposition, in getting together a club, with full executive, and a ground two years previously. It was recognised as a first-class club by first-grade metropolitan amateur clubs, with many of whom matches were fixed and played.

As this 1909 season is actually the thirtieth anniversary of the foundation of the Association Club at Bart's, which was the first hospital to have such a team, it is a fitting time to give a brief account of its origin.

The year 1877 had a tremendous entry of new men, almost the record number. Amongst them were several Association players of merit from some of the Public Schools, who, finding no Association team at the Hospital, drifted into the ranks of some of the London clubs—indeed that year there were Bart's men playing for The Hawks, Pilgrims, Grey Friars, South Norwood, and other then well-known clubs—and it was through some of the Bart's men meeting on rival fields that they were brought together on the question of raising a team of their own.

Finally, during the summer session of 1879 three men decided to endeavour to raise a team for the ensuing season, and they wrote on a half sheet of note paper a notice to that effect, which was forthwith pinned up on the notice board then hanging up in the corrugated iron building, used as temporary library and reading room during the rebuilding of the present library buildings. These three men appended their names, which were F. T. Bennett, G. E. A. Evans, and C. J. Muriel.

In the course of a few days several names were added, amongst which the writer can recollect the following:—R. D. Brinton, G. E. Fookes, J. T. Hooper, T. B. Jones, C. F. Rumboll, and E. Morris.

A meeting was called in the rooms of C. F. Rumboll in College, and it was then and there decided to found an Association Football Club. Lenton Heath was, I believe, President. Evans was to be Captain, and Bennett was appointed Hon. Sec. A Committee was also elected.

The great question, of course, was the financial one. However, with a boldness which subsequent events justified, the Secretary wrote to many of the London clubs, announcing the formation of the Club, and offering to fix dates, stating that the ground had not yet been found. A ground was taken later on at the "Spotted Dog," Upton, a transaction which was carried out by the bluff of the Secretary, who negotiated in person with the landlady of that hostelry. She was smarting from the loss of some pounds of unpaid rent from the last season, the club using her ground having dissolved and not paid up. She demanded half the rent down, and some substantial guarantee as to the remainder. If any member of the first Committee should read these lines, he will probably recollect the fun that the recital of that deal caused. The Secretary informed the good lady that St. Bart.'s was so well known that no guarantees were necessary; indeed, it would be so derogatory from the dignity of the Hospital even to suggest such a thing, that he was sure his Committee would at once decide to go elsewhere. She accepted a sovereign down as earnest money, and the deal was completed.

The difficulty in raising the money to get the outfit was immense, but it was done, and done without any assistance from outside sources, and thus the Club was launched.

The writer has been unable to obtain a card of fixtures for the first season, but many matches were played, and it must be confessed that we got some awful thrashings, as we measured ourselves with some of the best London clubs. This 1879-80.

The second season things went much better. We had an accession of good players, notably E. Jessop, A. E. Nuttall, and L. M. Snow. A. J. Weakley was appointed hon. secretary, and Bennett became captain in place of Evans, who qualified and went down.

A dilapidated card of this season is extant, and lies before the writer. The following is a list of officers:

Captain.—F. T. Bennett.
Vice-Captain.—C. J. Muriel.
Committee.—W. H. Evans, E. Morris, T. H. White, E. Jessop, T. B. Jones, H. N. Gardner.
Hon. Secretary.—A. J. Weakley.

It has a goodly list of matches—not one blank Saturday, and many week day matches in addition. Most of the clubs are now defunct, but then they were all well known. Amongst them are the following:—Romford, Upton Park, Barnes, Pilgrims, Brentwood, Acton, Minerva, Westminster School, Forest School, and Finchley.

A photograph was taken of the team this year, and a copy is still in possession of A. J. Weakley and others; it contains portraits of T. B. Jones, Weakley, S. S. Hoyland, A. E. Nuttall, S. Wimbush (who died in Africa), E. Jessop, Muriel, and T. H. White.

The writer trusts he has been able to show that the St. Bart.'s Hospital Association Football Club was in full working order in 1879-80. When the Union was formed three years later C. J. Muriel, the then captain, was elected the first president. It would be a capital idea if the thirtieth anniversary of the founding of the Association could be celebrated by a dinner at the end of the season, and that all the early members, a list of whom could be soon compiled from one source and another, could be invited to attend.

PROSPECTS FOR SEASON 1909-10.

The prospects for the coming season seem fairly good, and the team should improve on their last year's form.

We hear of several new men who are anxious to play, and we hope that their skill will be equal to their keenness. There are one or two places in the team to be filled, as it is doubtful whether Gordon will play this year, and both Wilson and Osmond, having injured their legs last year, are not certain to play. If these men cannot turn out,

which we sincerely hope will not be the case, there will be vacancies at right inside forward and right half-back.

One of the freshers, Comyn, has played as centre half, and will be very useful if up to standard. We have got a centre-forward, too, of some merit, we understand, in another newcomer, Waugh. On the whole, if we can get twenty-two to turn out for the practice match on the 2nd October, we should have enough material from which to fill our vacancies in the 1st, and also the wherewithal to make a pretty good XI.

The fixtures for the season are mostly with "Old Boy" teams, which is the nicest soccer football one can wish for.

The Club will probably enter for the Senior Cup Competition of the Middlesex A.F.A.

The match against Wellingboro' Masters at Wellingboro' is always a very popular one, and should keep up its reputation this year. Other good fixtures are v. Royal Military College at Cambridge, and the Royal Military Academy, Woolwich.

RUGBY FOOTBALL CLUB.

The prospects of the XV for the season 1909-10 are not so bright as to cause our opponents to quiver with fright. We have not heard that any football stars of the first magnitude are expected up at the Hospital this session, and so any pleasant surprises will not come amiss.

Weddell and Bremer have departed—a serious loss. Rumour hath it that Hosking and Oliver intend emerging from their retirement, and hope to prove that they are still easily the finest forwards south of the North Pole.

Happily most of last year's players are available, and we shall start the season knowing that we cannot end up with a worse record than that shown by the past season's card.

All Freshmen, who play Rugger, are requested to communicate with one of the captains or the secretary as soon as possible:—

E. D. RICHARDS, *Capt.*
A. E. EVANS, *Secretary.*
C. T. TRESSIDER, *Capt. 2nd XV.*

HOCKEY CLUB.

The prospects for the coming Hockey Season are, on the whole, good. We already know of a few hockey enthusiasts among the men who have come to the Hospital since last April, and we hope there will be many more among the October Freshmen. The fixtures for this season are, if anything, better than those of last year; the best being those with the Berkshire Gentlemen, Aldershot Command, R.N.C., and R.M.C.

We greatly regret the loss of G. F. Page, and it will be a long time before we get anyone good enough to fill the gap which he leaves. We shall also miss G. Viner, and W. B. Griffin, both of whom have played regularly for the Hospital for the last five years. We should like to see some of the men, who have hitherto played for outside teams, turn out rather more frequently for the Hospital.

In conclusion, we hope that all members of the Club, especially those of the 1st XI, will make it their business to turn out regularly; for, if we are to do any good in the Cup Tie, it is essential that we should have a team that has played together all through the season.

Will all men, especially freshmen, wishing to play hockey, give their names to one of the Hon. Secs., Messrs. J. E. Hepper and P. U. Mawer, as soon as possible?

NEW HOCKEY GROUND.

It has been thought for some time past that a ground for the Hockey Club was much needed. After several discussions at the Council Meetings it was decided to form a Sub-committee consisting of the Presidents and Secretaries of the Clubs interested in the Winchmore Hill grounds, together with the Secretaries of the Union, and that this Sub-committee should meet on the ground and discuss the plans drawn out. Mr. Bruce Clarke, whose great keenness for Winchmore Hill should be well known to students, kindly consented to attend the meeting on behalf of the Trustees to help in any way possible.

The following met in June at Winchmore Hill:—Mr. Bruce Clarke, Dr. Calvert, Mr. Gask, and Messrs. Norman, Richards, Hepper, and With.

After much discussion the following plan was agreed to.—The present Association ground is to be re-laid, and while this is being done, the Soccer Club are to play over the cricket pitch. They will stop by the end of February, to give the ground time to recover and

to be dressed with Nottingham marl. The Rugby and Soccer Clubs will then change grounds, and by this means a good hockey ground 100 yards by 50 yards, properly drained, can be laid out where the present practice tennis courts are situated. The latter are to be put higher up the ground.

It was obvious that one club would have to suffer for a season, and the Cricket Club, being best able to do so without interference with its season, nobly made the necessary sacrifice. The cricket pitch ought not to suffer much, for there will be two clear months for Last to get it into good order, and put on a good top dressing of Nottingham marl.

Mr. Bruce Clarke explained that the expense of re-turfing and draining the ground will be borne by the Trustees—an undertaking for which much gratitude will be felt.

It is hoped that the Locker Room will be turned into a dressing room for the visiting hockey teams.

The ground will be ready for the season 1910-11.

Movements of the Foot.

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

SIR,—As a student of St. Bartholomew's fifty years ago, and for many years deeply interested in foot-physiology, I venture to offer a brief comment on two only of the many points suggested by Mr. Elmslie's paper. I have more fully discussed them both elsewhere.*

(1) Exaggeration of the plantar arch and claw-like toes go together and give the alternative names hollow foot or claw foot. Why is this? Two muscles of the great toe, flexor brevis and adductor, are attached—I never speak of origin and insertion—to the under surface of the first phalanx and to the under surface of the arch. If these be effective they will counteract the influence of the long flexor in flexing the toe (when acting alone) and in over-forming the arch which it subtends. If, however, in habitually walking on tip-toe, that is to say on the heads of the metatarsal bones, these muscles be not used the double deformity results. A similar effect on the smaller toes will result from failure of the flexor brevis digitorum, although it has no influence in limiting the arch.

(2) In Figure 8 the toes have, manifestly, been compressed into a cone by boots pointed in the middle line. The impressions of four toes only are given; the great toe being packed under, not, as usual, over the second. This alone is quite sufficient to cause disuse of the foot as a foot and lead to destruction of the arch, itself a by-product of function. In such cases I always find evidence of irritation at the metatarso-phalangeal joint preventing free use of the foot.

Yours faithfully,
T. S. ELLIS.

Gloucester;
September, 1909.

Books added to the Library during September.

Burghard, F. F., M.S. (Lond.), F.R.C.S. (Eng.), Editor of a System of Operative Surgery by various Authors.

Vol. II. Operations for Tuberculous Affections of the Bones and Joints—Operations upon the Lips, Face, and Jaws—Operations upon the Tongue, Tonsils, Pharynx, and Oesophagus—Operations upon the Stomach and Intestines. Royal 8vo. London, 1909.

The following was presented by the Author:
Habershon, S. H., M.A., M.D., F.R.C.P. Diseases of the Stomach. A Manual for Practitioners and Students. With 8 coloured and 11 black and white Plates. Crown 8vo. London, 1909.

* "On Some Points in the Surgical Physiology of the Foot," *Medico-Chirurgical Transactions*, vol. lxxx, 1897.

The Battle of Furunculus.

A LAY MADE ABOUT THE YEAR TWENTY—
ONE OF THE CONSTITUTION.



STAPHYLOCOCCUS AUREUS,

By Gram and Koch he swore
He would invade new regions

Unconquered heretofore—
By Gram and Koch he swore it,
To take a patient's life,
And called the Cocci, young and old,
From all his colonies of gold
To aid him in the strife.

Loud rang the warning toxins
And flashed the summons forth
On the distant slopes of Agar
And the turbid seas of Broth;
The Cocci clustered thickly
From far off lands and labs,
Cocci of ancient culture came—
To come by Tube they thought no shame—
But others of a fiercer fame
Drove up in acne scabs.

The septic hosts of Cocci
Advanced in serried ranks,
They marched upon the Blood Stream,
And camped upon its banks:
Forth flew the watchful blood-cells
Crying in wild turmoil:
"Staphylococcus Aureus
"Has come and raised a boil!"

Far down the purple current
Was borne the direful strain:
The Polymorpho-nuclears
Came hurrying up amain:
Shame on the Eosinophile
Who lingers in his lair
When Polymorphs and Lymphocytes
Go forth to do and dare!

And fiercely raged the conflict,
And thick lay strewn the dead—
The Battle of Furunculus
Was coming to a head!
The pale and lifeless pus-cells
In scores were borne away,
But not a single Coccus
Survived that bloody fray!

And still at festive seasons,
When the blood is really stirred,
Before the full post-prandial rise
Of white cells has occurred,
When the phagocytes sit waiting
With platelets under-sized
For the evening meal of microbes,
Which is being opsonised;

When the trembling Eosinophile,
That wrought the deed of shame,
Comes forth to boast of daring feats,
Which should have earned him fame,
Young blood-cells sit in rouleaux round
To hear the tale retold
Of the Battle of Furrunculus
In the brave days of old.

R. B. P.

Reviews.

RATIONAL IMMUNISATION IN THE TREATMENT OF PULMONARY TUBERCULOSIS. By E. C. HORT, B.A., B.Sc., M.R.C.P. (John Bale, Sons and Danielsson, Ltd., 83-91, Gt. Titchfield Street, W.) Price 3s. 6d. net.

The first part of this paper is devoted to a criticism of the present position of what the author calls "hetero-inoculation," or the inoculation of immune serums and artificial vaccines from without. The author also produces evidence tending to show the unreliability of the tuberculo-opsonic index as a guide in immunisation. His conclusions here are stated with restraint, and the experiments quoted certainly show that wide variations may occur in estimations by different observers of varying excellence of technique. In this connection it is interesting to note, however, that similar trials by Fleming, confined strictly to "the high priests of the art," supported a very different conclusion where the technique was uniformly good.

In the next section are discussed the history, value, and limitations of auto-inoculation, both spontaneous and artificial. The superiority of this method of treatment to that of "hetero-inoculation" in afebrile cases of pulmonary tuberculosis will now, perhaps, be very generally conceded, but the present author goes farther, and regards it as useful also in cases with fever. He uses the temperature chart as his guide, and a series of charts is inserted suggesting an actual relation between the temperature curve and the formation of protective bodies.

The advantages of artificial auto-inoculation over hetero-inoculation are enumerated and discussed, and its stimulus to the production of antagonising bodies to the toxic products of morbid cell-changes is advanced as a strong argument in favour of the former. Finally the author brings forward evidence to show that this last factor is an important one in the production of immunity, and quotes facts showing that the estimation of the antitryptic index of the blood in disease may be of considerable practical value. This part of the paper is very suggestive, and it is to be hoped that further researches in this direction will throw fresh light on the problem of immunity, and lead to greater success than has so far attended inoculative treatment.

The book is well got up, and an excellent index of references is provided. We note a slight error in the printing of Chart No. 5, the letters referred to in the text in connection with this chart having been omitted.

AIDS TO FORENSIC MEDICINE AND TOXICOLOGY. By WILLIAM MURRELL, M.D., F.R.C.P. 7th Edition, 1909. (Baillière, Tindall and Cox.) Pp. 123 + x. 2s. 6d. net.

The seventh edition of this little book has been brought up to date, and includes the schedule of poisons under the recently passed

Poisons and Pharmacy Act of 1909. Though the book cannot in any sense be considered as a text book or as giving more than a skeleton of the subject it will be useful for purposes of revision. The fact that portions are written in a racy manner may be an additional attraction to some.

SPRAINS AND ALLIED INJURIES OF JOINTS. By R. H. A. WHITELOCKE, F.R.C.S. (Oxford Medical Publications. Frowde and Hodder and Stoughton.) 7s. 6d. net.

In the majority of text-books on surgery read by the student, the subject "Sprains and their Treatment" is most cursorily dealt with. From the practitioner's point of view it is of great importance. For, in the first place, as in the case of fractures, the laity believe the treatment of sprains to be simple, and, secondly, the Workman's Compensation Act necessitates that the doctor should know a good deal about the prognosis of such injuries. Nowadays one hears so much of the bone setter. He, it appears, knows sufficient to enable him to depart from the apparently universal rule of immobilising everything always. So he moves everything with not infrequently almost equally disastrous results.

From this book one may learn how and when to depart from the present day orthodox treatment. The book attempts to cover a wide ground, for not content with merely discussing the immediate and remote palliative treatment to joints in a manner that may be useful to the medical man in general practice, the author goes on to describe his technique for the operative treatment of the major injuries to the knee-joint. The chapter on massage and passive movements is worthy of attention, and the book is illustrated with reproductions of photographs and diagrams.

FIRST LINES IN DISPENSING. By E. W. LUCAS, F.I.C., F.C.S., Ph.C. (J. and A. Churchill.) 3s. 6d. net.

We recommend this little volume to the attention of the medical student. Careful perusal will make him familiar with the various processes and technicalities of dispensing, and, at the same time, will enable him to realise the depth of meaning of the words "secundum artem."

The chapters on "Emulsions" and "Mixtures" are excellent; that on "Dangerous Incompatibles" should be carefully noted.

The table of solubilities and the remarks on percentage solutions should prove useful.

The author has given freely of his experience, and concise, practical information is abundant.

The extended use of clarendon type to mark the importance of many of the instructions would, we suggest, greatly increase the usefulness of the book.

COMMON DISORDERS AND DISEASES OF CHILDHOOD. By G. F. STILL, M.A., M.D. (Cantab.), F.R.C.P. (Lond.). (Oxford Medical Publications.) Price 15s. net.

This volume forms a welcome addition to the literature of children's diseases. Most of its defects are so frankly recognised in the author's preface that criticism on these points is quite disarmed. Perhaps the most noticeable of these points is the lack of system in the compilation of the work. This is a fault more or less inseparable from a collection of lectures such as the book really is, and it in no way detracts from the merit of the individual papers. These are largely a record of the author's own experience and opinions, but are none the less valuable on that account. The rather discursive nature of the volume may be regarded from the clinicians' point of view rather as an advantage than as a defect. Although many important points receive perhaps inadequate treatment at the author's hands, yet many of the smaller practical matters, which are apt to assume large proportions in the out-patient room, are dealt with in an extensive and practical way not found in the more systematic text-books.

The excellence of the binding and general arrangement of the book may be taken for granted when it is stated that it is one of the Oxford Medical Publications. Such details add not a little to the pleasure of reading a most interesting and instructive work.

MANUAL OF OPHTHALMIC OPERATIONS. By F. P. MAYNARD, M.B.(Durh.), D.P.H.(Camb.), F.R.C.S.Eng., Lieut.-Colonel I.M.S. (Calcutta: Thacker, Spink and Co.)

We may say at once that this is an excellent little book, full of practical advice and up-to-date teaching.

The chapter on Asepsis appears to emphasise duly the importance of this item even in the simplest of eye operations.

The subject of Cataract Extraction is dealt with most thoroughly, and the account of the operation itself is most lucid, but the stereoscopic photographs are not good.

The after-treatment of operations receives a good deal of attention, and for this reason alone the book should prove useful to house surgeons.

The book is printed on good paper, but is poorly bound. [Owing to the miscarriage of this volume in the post this review is unduly delayed.]

ASEPTIC SURGERY. By C. B. LOCKWOOD, F.R.C.S. 3rd Edition. (Oxford Medical Publications. Henry Frowde and Hodder and Stoughton.) 5s. net.

We are glad to have an opportunity of drawing attention to the new edition of Mr. Lockwood's admirable book on asepsis. It is much to be regretted that so few of the present generation of Bartholomew's men are familiar with this work, which has earned wide recognition outside our own School; many pass through their six months' dressing without any serious study of the reasons underlying the practice which they see daily followed in the wards and operating theatres. Yet here, in the small compass of 250 pages, is an account of the subject of sepsis and asepsis, so clearly and simply put as to be easily read and understood by beginners, for whom, indeed, the book is mainly intended.

The principles of aseptic surgery, namely, the sterility of the healthy tissues, and the fact that bacteria are the cause of suppurative wounds, are discussed, and the commoner bacteria of wounds, with the various sources of infection, described; then follows an account of the means at our disposal for the exclusion of bacteria from wounds, and the methods of application of those means in practice; finally, comes a short chapter on the results of aseptic surgery, specially worthy of attention, since nothing but a vivid idea of the disasters which may attend septic infection will convince anyone of the responsibilities which he incurs in undertaking the treatment of wounds.

Many improvements in surgical technique have taken place in the ten years which have elapsed since the publication of the second edition; these have received due notice, and the reasons for their adoption are explained. The book can be confidently recommended to everyone who desires a competent knowledge of the subjects of which it treats, and now-a-days such knowledge is a necessity which no medical man has a right to be without.

We are obliged to hold over several reviews owing to pressure on our space.

Books received for Review.

Surgical Anesthesia. By H. Bellamy Gardner, M.R.C.S. 1st Edition. (Baillière, Tindall and Cox.) 5s.

Questions on Sick Nursing and Home Hygiene. By D. M. Macdonald, M.D. 1st Edition. (J. Wright and Sons.) 6d.

Semmelweis, his Life and his Doctrine. By Sir W. J. Sinclair, M.A., M.D. 1st Edition. (Sherratt and Hughes.) 7s. 6d.

Dictionary of Ophthalmic Terms. By Edward Magennis, M.D., D.P.H. (J. Wright and Sons.) 2s. 6d.

The Aural and Ethical Allegory of Deuteronomy Smith. By a Student of Medicine. (E. and S. Livingstone.) 1s.

Vesical and Gastro-vesical Ulcer. By H. J. Paterson, M.A., M.B., B.C. (Cantab.), F.R.C.S. (Bale, Sons and Danielsson.) 2s. 6d.

A System of Clinical Medicine. By T. D. Savill, M.D. Lond., F.R.C.P. 2nd Edition. (Edward Arnold.) 25s.

Diseases of the Stomach. By S. H. Habershon, M.A., M.D., F.R.C.P. 1st Edition. (Cassell and Co.) 9s.

Text-book of Anatomy. Edited by the late D. J. Cunningham, F.R.S. 3rd Edition. (Frowde and Hodder and Stoughton.) 31s. 6d.

Studies in Tuberculosis. By Henry Clarke, M.A., M.D. (A. Constable and Co., Ltd.) 5s.

Royal Naval Medical Service.

The following appointments have been notified since August 20th, 1909:
Staff Surgeon W. H. Pope to the "President," for three months course at the West London Hospital, to date 1st October, 1909.
Staff Surgeon H. C. Arathoon to the "Hermione," to date 1st October, 1909.
Staff Surgeon W. J. Codrington to the "Cornwall," to date 19th October, 1909.

Indian Medical Service.

The services of Capt. E. A. C. Matthews, M.B., are replaced at the disposal of H.E. the Commander-in-Chief in India.

Capt. J. M. Woolley, M.B., is promoted to be a major.
Major H. J. Walton, F.R.C.S., Civil Surgeon, Bulandshahr, is allowed leave for a total period of eighteen months from 23rd February, 1909.

Dr. J. L. Hendley has quite lately retired from India. All his old Bart's friends will unite in wishing that he may live long to enjoy his pension. Many of those who, like myself, had the good fortune to belong to that distinguished body "the yellow paper firm" in the spring of 1903, will remember the marvellous recovery he made after a severe operation. It was only his courage which enabled him to come out again and do several years hard work in India until he earned his pension.

Examinations.

ROYAL COLLEGE OF PHYSICIANS AND ROYAL COLLEGE OF SURGEONS (CONJOINT EXAMINATIONS IN IRELAND).

D.P.H. Examination, July, 1909.

Passed:—W. A. L. McLean, M.R.C.S. (Eng.), L.R.C.P. (Lond.).

Appointments.

ADDISON, C., M.D. (Lond.), F.R.C.S., has been appointed by the College of Physicians to the Examining Board in Anatomy for the "Conjoint" Diploma.

CULLEN, A. E., M.R.C.S., L.R.C.P., appointed House Physician to the General Infirmary, Chester.

IRELAND, A. E., D.P.H., appointed Medical Officer of Health, Suva, Fiji, and Government Bacteriologist to the Colony.

STIDSTON, C. A., M.D., B.S. (Lond.), M.R.C.S., L.R.C.P., appointed Honorary Assistant Surgeon to the Wolverhampton and Staffordshire General Hospital.

WOODFORDE, A. W. G., M.B., B.S. (Lond.), appointed Assistant Medical Officer to Mile End Infirmary, E.

WRIGHT, E. LISTER, M.R.C.S., L.R.C.P., appointed Medical Officer of Health to the Municipality of Simon's Town, Cape Colony, and Assistant Medical Superintendent, Simon's Town Cottage Hospital.

New Addresses.

- ATKINSON, S. B., 455, Mile End Road, E.
 BARRIS, J. D., 4, Spanish Place Mansion, Manchester Square, W.
 BARTON, B. H., 26, Hindes Road, Harrow.
 BENNETT, F. T., 48 and 50, Muirkirk Road, Catford, S.E.
 CLAPHAM, J. T., Capt. R.A.M.C., 53, Murray Road, Wimbledon, S.W.
 COLENSO, R. J., 8, Southwell Gardens, S.W. (After September 30th.)
 CULLEN, A. E., General Infirmary, Chester.
 DANKS, W. S., 3, Carshalton Road, Sutton.
 FIELDING, C. H., Lieut. I.M.S., 9th Bhopal Infantry, Rangoon, Burma.
 HARVEY, J. O., c/o 55, Holland Park, W. (late of Bexhill, Sussex).
 HEPBURN, M. L., 11, Upper Wimpole Street, W.
 IRELAND, A. E., Suva, Fiji.
 JUKES, A. M., c/o National Bank of India, Calcutta.
 MAXWELL, J. L., E.P.M. Hospital, Tainan, Formosa, *via* Hong Kong.
 McDONAGH, J. E. R., 19, Harley Street, W. (Telephone: 1768 Mayfair.)
 PENTREATH, H. M., 12, Manchester Street, Manchester Square, W.
 SCHOLEFIELD, E. H., Friarmerie, Watling Road E., Fulwood, Preston.
 SCOTT, G. B., Surgeon R.N., H.M.S. "Nightingale," China Station.
 WALLIS, G., Willingdon, Hills Road, Cambridge.
 WATSON, C. GORDON, 123, Harley Street, W. (Telephone: 2304 Paddington.)
 WEIR, H. H., St. Luke's Hospital, English Church Mission, Chemulpo, Korea.
 WHITE, F. N., Capt. I.M.S., c/o Messrs. Grindlay, Groom, and Co., Bombay.
 WOODFORD, G., The Infirmary, Bancroft Road, Mile End, E.

Births.

- ADDISON.—On the 7th September, at Northwood, the wife of Christopher Addison, M.D., F.R.C.S., of a son.
 ALDRED.—On the 24th August, at Lanbevor, Wroxham, the wife of Wilfrid A. Aldred, M.R.C.S., of a daughter.
 CRABTREE.—On the 12th September, at Furneux Pelham, Herts, the wife of E. F. Crabtree, M.R.C.S., L.R.C.P.Lond., of a son.
 PAIN.—On the 26th August, at Montagu House, Leatherhead, the wife of Basil H. Pain, M.B., M.R.C.S., of a daughter.
 TAYLER.—On the 5th September, at The Abbey House, Bradford-on-Avon, the wife of G. P. Tayler, M.B.Lond., of Taihoku, Formosa, of a daughter.

Marriages.

- BURKE—PEACOCK.—On the 18th August, at All Saints' Church, Hove, by the Rt. Rev. the Bishop of Lewes, Gerald Tyler Burke, M.B., Indian Medical Service, eldest son of Lt.-Col. W. H. Burke, to Edith Beryl, elder daughter of the late Robert Mark Peacock.
 CARMICHAEL—JAY.—On the 1st September, 1909, at St. George's Church, Montreal, by the Rev. Canon Carmichael, brother of the bridegroom, assisted by the Venerable Archdeacon Ker, Henry Barker William Carmichael, M.D., of Montreal, third son of the late Right Rev. James Carmichael, D.D., D.C.L., Lord Bishop of Montreal, to Mabel Howard, second daughter of Henry Mason Jay, M.D., F.R.C.S.(St. Bart.'s), of Chippenham, Wilts, and granddaughter of the late Charles Butler, M.R.C.S., of Sutton-Benger, Wilts, and of the late Simon Jay, M.R.C.S.(St. Bart.'s), of Great Yarmouth, Norfolk.

DINGLE-WHITELAW.—On the 16th August, at St. Michael's, Sandatnan, by the Rev. W. H. Elton, M.A., Percival A. Dingle, M.R.C.S., L.R.C.P., son of W. A. Dingle, M.D., J.P. of London, to Nora, widow of Dr. T. Buchanan Whitelaw, and sixth daughter of the late John Gordon, Ellangowan, Argyllshire.

HARRIS—THOMSON.—On the 2nd September, at the Parish Church, Stroud, by the Rev. R. Burnard, Herbert Elwin Harris, B.A., M.B.(Cantab.), F.R.C.S.(Eng.), Clifton, Bristol, to Nellie de Winton, second daughter of Major-General David Thomson, R.E., Cheltenham.

JAGO—LAMB.—On the 4th September, at Union Chapel, Highbury, by the Rev. Hardy Harwood, William John Jago, M.R.C.S., L.R.C.P., youngest son of Thomas Jago, M.R.C.S., of Barnsbury, to Hilda, youngest daughter of John Lamb, of Victoria Mansions, Highbury.

JOYCE—WHITEFOORD.—On the 16th September, at St. Mary's Church, Whifton (Burford), by the Rev. Canon Whitefoord, D.D., Vicar of Potterne, uncle of the bride, assisted by the Rev. Prebendary Joyce, R.D., Rector of Coreley, father of the bridegroom, and Rev. A. L. A. Mason, M.A., Rector of Whifton, James Leonard Joyce, M.A., F.R.C.S., to Alice Vernon Whitefoord, of Whifton Paddocks, Ludlow.

TURNER—MACDOUGALL.—On the 15th September, at King's College Chapel, Aberdeen, by the Very Rev. Sir James Cameron Lees, K.C.V.O., Dean of the Chapel Royal, and of the Order of the Thistle, assisted by the Rev. P. W. Minto, Cannes, William Aldren Turner, M.D., F.R.C.P., 18, Harley Street, London, eldest son of Sir William Turner, K.C.B., Principal of Edinburgh University, to Helen Mary Mackenzie, third daughter of Dr. J. A. MacDougall, F.R.C.S.E., Letterewe, Cannes.

Death.

STEVENSON.—On the 4th September, 1909, at his residence, 51, Wimpole Street, Cavendish Square, Nathaniel Stevenson, in his 75th year.

Acknowledgments.

Guy's Hospital Gazette (3), *Nursing Times* (5), *Journal of Laryngology, Rhinology, and Otolaryngology*, *British Journal of Nursing* (5), *Westminster Hospital Gazette*, *The Practitioner*, *Medical Review*, *Giornale della Reale Società Italiana d'Igiene*, *The Stethoscope*, *The Hospital*, *British Medical Journal* (Aug. 14), *Black and White* (Sept. 11), *British Dental Journal* (Sept. 15), *League News* (St. Bart.'s Hosp. Nurses' League).

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, Smithfield, E.C. The Annual Subscription to the Journal is 5s., including postage. Subscriptions should be sent to the MANAGER, W. E. SARGANT, M.R.C.S., at the Hospital.

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

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

St. Bartholomew's Hospital



JOURNAL.

VOL. XVII.—No. 2.]

NOVEMBER, 1909.

[PRICE SIXPENCE.]

St. Bartholomew's Hospital Journal,

NOVEMBER 1st, 1909.

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

Calendar.

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| Mon., Nov. | 1.—Special Lecture. 1 p.m. Dr. Garrod. |
| Tues., " | 2.—Dr. Herringham and Mr. Lockwood on duty. |
| Wed., " | 3.—Clinical Lecture. 12.45 p.m. Mr. D'Arcy Power. |
| Thurs., " | 4.—Primary F.R.C.S. Exam. begins. |
| Fri., " | 5.—Clinical Lecture. 12.45 p.m. Dr. Tooth.
Dr. Tooth and Mr. D'Arcy Power on duty. |
| Mon., " | 8.—Special Lecture. 1 p.m. Mr. Eccles. |
| Tues., " | 9.—Dr. Norman Moore and Mr. Waring (acting), on duty. |
| Wed., " | 10.—Clinical Lecture. 12.45 p.m. Mr. D'Arcy Power. |
| Fri., " | 12.—Clinical Lecture. 12.45 p.m. Dr. Norman Moore.
Dr. West and Mr. Bruce Clarke on duty. |
| Mon., " | 15.—Special Lecture. 1 p.m. Mr. West. |
| Tues., " | 16.—Dr. West and Mr. Bowlby on duty. |
| Wed., " | 17.—Clinical Lecture. 12.45 p.m. Mr. Lockwood. |
| Fri., " | 19.—Final F.R.C.S. Exam. begins.
Clinical Lecture. 12.45 p.m. Dr. West.
Dr. Ormerod and Mr. Lockwood on duty. |
| Mon., " | 22.—Special Lecture. 1 p.m. Dr. Fletcher. |
| Tues., " | 23.—Dr. Herringham and Mr. D'Arcy Power on duty. |
| Wed., " | 24.—Clinical Lecture. 12.45 p.m. Mr. Lockwood. |
| Thurs., " | 25.—Exam. for D.P.H. (Oxford) begins. |
| Fri., " | 26.—Clinical Lecture. 12.45 p.m. Dr. Ormerod.
Dr. Tooth and Mr. Waring (acting) on duty. |
| Mon., " | 29.—Special Lecture. 1 p.m. Mr. Harmer. |
| Tues., " | 30.—Dr. Norman Moore and Mr. Bruce Clarke on duty. |
| Wed., Dec. | 1.—Clinical Lecture. 12.45 p.m. |
| Thurs., " | 2.—Exams. for 1st and 2nd M.B.(Oxon.) begin. |
| Fri., " | 3.—Clinical Lecture. 12.45 p.m. Dr. Herringham.
Dr. West and Mr. Bowlby on duty. |
| Mon., " | 6.—Exams. for M.D. and M.S.(Lond.) begin.
Special Lecture. 1 p.m. Dr. Lewis Jones. |
| Tues., " | 7.—Part II of 3rd Exam. for M.B.(Cantab.) begins.
Dr. Ormerod and Mr. Lockwood on duty. |

Editorial Notes.

IT is with much regret that we have to announce the resignation, dating from the first day of the present month, of Mr. Harrison Cripps from the active Staff of the Hospital. It is now thirty-seven years since Mr. Cripps was appointed a house-surgeon at the early age of twenty-one, and he has been engaged in active service of the Hospital ever since. He held the posts of Demonstrator of Anatomy and Surgical Registrar consecutively during nine years, until in 1882 he was appointed an Assistant Surgeon. Since 1902 he has been a full Surgeon to the Hospital.

The value and success of the work he has accomplished during his long association with the Hospital, especially in the branch of surgery which he has made his own, need no emphasising in a journal that is read by St. Bartholomew's men, but their recognition is by no means confined to his own Hospital. This was markedly evidenced when he was elected to the Council of the Royal College of Surgeons last July, his name being second on the list at the poll. While we are sorry that the increasing calls of his private practice and other engagements have cut short his active connection with the Hospital rather prematurely, we are glad that the severance will not be complete. At the Court of Governors held last month he was elected Consultant Surgeon and a Governor to the Hospital, in which capacities we are assured of his continued interest in all that nearly concerns St. Bartholomew's.

THE shadow of a great loss has fallen over us all since last month, a loss which will be felt personally by St. Bartholomew's men all over the world. It is hard to realise that the cheery and familiar figure of Sir Thomas Smith is no longer amongst us, but so it is. He passed peacefully away in his home on Friday, October 1st.

It is for others, who knew him well, to write of his great natural gifts and his endearing qualities, and many tributes of this sort have not been wanting; but every "Bart.'s" man, whether personally acquainted with him or not, must

have felt a sincere regard for Sir Thomas, for, as one of the writers in our columns this month has said, "It did you good, only to look at him." Perhaps never was a beautiful character more faithfully reflected in a man's face. We shall all feel a very real sense of loss now that he is gone, but the memory of his kindly personality will still remain amongst us perhaps even longer than the splendid record of work which he accomplished at the hospital.

With the members of his family we desire to express our deep and sincere sympathy in their bereavement.

* * *

NEARLY two hundred old students of St. Bartholomew's assembled in the Great Hall on October 1st for the Annual Dinner, and a most delightful evening was spent. Dr. Herringham presided, and amongst those present were:

Lord Sandhurst (Treasurer of the Hospital), Sir Clifford Allbutt, K.C.B. (Regius Professor of Physic, Cambridge University), Sir William Church, Bt., Sir Dyce Duckworth, Bt., the Master of Charterhouse, Professor Howard Marsh, Mr. H. T. Butlin (President of the Royal College of Surgeons), Professor Bateson, F.R.S., the Vice-Chancellor of the University of London, Professor O'Sullivan, Colonel James, the Rev. Prebendary Perry, Colonel Clarkson, Mr. P. L. Blyth, Mr. H. L. Florence, Mr. J. C. Lovell, and Dr. Norman Moore.

There was in most of the speeches a justifiable note of pride in the work now being done in our magnificent new Pathological Block, this being the first of these dinners to be held since the completion of that building. All speakers on an occasion like this are naturally reminiscent, and there was more reason for congratulation than ever on the changes that have taken place in the equipment of the Hospital during the last year. Both the Chairman, in proposing the toast of the evening, and Lord Sandhurst, in replying, laid stress on the necessity of keeping the purely scientific part of our Institution well up to date at all costs. In view of the prospect of largely increased expenditure in this respect in the near future, the latter also appealed to those present to enlist further interest and sympathy in the work of the Hospital.

* * *

THE competitive examination for entrance scholarships which commenced on September 23rd resulted as follows: Of the two *Senior Scholarships in Science* (each of the value of £75), the first was awarded to Mr. A. G. Evans, of Trinity College, Cambridge, and the other divided between Mr. A. C. Roxburgh, of Trinity College, Cambridge, and Mr. G. Sparrow, of Caius College, Cambridge; for the *Junior Scholarship in Science* (value £50), Messrs. P. O. Ellison and D. H. D. Wooderson were declared equal; the *Scholarship in Arts* (value £100) went to Mr. C. Cook, Magdalen College School, Oxford; and the *Jeaffreson Exhibition in Arts* (value £50) to Mr. G. C. Linden, Brighton Grammar School.

* * *

WE heartily congratulate Dr. Norman Moore on his appointment as Honorary Fellow of St. Catharine's College, Cambridge.

Dr. J. B. Hurry, of Reading, who has played such a prominent part in the public life of that town, is also to be congratulated on having his name added to the Commission of the Peace for the Borough of Reading.

* * *

IN our Review columns this month we publish a short notice of the book of verses and sketches collected from our columns, which has for some time been promised by its capable editor, Mr. Lang. We draw attention here to this publication on account of the excellent cause which it is intended shall benefit by its sale. The book is published at the JOURNAL Office, St. Bartholomew's Hospital, and we have undertaken to forward a copy, post free, to any applicant on receipt of 2s. 2d.

For this small sum anyone may purchase an hour or two's diverting reading, and the comfortable feeling of having assisted in the good work of providing the nurses with a New Home.

* * *

THE subject of "Medical Etiquette" is by no means exhausted yet. Another general practitioner, who is at the same time a consultant, continues the discussion from both aspects of the question in this number of the JOURNAL, and we print also letters from members of both branches of the profession, dealing with further points.

At the same time "A. Layman," writing at our request, has subjected us to some trenchant criticism, and has held the glass up to us, that we may see our profession as it is regarded by some, at any rate, of the general public, and order our ways accordingly.

* * *

THERE was a very large attendance in the Medical Theatre on the 14th October to hear the Mid-Sessional Address read before the Abernethian Society. It was evident that the memory of Dr. Andrewes' previous address was still fresh in the minds of many, and another similar treat was confidently anticipated. Dr. Andrewes did not disappoint his audience. Dealing with the relations of Entomology and Medicine he gave, in perfectly phrased English enlivened by flashes of characteristic humour, a masterly survey of the fields in which a knowledge of the life history and habits of insects has proved of incalculable, and often wholly unexpected, utility in Preventive Medicine. At the same time he indicated the lines along which further research is proceeding. Many of the instances given were striking illustrations of how an apparently insignificant branch of study may suddenly become of immense practical importance, and its blushing professors leap into unexpected eminence. All who heard the lecture must have come away with an increased respect for the apparently misguided but harmless individual, who devotes a lifetime to the study of a flea. Occasions will arise when the man who knows "everything of something" is in demand rather than he who knows only "something of everything."

The Relation of the Layman to the Medical Profession.

By A. LAYMAN.

IT is very seldom that the views of the laity are invited by the medical profession. Discussions rage between themselves, discussions often comparable in their complexity to the theological disputes of the Ages of Faith. I follow with sympathetic respect these wranglings over professional etiquette, the critical attitude of the consultant towards the general practitioner, the more critical attitude of the general practitioner (who would infinitely rather keep his cases to himself), the mental searchings of the *locum tenens*, the exact size of the lettering on a brass plate, the niceties of the question of advertisement (where one man may steal a horse and another may not even glance at the stable), and all the other intricacies wherewith doctors apparently enliven their leisure, which are only paralleled by the problems of tact set in some of the ladies' papers, or the famous theological poser of how many angels can dance on the point of a needle.

But the lay view of these high matters is never invited. Now if the layman is a goose, he is at least the goose that lays the golden eggs, and some of these things concern us very deeply—or we think so. We should like to be heard, and we believe it is as useful for you as for ourselves that we should be. I have even, in reflective moments, thought it would be an excellent new departure if the *Lancet* or *British Medical Journal* would publish every week a column of criticism by some layman on points raised in the discussions of that very close borough—the medical profession. For criticism is a very wholesome tonic—perhaps more efficacious than the bottles of iron and other metallic preparations so frequently prescribed, so seldom swallowed by the prescriber. You might tear the criticism to pieces and dance upon it (as you may this!), but you would at least know what we are thinking. And your attitude sometimes gives us (as the French say) *furieusement à penser*.

Let us start at once, and without any reserve, on the question of the self-education of later years. Frankly we think the general practitioner—taking him in the lump—is too often an ignorant member of what should be the most progressive profession under the sun. He has a monopoly granted him by the law of the land, for in illness he must be called in or the relatives will have to face the music. There is no other work performed for us that we cannot criticise in the most effective way by declining payment, but here (though there is a remote legal remedy in glaring cases) we are practically helpless, and the more so because we are ignorant, and are well aware that though the doctor may be in the same boat he will be protected by medical opinions from the very powerful Trade Union to which he

belongs. The ways of covering accident and ignorance are so many and so elusive. A few long words—and the relations are lucky if they can extract the same comfort from them as the old lady did from that blessed word Mesopotamia. Status lymphaticus, for instance. I read of that obscure condition with the gloomiest apprehension, convinced that it would extend its sheltering mantle over many a case of unexpected decease that the doctors could no more account for than they can for the evolution of Chinese music. It has veritably a soothing and sonorous sound. The doctor's position is indeed so secure that we can only solace ourselves with epigrams. We have done this, and they are abundant and comforting. But they do not always fill the aching void, and we should, as a matter of choice, prefer compulsory post-graduate courses.

And why not? Officers in the army and navy are hailed up for examination, sorely reluctant, but infinitely the better for the experience. The ignorance of middle-aged persons will never—can never—be gauged until they are face to face with that dread ordeal. And we should like to think that the ignorance of those who hold a licence to slay is plumed at stated intervals, and the result recorded where we can see it.

Of course we are told that clinical experience is what really matters—worth all the book learning in the world. This, in plain English, is empiricism and the rule of thumb—which means that you must try afresh on each patient. We do not want only this. We want such definite knowledge as each year adds to the human store to be placed within the grasp of those at whose mercy we are in our most critical moments.

We think, too, that you are comparatively useless to us as guides to health. You attack our symptoms with an armoury of drugs, in which you and we are losing faith daily, and when we have worried through somehow you have little worth hearing to say on the subject of regaining and retaining health. You do not know. But you might know a great deal more than you do. Which of you has really followed modern dietetic research—or could even write a diet prescription without notice, calculated on the weight, condition, and muscular output of the patient? Yet some lay people can perform this not very difficult feat, and have found the benefit of the knowledge of food values and all it implies.

I am one of those persons generally favoured with an invitation to accompany friends to the consulting-rooms of their chosen guides. There are few parts of the human body that I have not thus escorted, and I have come away profoundly impressed by the attitude of the Olympians who thus sit at the receipt of custom. An illustration may be acceptable.

A friend had suffered from appendicitis, and an operation had been almost decided on. She recovered, however, and it did not take place. A visit to the consulting-room

of the eminent surgeon followed, and a caution from him that diet would be an important factor in future well-being. She earnestly asked for guidance. The oracle reflected, and then replied with deep seriousness: "I should invariably avoid raspberry jam." That this momentous utterance was received with tremulous awe does not, I think, detract from the humour of the situation. Yet, in the present condition of medical dietetic knowledge what could the poor man do? It would have been simpler if he had said, "I really don't know. Go to So-and-so." But to whom could he have sent her with any certainty of knowledgeable advice? I really don't know that myself. I give it up.

I recall another consultant whom I visited with a case of gout, and to whom the portly patient propounded a daily diet which included, besides a generous average fare, many tumblers of milk as a sort of extra regale to support exhausted nature. I watched the scene with the delight I generally experience on these solemn occasions. There was the usual moment of reflection, and the usual "You cannot do better than continue as at present if you find it suits you." And words cannot convey the gravity of his demeanour. This is the general reply, "If you find it suits you." And pray, if it did, would the patient be there at all? But we departed after the usual discreet chinking of coin, and the sufferer remarked (also as usual) on the doorstep: "Now that's what I call a very sensible man, and I shall really have confidence in his medicine." The medicine was taken, and the gout still flourishes. Also the consultant.

But I have no space to multiply these pleasant recollections. I cherish the hope of one day enshrining them in a volume to be called *Doctors I have Known*, and they must wait until then. But if entreaty could reach those empyrean heights of Harley Street I would say—

"Why not study dietetics for one thing? More is known about the subject now than you can imagine, and more turns upon it than you have ever been led to suppose. We want guidance. A state of public opinion is growing up in which we would much rather pay you for keeping us well than for curing us when we are ill, and until you recognise the fact that many of our daily habits are not only imbecile but absolutely provocative of disease, and have the courage to tell us so, you are not preparing for the chief, if not the only place the future will hold for you."

It will be retorted that this advice will impale you on the horns of the dilemma cited in the following couplets:

"There may be doctors, I do not doubt,
Who when a patient is prone to gout,
Will strongly advise him to cut it short
With his pounds of flesh and bottles of port.
A course like that is devoid of sense;
He takes the advice or he takes offence;
If he takes offence he kicks you out;
If he takes the advice he is cured of the gout,
And instead of dispensing for him, *cheu*,
He promptly proceeds to dispense with you."

True to a certain extent, and as matters are at present, but as they are moving inevitably towards prophylaxis the thing has got to be faced.

We complain, too, that you are not healthy yourselves. You die early and often, and why should we have any confidence in pilots who cannot keep their own boats off the rocks?

Nurses also—who may be supposed to live more or less in the sunshine of your supervision, and are certainly in your sphere of influence—pasty-faced beings, as nervous as cats, girt in at the waist, largely nourished on tea, dyspeptic, unwholesome! I would willingly exchange precept for example; but we get neither.

The question of fees chiefly relates to the general practitioner. There is a determination in the lay mind to call in the doctor as seldom as possible and as late as possible, because of the uncertainty attaching to the account. If even the charge for each visit is known (and it often is not, owing to the differences made according to the social scale of the patient), there is still the uncertainty as to the number of visits, and the belief that it will be very difficult to number them if the illness is a long one, and to end them when the family desires they should end. I recall a case when the fainting of a housemaid led to a professional visit. It was repeated next day—the girl, who was quite well, being then at her work. This was endured, though considered unnecessary; but a third visit was received with more than Polar coldness. The explanation of the practitioner was that he invariably paid three visits on these occasions. He never paid another in that house. Seriously, there would not be the same anxiety about calling in advice if the fee were clearly understood, if it were claimed and paid at each visit; or, perhaps, better still, if monthly accounts were furnished, itemised like any other. People puzzle over the half-yearly and yearly accounts, and say, "It can't have mounted up to this. I am sure he never came so often. What does it work out at?" and so forth; whereas clear business dealing would make things satisfactory for both parties to the transaction. I am much in favour of monthly accounts, especially as there is an undoubted disposition to grudge the money when the need has gone by and the outlines of anxiety are dimmed by time. Cash payments are becoming the rule everywhere, and short accounts make long friends. This is one advantage the consultant has over the general practitioner: you pay your money and have done with it. The other comes in as a bill at an expensive time of the year and is welcomed accordingly.

We are not quite certain that professional confidence is invariably respected by the general practitioner. Things occasionally seem to get about in country towns, and I am told that Mrs. Doctor has sometimes an air of "I could an I would" with her intimates, which suggests home discussion of patients. Here is certainly one cause of the flight

to Harley Street. "If I call on Dr. Blank it may leak out, and therefore I shall go to London," is a reason too frequently given to be entirely without foundation. There is more confidence in the celibate doctor in this respect. It should be legitimate ground for divorce if any doctor's wife questions him about a patient. But the flesh is weak.

The surgeon, too, does not escape lay distrust, though his position is a far stronger one than that of his medical brother. There is an impression gaining ground that there are fashions in surgery, and that we pay the piper although we do not call the tune. The appendix for instance. Appendixes (or should it be appendices?) have been little worn of late years. They went out of fashion, if I remember rightly, about the same time as small hats. Small hats are, we are told, returning to favour, and the appendix also has apparently a tendency to be buoyant in the market. But those who have lost these appendages meanwhile cannot retrieve them, and nourish a sense of injury and mutilation, which cannot be favourable to surgical popularity.

The holocaust of adenoids again, and the subsequent depression in this business, have not been without their effect, and a late suggestion for the eradication of the large intestine has therefore fallen somewhat coldly upon the public imagination. It may be an excellent thing for those who like it, but late experience has convinced us that you may change your practice next year, and meanwhile it seems safer to humour the large intestine by making it the recipient only of the results of sane and simple feeding, thus discouraging the jungle of bacterial flora which Metchnikoff laments. It would, of course, be a perfect cure for neuralgia to amputate the head, but the average citizen prefers a middle course, and a dreadful celerity with the knife is beginning to be considered a little blemish on this branch of the profession.

Operations are, as a rule, much too expensive also. You have a cyst whipped out—twenty-one guineas; a harmless tumour—thirty; an appendix—anything from eighty to a hundred and fifty. And if it is to come to the large intestine, heaven only knows what that organ will be priced at! Really, in view of the present Budget, we cannot stay the pace. The poor man can go to a hospital; the rich man can pay what he will; but where does the man of five hundred a year come in? There is also an impression that, especially in the hospitals, many operations are purely experimental, and often almost recklessly so. This impression is not confined to the poor, and is strengthened by reading the medical journals.

It is believed, too, that surgeons are not infrequently interested financially in the nursing homes to which they send their patients. What is the truth about this idea? There is a strong dislike to it in the lay mind, especially in view of the often extortionate charges, and the complaints sometimes made by patients to relatives of lack of attention and brusque treatment. These complaints do not reach

the doctors and surgeons save in rare instances, and there is a disposition to keep them even from the nurses, lest matters should be made harder for the patient.

There is more that I should like to say—much more; and there is a remedy for most of these ills that I might propound, but the limits of space are Draconian. Also, I should like to have said some of the handsome things that all must feel when they remember individual members of the profession. But, in conclusion, let me urge my readers to remember that they are not dealing with the ignorant public of the Middle Ages. Ignorant we still are, but some of us do read, think, and observe, and you never know when you may come across one of these phoenixes. He or she will size you up pretty accurately, and the result will infallibly leaven public opinion. Many of us know enough now to demand a higher intellectual standard from you, and familiarity with the advance of science in other branches renders us impatient of the empiricism you offer us, and of the mistakes and perversities for which we have to pay so dearly.

I suggest it, as a highly desirable proceeding, that some one of the contributors to this JOURNAL should be equally frank upon the subject of the layman. He, too, is human.

I Further Note on Medical Etiquette.

By W. H. MAIDLOW, M.D., F.R.C.S.



VENTURE to make an addition to the recent literature on Medical Etiquette, which has been started so well by Mr. Valerie and "a consultant," pleading as excuse twelve weary years of general practice in a sphere of influence larger than is desirable, and an average of being called in as a consultant forty times a year. Hence I feel my experience may not be without some value to those starting practice.

I mean by experience such results as on the whole make for harmony. Rules are not of great use to the young doctor. He will arrive at what is best by sad personal experience and his own sense of niceness.

Now, the public has a decided contempt for what it calls "medical etiquette," and one certainly can't expect it, as some seem to think, to know our rules. I really think the contempt is justified for that etiquette which is enunciated by some of us. Were the dicta of some medical men on the subject accepted, it is somewhat hard to see how the "new man" could make a living.

I divide the subject into (I) the point of view of the general practitioner (or G.P., as he is called), and (II) that of the consultant.

I. (1) Let A be in actual attendance on a patient; B is called in. B may attend, but must either inform A, or see A

is informed before he attends. Unless the case is urgent B should wait, to ascertain any convincing reason why he should *not* attend.

I do not entirely agree with Mr. Valerie—"You must be very emphatic in refusing to see the case, except in consultation with the man in attendance." It is too arbitrary, and seems to me unjust both to ourselves and the public. B can act on what he finds and the risk is the patient's. It can hardly be said theoretically his attendance is too risky to allow the patient to have it.

(2) Let A be called in when B is away. A should go on behalf of B, and hand the patient over to him on his return. A must do all he can to avoid continuing attendance. If the patient expressly wishes it, however, A should inform B, and B must regard it as a piece of bad luck which similarly may happen to A. The two may be asked to act together. B may object to that, in which case he must either make the best of it or retire. I consider B should see that A's expenses are paid when B attends for A, or conversely.

(3) If B's patient, whom he has not recently attended, visits or sends for A, B may be allowed to find it out for himself.

(4) If B's patient comes to A because B has a "locum" the case comes under (2).

(5) As regards club and parish patients, I really think the best plan is not to bother, but to let them do as they like. It is good that they should pay someone a proper fee when they can, which is not rarely the case with club patients.

(6) Suppose the patient chooses a consultant whom the family doctor dislikes or considers inadequate. Then he should point out what he considers the disadvantages. But his opinion may not be taken. He must then act as he thinks best. If he likes his patient or can't afford to retire, then let him stay to protect his patient's interest in the former case, or because he must, in the latter. If he does not care, and can afford it, then let him retire. It is quite simple. We must make the best of things, keep our dignity, not fuss, and least of all, sulk. The result of such feeble behaviour is that another family medical adviser is selected.

(7) The doctor in attendance should ascertain a consultant's fee, and when he is responsible for the consultation, should see he has it. Some men, especially in France, advocate "dichotomy," *i. e.* a division of the fee between the consultant and family doctor. I consider this is wrong, for the patient thinks he is only paying the consultant, and a suggestion may come that the consultation is for gain. A consultation is essentially because help is wanted. If the patient only thinks so, this is still true. The family doctor is of course justified in expecting his own special fee for a consultation, inasmuch as extra time has been spent and he has given the consultant help which he otherwise would lack.

II. I now turn to the consultant. He is either a pure consultant or a G.P. consultant.

(1) The G.P. consultant must never again attend that case for that illness except in consultation, nor must he put the onus of his refusal on the doctor in attendance. To do any of these things destroys all harmony in consultations and patients are the losers.

If the patient has quite recovered I would put a limit of six months before that consultant should act as this patient's usual adviser.

(2) When a pure consultant sees a patient, who has been introduced by the usual doctor, he should not see that patient again, or correspond, without the knowledge of the doctor. It is often most difficult to keep this rule, and there are many cases in which it must be broken. The consultant should do his best for the patient *and* his professional brother, as a man should. He should communicate with the usual doctor, if he is not present at the consultation, as soon as possible.

(3) When the family doctor dispenses his own medicines the consultant should send him the prescription, although here, again, I think the patient's wish should be at least considered. If the prescription be given to the patient some time-limit should be appended, and a copy sent to the family doctor. Some men charge absurd prices for their mixtures, etc., and cannot be said to dispense proportionately elegantly.

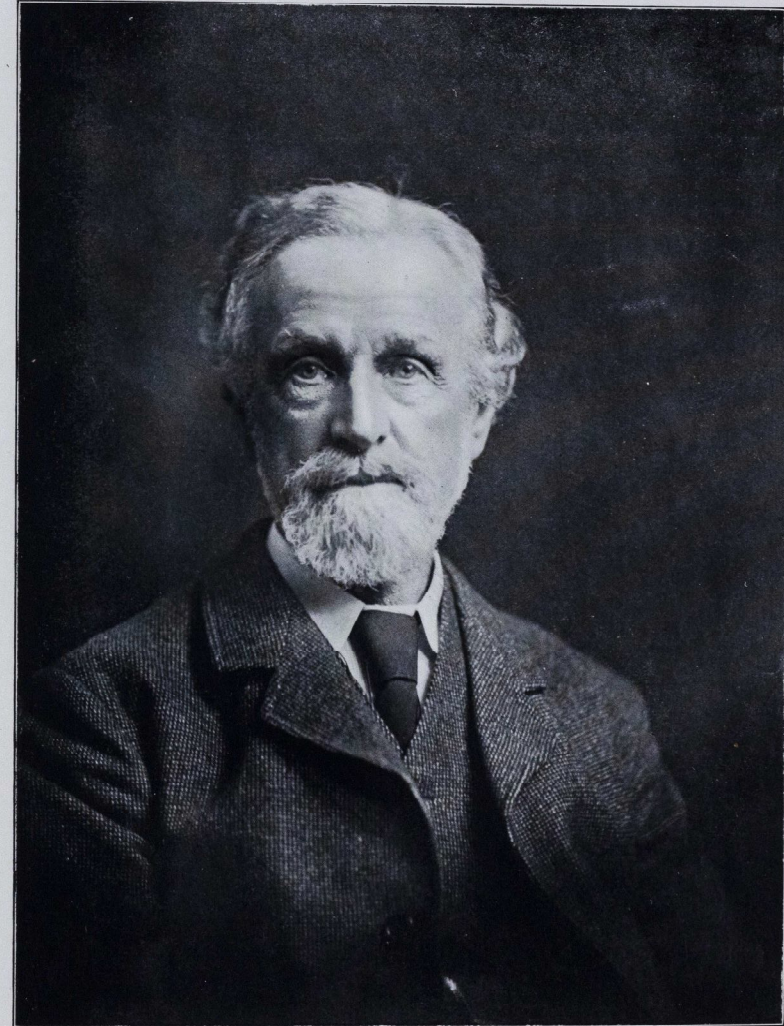
Dispensing is a reasonable procedure on our part, for we ensure the production of what is ordered, we keep a control over the action of the drugs, we know that the drugs are not causing "habits," and it is a justifiable source of income.

(4) When a patient goes to a consultant without the knowledge of the doctor I think the consultant may be satisfied with advising the attendance of the usual medical adviser, with whom he should endeavour to clear up any misunderstanding.

It is reasonable to ask the consultant to give the usual doctor credit for having his side of the question; to spend a little time in reconciling differences of view, which after all may be but apparent; and to see that no reputation is lost by his carelessness. He should realise his own fallibility, remembering the post-mortem findings of so many of his own cases, and that views of things must differ.

(5) Supposing a gross mistake has been found. The proper course then is to see that appropriate treatment is started at once.

Yet even here if there has been no unpardonable sin (*e. g.* alcoholism) there is no need to "give away" the man who made the mistake. On other occasions and in other respects that doctor may be trustworthy and beloved. What good to any one the upset of cordial relationship? The offender will probably profit by the experience of his mistake.



SIR THOMAS SMITH, BART., K.C.V.O., F.R.C.S.

(6) At a consultation the consultant must wait for the doctor in attendance. He follows the introducing doctor into the room, and precedes him on retiring, in order, as some cynic has said, that he do not stay behind to "bag" the patient. He re-enters first and delivers the verdict. If he be a "leader" in the profession there will be a good deal of the first person singular in his opinion; if he be a lesser light the word "we" will figure better. After all, the verdict has been reached "in consultation."

Our medical etiquette is but an effort we make to get some sort of harmony between ordinary justice to one another and fair play to the public, avoiding anything like trade unionism on the one hand or letting the public take advantage of us on the other. The point to my mind is not so much to do as you would be done by, but to do as you *ought* to be done by.

Herein our consciences become the arbiters, and inasmuch as consciences vary there is risk of chaos. Hence some fixed rules are needed, and these rules are intended to be based on the conscience of the majority. There is the struggle for existence; by brute nature we should "grab," but as we develop, the ethical idea replaces the cosmic, and we love what is good.

I would sum up the whole matter by saying: Medical etiquette is the application to a particular case of those general qualities which are known as courtesy, kindness, good fellowship, good breeding, and honour. Tact tells us when we may please the patient and possibly unavoidably annoy the "other doctor," or satisfy him and displease the patient. It is rarely we can please *everyone*, and for my part I have long given up the attempt in these cases. Let us please our best selves and "face the music."

"Myself when young did eagerly frequent
Doctor and Saint, and heard great Argument
About it and about; but ever more
Came out by the same Door as in I went."

Books added to the Library during October.

Cunningham, D. J., F.R.S. Text-book of Anatomy. Illustrated with 936 wood engravings from original drawings, 406 of which are printed in colours. 3rd Edition. Royal 8vo. London, 1909.

Osler, William, M.D., F.R.S. The Principles and Practice of Medicine. Designed for the use of Practitioners and Students of Medicine. 7th Edition, thoroughly revised. Royal 8vo. London, 1909.

Wells, H. Gideon, Ph.D., M.D. Chemical Pathology, being a Discussion of General Pathology from the Standpoint of the Chemical Processes involved. Demy 8vo. Philadelphia and London, 1907.

The following was presented by the Authors:

Thursfield, Hugh, M.D., F.R.C.P., and Branson, William P. S., M.D., M.R.C.P. Medical Morbid Anatomy and Pathology. Crown 8vo. London, 1909.

The following was presented by B. T. Lang, Esq., B.C.:

Fuchs, Ernst. Lehrbuch der Augenheilkunde. Mit 347 Abbildungen. Zehnte Vermehrte Auflage. Leipzig and Wien, 1905.

Obituary.

SIR THOMAS SMITH, Bt., K.C.V.O.,

Honorary Serjeant-Surgeon to His Majesty the King; Consulting Surgeon to St. Bartholomew's Hospital, and to the Great Ormond Street Hospital for Sick Children.



BITUARY notices may be of great value, or of none. They are mostly useless, when they are in memory of such men as Sir Thomas Smith. It is easy to enumerate his appointments, his honours, his contributions to surgery; but that list gives no hint of what he was; and, when one tries to say what he was, the past tense makes the words poor and dull. By the change from *he is* to *he was*, we are reminded of the loss of his presence. We have lost one of the best of all English surgeons; there was nobody like him; it was not only his professional work, it was his gentleness to his patients, and his generosity, and his wonderful way of making people happy, and the pleasure of hearing him speak at a medical meeting, or at a Hospital dinner; everybody loved him, and no wonder; he was a good example to all of us; it did you good, only to look at him. These familiar phrases came first to be written, as it were of their own accord. He was kind, wise, honourable, compassionate; we shall never know half the good that he did; he was almost worshipped at the Hospital; there never was a man, in our profession, who had a better, more wholesome influence on London society. Thus one could go on, saying again all the old affectionate things that we used to say about him. Only, to those of us who knew him well, this kind of talk leaves out the chief fact of his life. In 1879, his wife died, after a short illness, leaving him with nine young children. He fought his way back, at last, to the light; but nobody could study his face and not see the marks of sorrow in it; and, now and again, it was full of sadness.

He was born on March 23rd, 1833. His father was Mr. Benjamin Smith, of Great Lodge, near Tonbridge, Kent. Of his many brothers and sisters, one outlives him, the Rev. G. Maberly Smith, Hon. Canon of Canterbury, and Rural Dean of Tonbridge. He was educated at Tonbridge School, and was in the Sixth Form there; but he had no great liking, in boyhood, for work, and cared chiefly for shooting and fishing. About the time that he left school his father died, and the days of prosperity came to an end. Paget, at the time, was Warden of the Hospital College. It was through Mrs. Paget, who as a girl had given music lessons to some of Sir Thomas Smith's people, that the life-long friendship, more like sonship than friendship, was begun between him and Sir James Paget. Now that the family needed help, Paget offered an apprenticeship to one of the sons; and that is how Tom Smith, in 1850, entered the Hospital, one of the last of the old order of apprentices. Other new students, that year, were Sir William Turner, Sir

Jonathan Hutchinson, Dr. Haack Tuke, Mr. Bickersteth, and Mr. F. A. Humphry; and the first lady doctor in London, Miss Elizabeth Blackwell.

He qualified in 1854, and was House Surgeon, first at the Leicester Infirmary, and then at the Great Ormond Street Hospital for Sick Children. He became Demonstrator of Anatomy and of Operative Surgery at St. Bartholomew's, and, in 1858, obtained the Fellowship of the College of Surgeons. Next year, he published his *Manual of Operative Surgery on the Dead Body*. The examining boards were just beginning to require from students some practical acquaintance with operations; thus the book was welcome. It was illustrated with woodcuts from photographs taken during the actual performance of operations on the dead body; he was, perhaps, the first surgeon who made this use of photography. (A second edition of the book, with Mr. Walsham's help, was published in 1876.)

In 1861, he was appointed Assistant Surgeon at Great Ormond Street. In 1862, he married Miss Annie Parbury, daughter of Mr. Frederick Parbury, of Lancaster Gate. For six years they lived at 7, Montagu Street, Russell Square; then, in 1868, the year of his appointment to be Surgeon at Great Ormond Street, they moved house to 5, Stratford Place: not without warning from their friends that Stratford Place was not a medical street, and that practice would never flow that way. But practice, though it sometimes goes where it ought not, seldom refuses to go where it ought. To get at him, it would have flowed uphill. For he was a born surgeon; and there is no better proof of that fact than the papers which he contributed, during the next few years, to the chief medical societies.

The born surgeon does not write books: he reads short papers, and mostly is indifferent what happens to them. Some of Sir Thomas Smith's most valuable papers were, as he irreverently said at a Hospital dinner, "consigned to that family mausoleum, the *St. Bartholomew's Hospital Reports*." But they, and his other papers, read in 1868—1876 at the medical societies, teach us what it is, to be a born surgeon: what insight, what independence, what originality. His 1868 paper, "On the Cure of Cleft Palate by Operation on Children," is one of the classics of surgery. In 1869, he brought before the Royal Medical and Chirurgical Society his proposal to remove renal calculus by nephrotomy. The operation had never been done in this country, nor anywhere else, save once, in Venice, ages ago, by a certain Dominicus de Marchetti. Still, he believed that it ought to be done, and, in 1869, he planned exactly the present operation. His intuition, and his foresight, in this short paper, are magnificent. In 1870, he reported fully one of the first recorded cases, in this country, of vaccino-syphilis. In 1872, one of the earliest cases of gastrotomy for cancer of the œsophagus. In 1876, the first case, carefully recorded, in this country, of scurvy-rickets. These five papers

are all of them, in the strictest sense of the word, original; there is not one of them that might not have been made into a book. That was his way; he was a prophet; he set men thinking, while he went ahead, thinking of something else; and we all know what happens to prophets in their own country—how a prophesy, five pages long, is expanded into a book of two or three hundred pages, by somebody who is not a prophet. It is worth noting, that the very last of Sir Thomas Smith's papers was that in which, nine years ago, he proposed, not the avoidance, but the opening, of the peritoneal cavity in certain cases of supra-pubic cystotomy. To the last, he was prophetic. "The subject," he said, "is one to think over: I would ask you to bear it in mind when a suitable case comes before you."

At the Hospital, in 1864, he was appointed Assistant Surgeon; and in 1871, Conjoint Lecturer, with Mr. Callender, on Descriptive Anatomy. In 1873, he became Surgeon. In 1879, he resigned his lectureship. On March 10th, 1898, he resigned the Surgeries, and was appointed Hon. Consulting Surgeon and a Governor of the Hospital.

At Great Ormond Street, he was Surgeon from 1868 to 1885, and was then appointed Hon. Consulting Surgeon. He was for many years Surgeon to the Alexandra Hospital for Diseases of the Hip, and became Hon. Consulting Surgeon to that Hospital, and to King Edward's Hospital.

From 1880 to 1900, he was on the Council of the Royal College of Surgeons, and was a Vice-President of the College in 1887-8 and 1890-1. It is certain that, if he had desired it, he would have received the honour of the Presidency.

In 1895, on the death of Sir William Savory, he was appointed Surgeon Extraordinary to Queen Victoria. He attended many members of the Royal Family; and, in 1897, the year of the Second Jubilee, he received a baronetcy. On the King's Accession, he was appointed Surgeon in Ordinary to His Majesty. In 1901, he assisted Sir Frederick Treves in the operation on the King, and was appointed Hon. Serjeant-Surgeon to His Majesty. He was made Knight Commander of the Victorian Order for his services in connection with Miss Keyser's Hospital for officers wounded in the South African War. He is succeeded in the baronetcy by his eldest son, Mr. T. Rudolph Hampden Smith, M.B., F.R.C.S., of Stockton.

A photograph of him, taken about 1860, bears out the truth, that it is not we who make our profession, but our profession that makes us. The photograph suggests nothing; it foretells nothing of the greatness to which he attained. If, by what we call chance, he had followed some other calling, his life would have been more or less wasted. His ingenuity, his resource, his practicality, would have made him a good engineer; indeed, he invented, in his early days, an improvement in the working of points on

railway lines; but he "could not be bothered" to take out a patent. Except for engineering, which would have suited him fairly well, there was but one profession to suit him perfectly. No other calling but surgery would have made him what he was.

For he was a man who took passionate interest in humanity. It may truly be said, that stupid people were hardly of less interest to him than clever people. Merely to be alive, was to be worthy of his consideration. One might be vain, superficial, narrow-minded; still, one was human, and therefore remarkable. *Nihil humani a me alienum puto*, the old sentence describes him; all his life he found pleasure in observing other lives. That is why, in spite of his dislike of ceremonious ways, he "enjoyed society": not for its conversation or its politics, but for the exercise that it gave to his instinctive habit of seeing into thoughts and reading characters. There is no profession so full as ours of opportunities for "the proper study of mankind."

But he who only studies mankind, without serving them, is a poor creature: one cannot imagine Sir Thomas Smith as a mere spectator of lives: he must be at work in them, helping, renewing, and saving them. Nothing was more to his liking than the constant, natural, sympathy and charity of each day's work: the round of practice, the relief of minds and bodies, the perfect understanding that was between him and his patients. We learned from him—or, at any rate, it was our own fault if we did not—that the way to be a great surgeon is to think of patients, not only of pathology; and to have, not to assume, incessant kindness for them, and, for some of them, almost extravagant tenderness. The likeness between him and Ambroise Paré is curiously close. Among the men of his own time, there was none so like him as Paré, who has been dead more than three centuries. He went straight from school to apprenticeship: he did without University accomplishments: I can hardly think of him in academic dress. He cared little for the "principles of surgery"; he was apt to disdain long books, formal discourses, elaborate methods, theories, guesses. In his work, practicality and common sense gave such good results that he often seemed to work as it were by inspiration. He was wonderful in his use or adaptation of simple means and appliances to the special requirements of each case. He was inventive, quick-witted, and heedless of mere tradition and authority: but he was, no less, observant, methodical, and more fond of things known than of things unknown. He despised sentiment, solemnity, and every form of egotism. His care for the peace and comfort of his patients was more than kindness, it was the one great pursuit of his life: one might say that he could not rest, till they did. In his treatment of them, he gave them himself at his very best: it is nothing, to call him sympathetic: his compassion was ardent, immediate, vehement.

And, what is perhaps best of all, his irony and his chaff had this rare significance and beauty, that he had gone through profound sorrow. All of us, more or less, can be witty: but his flashes of merriment were delightful, because they were the play of a profound mind; below all the depth of his happiness, lay the ultimate sense of grief and of loss. He had that divine humour which is miles away from farce, and close to tragedy.

In his home-life, he maintained the utmost simplicity, and mostly distrusted new fashions and "modern" people. On a holiday, he delighted in fishing, shooting, and golf. He did not greatly care for pictures, nor for music: and he cared not at all for plays. I told him once that he ought to see Irving in "The Corsican Brothers"; and he said, "My dear boy, I see quite enough cuts and smashes in real life." The answer was but a small fraction of his mind at that moment: still, it represents him well. He was in love with life, but it must be real life: he often thought of death, but it must be real death. Art made no powerful appeal to him: and, in the highest and most splendid meaning of the word, he was a puritan.

The strength of his life was his faith. Obituary notices are too apt to mention a man's faith as one of his many accomplishments: and to say of him, that he was a good sportsman, an eminent member of his profession, and a person of sincere religious convictions. That sort of stuff shall not be written here of Sir Thomas Smith. The beauty of his life is out of the reach of psychology, and above all natural explanation: the only explanation is that which he would have given; that we cannot, of ourselves, make the best of ourselves. He believed, passionately, in the absolute reality of the spiritual life: he hated to see young men refusing the old way of prayer and communion: and his life bore incessant witness to his faith.

Till a few months ago, he seemed to be in fairly good health; but had begun to look his age. Then, he lost strength, and was compelled, by increasing weakness of the heart, to resign work and be an invalid. He was attended in his last illness, by Sir William Church, and by Dr. Garrod. He had no great trouble of breathing, and not much pain: and died, in his sleep, on Friday, October 1st. His body is buried in the Finchley Cemetery: the funeral service was read by his old friend the Bishop of Oxford, son of his old master, Sir James Paget.

Recent Papers by St. Bartholomew's Men.

Paramore, R. H., M.D. (Lond.), F.R.C.S. "A Critical Inquiry into the Causes of the Internal Rotation of the Fœtal Head." (*Journal of Obstetrics and Gynecology of the British Empire*, October, 1909.)

CANE, L. B., M.B., B.C. "The Vaccination Acts, and the Growth of Conscientious Objection." (*Lancet*, October 9th, 1909.)

Sir Thomas Smith.

AN APPRECIATION.

By SIR WILLIAM CHURCH, Bart., K.C.B., M.D., F.R.C.P.

THE announcement of the death of Sir Thomas Smith has been received with widespread regret by hundreds of old St. Bartholomew's men throughout the Kingdom and scattered in all parts of the world, as well as by those who have remained in closer connection with the Hospital and its Medical School. There are few men now living who remember our School before Sir Thomas was connected with it, either as student, demonstrator, or surgeon, and it may be truly said that, of all who passed any of the many years between 1850, when he entered as a student, and 1898, when he retired from the staff, there is not one whose recollections of the days he passed in our Medical School are not associated with the memory of Tom Smith.

It has fallen to the lot of few to be so widely known and so generally esteemed—I might say beloved—as was Sir Thomas Smith. His loss to those who were his intimate friends it is not easy to express, for to know him well was to love him, and love whether it be for man or woman is felt and treasured and not written about.

My real intimacy with him began in 1867, when I was in sad distress through the loss of a much-loved brother on whom Sir Thomas had operated. I can never feel sufficiently grateful for his sympathy and kindness during that period of sorrow. It was then that I first got to know his worth, and from that time until his death he became as it were a brother to me; his house was ever open to me, and I highly appreciated the privilege of being able to pass part of the evening with him and his wife, followed by a smoke and a chat with him before bedtime.

The happiness of his family life was sadly broken by the early death of his wife, who was charming both from her beauty and the sweetness of her character. This blow left a deep and enduring mark on him, but he bore his loss with Christian fortitude, and bravely said, "I must live for my children," and to the world he appeared much as the "Tom Smith of old." How nobly he acted up to those words I need not recount; a better father could not be found, nor a family in which the relationship of father and children could be happier.

From the time that I became full physician to the Hospital in 1875 until his retirement from the active staff, we were associated in our Hospital work; a more helpful and delightful colleague it was impossible to have. The great charm about Sir Thomas Smith was the boundless sympathy he had for his fellow-men, for their weaknesses, their passions, their feelings, and their sufferings; it was this as well as his tact and skill which led his patients in

every rank of life to regard him as a friend. This gift of sympathy with which he was endowed was the secret of his success and popularity among all classes of men with whom he was thrown; it was genuine and natural to him as was his humour. He intuitively knew what was the right thing to do or say. I remember the impression it made on me when seeing with him a hopeless case, the way in which he said to a sorrowing wife who was endeavouring not to break down, "Go away and have a good cry; it will do you good." That and the manner in which it was said was the best advice for her overwrought feelings.

In our Hospital work he was always ready, often at great inconvenience to himself, to assist you when in difficulties, and never appeared to mind the demand you might make upon his time. In this brief reminiscence of my colleague I have no intention, even if I had the necessary knowledge, of discussing his ability and skill as a surgeon, but one thing in his practice always struck me, his resourcefulness. He was a born surgeon with most dexterous hands, and prepared to use any means which he thought might get his patient well. The originality of mind that was present in his humour and talk was also present in his surgery, and enabled him to secure success in cases which were obscure and difficult to treat.

In addition to the ready sympathy he had with his fellow-men, Sir Thomas Smith was one of the most unselfish of men; having experienced in his student days the hardships of restricted means he was always ready to assist the struggling and unfortunate; no one knows how freely in later life he responded to the calls made on his generosity.

Honoured and respected as he was by all who knew him, it always appeared to me and to others that he never quite occupied the position he should have held in the profession; he shrank from undertaking any office which brought him prominently before either the medical or general public. When remonstrated with he would say, "I can't do it, it is not my way;" yet no one was better qualified to fill the highest posts than himself. Although to some not appearing to take life very seriously, he had a very high ideal of personal and professional honour; his kindly nature led him to take the most favourable view of the failings of others, but anything mean or unworthy was utterly abhorrent to his generous and manly nature. His influence for good in the profession and in our School was very great, and will not rapidly pass away. His was a bright example of a thoroughly well-spent life, attaining eminent success by means of great natural gifts and whole-hearted devotion to duty and the service of his fellows. Long may those of us who survive cherish his memory, for a better, kinder, truer friend to student, colleague, or patient never lived than our much loved "Tom Smith."

Some Personal Recollections of Sir Thomas Smith.

By ANTHONY BOWLBY, C.M.G., F.R.C.S.

I WELL remember my first impressions of "Tom Smith" in 1875 as a Lecturer on Anatomy, and his first lecture in that session was the first lecture I attended at St. Bartholomew's. He was then in his prime, a tall erect figure crowned with dark curly hair, a keen eye with a humorous glance, a ready tongue but with no pretence at oratory, and a very practical acquaintance with his subject. I learned a good deal from his lectures, but I never came into touch with him in those days until, at the time of the examination for the Senior Practical Anatomy Prize, which I obtained, he said "If you can dissect like that we ought to make a surgeon of you," and, as we all looked upon him as the most expert operator of his time, I felt proportionately flattered.

Set operations at that time were all performed on Wednesdays and Saturdays in what we now call the "Old Theatre," the surgeons operating in order of seniority, but there can be no doubt that Tom Smith was the man we most admired. He handled his instruments like a conjurer handles knives, and the extraction of a stone from the bladder or the amputation of a limb was, indeed, rather like a conjuring trick. I have seen him take a stone from the bladder of a child by lateral lithotomy in thirteen seconds, and it may be added that his cases of lithotomy did extremely well, and were almost uniformly successful. As an operator for cleft palate and harelip he was a past master, and in all other plastic operations his skill was conspicuous. He was then almost the only surgeon who used a lithotrite at St. Bartholomew's, and few have ever handled one more skilfully than he.

But although at that time I was a distant admirer of Tom Smith, I did not really make his acquaintance till I was House Surgeon for Mr. Holden, and afterwards, when I was Curator of the Museum. Subsequently, when Surgical Registrar, I got to know him well.

He was, I think, the most receptive man I have ever known in our profession, and was always on the look-out for any practical suggestions which promised to be useful. It must be remembered that, when Lister and his antiseptic doctrine were received very sceptically in London, Tom Smith went to Edinburgh and saw for himself what was doing, and accepted the new order of things in surgery. He was one of the first surgeons to perform ovariectomy when it became a recognised operation, and he was keen to open the abdomen for obstructions and to do colotomy at a time when very few surgeons saw any advantage in such operations. And it was always a most noticeable thing that to the very end of his life he took a most

constant interest in the progress and development of surgery, and was never a mere "laudator temporis acti." I well remember him saying to me how, when he was a young man, his teachers "spoke of the principles of surgery as though they were as immutable as the solar system," and how impossible it was to make any useful progress so long as such ideas prevailed.

He was always a great favourite with students and nurses alike, as well as with his patients, and this, no doubt, was largely due to his own unfailing good temper, for he never permitted himself to say a harsh or unkind word, and I never knew him find fault with his subordinates in the presence of others, or publicly reprimand a man for failing to do his work well.

He was an interesting and suggestive teacher, and I never missed going to his Clinical Lectures, for there was always something to learn from them which one could not get in books, and they were genuinely "clinical" demonstrations illustrated by cases in the wards, and not mere abstract orations.

He was endowed with a quite extraordinary surgical wisdom and intuition, and possessed a remarkable insight into human beings, which stood him in good stead in weighing the value of the stories his patients had to tell him of their troubles. And this, together with his knowledge of surgery and his genuine sympathy, made him a very valuable consultant, and caused his opinion and advice to be widely sought. But, although he enjoyed so great a reputation as an operator, and was so skilful, he could never be accused of allowing his judgment to be biased by any desire to operate for the mere sake of operating, but, on the contrary, he was rather disinclined to advise operation unless it was clear to him that the benefit was likely to be very definite, and that the gain expected was proportionate to the risk.

As time went on and his reputation spread he acquired not only a very large practice, but also the universal esteem and trust of his profession. For it was known that he was so perfectly upright and honourable a man, and so disinterested and unselfish in all that he did, that his advice was constantly sought, even by men who were not personally acquainted with him. Yet he never seemed to desire any public recognition of the position he held in the surgical world, and, while he was a very frequent attendant for many years at the meetings of the Clinical and Royal Medical and Chirurgical Societies, and himself contributed various important papers, he would not accept the opportunities he had of holding office as President, nor would he consent to allow his name to be put forward as a candidate for the Presidency of the Royal College of Surgeons of England.

He was one of the kindest-hearted men that ever lived, and to say that he was beloved by innumerable patients is nothing more than the simplest truism. How many kind

actions he did no one will ever know, but he was ever ready to help in deed and with money both members of his own profession whom he knew and others of whom he had no personal knowledge, as well as all kinds of other people who had no claim on him except that they were unfortunate and apparently deserving. He had very little toleration for the undeserving and the vicious, but it was well known that if a doctor was in difficulties through no fault of his own he would always find a friend and a sympathiser in Sir Thomas Smith.

As a companion to old or young he was quite delightful, and this was no doubt due to the fact that there were very few forms of sport or amusement with which he did not sympathise. In his earlier years, and before I knew him, he was a keen cricketer, and, having been brought up in the country as a boy, he had early learnt to fish and shoot. For a good many years, until he was about seventy, he spent August and September with his family in Arran, shooting in company with his friend Sir Alfred Cooper; and even when he was seventy-two he came one April with me to Scotland for salmon fishing. He was very fond of sea fishing and of boating, and until quite the last few years he thoroughly enjoyed pulling an oar.

But undoubtedly his favourite outdoor pursuit was golf, and this he thoroughly enjoyed for more than forty years. Some of my very pleasantest recollections are associated with golf outings with Sir Thomas, and either at Christmas-time or Easter, or for a few days in the summer holidays, we went to various resorts; most often to Deal, but also to Hayling Island, Minchinhampton, and Sandwich. Another colleague, now Master of Downing; Fred Wallis, now surgeon to Charing Cross Hospital; and Ernest Colville, of Ashford, in Kent, were our most frequent companions, but although we were all a good deal younger in years than Sir Thomas, he was as young as any of us in his enjoyment of the game, and his appreciation of a fine breezy day and a good match. He did not keep his golf for special occasions like this, however, for there were few weeks that he did not play near London. For many years he was a regular attendant at Wimbledon, but for the last fifteen years or so he was to be found every Saturday at Mitcham, where his cheery disposition and appreciation of the game made him very many friends. After he retired from the active staff ten years ago he at once arranged to have a game three afternoons a week, and every Tuesday I always aimed at meeting him, and could always truthfully say to anyone who desired a more professional occupation for me that I had an important engagement with Sir Thomas Smith which I was very anxious to keep.

No one was more keenly interested in, and attached to, St. Bartholomew's than he, and he was a most ardent supporter of the erection of the various new buildings which have been recently added. He was also a liberal subscriber to the Building Fund, and until last year he

regularly visited the Hospital wards in his capacity as one of the Visiting Governors Committee.

When the South African War came it was he who suggested my name as the surgeon-in-charge of the Portland Hospital, and when I returned from the war in September of 1900 I found that he was actively engaged in looking after wounded officers in the Home founded by the Miss Keyzers. It was from this Home that the present King Edward VII Hospital for officers sprang, and "Sister Agnes" would be the first to acknowledge how much it owed to him.

Dear old Sir Thomas! What a number of old students will miss him when October 1st comes round, and how many of his patients will feel they have lost their best friend! The memory of his friendship will always remain one of the pleasantest recollections of my life, and his manly and noble character I shall ever remember and admire.

We are indebted to Mr. Henry Rundle for the following:

I was in the reading-room of the *Hôtel de l'Univers* at Tours, on October 3rd, when the *Times* arrived announcing the death of Sir Thomas Smith, which came as a shock and a surprise. Several of those who were there, strangers to one another, expressed their sorrow at his death. He was widely known, and his loss will be keenly felt among a large circle of friends. He had been so long associated with Bart.'s that he had become one of its best traditions. He will have a very warm place in the affection and memory of many generations of students, and his influence in forming healthy lives cannot be exaggerated. Nothing coarse was tolerated by him; he was a good man in the very best sense of the term.

When I entered the Hospital he was a Demonstrator of Anatomy, and in this capacity his breezy manner and dry humour made him immensely popular. Every student regarded him as his friend. His kindness to "a fresher"—"Professor" as he would jokingly call him—in explaining a dissection, was proverbial. Later, when men were going up for their examinations, he would take the "shaky" ones for a final grind at his house in Montague Place. He was a man of witty mind and few words; praise from him was rare indeed, and was 'worth a great deal.

Others, I have no doubt, will write of his gifts as one of the leading surgeons of his day, as a lecturer, and of his enthusiasm for Bartholomew's, which he loved so well, and to the service of which he wholeheartedly gave of his best. I would speak of one quality only, his kindness, which made him so lovable a personality. Many examples of this occur to me. He came into the country and operated on the wife of a young officer. When the cheque for his fee was handed to him, he returned it saying, "No, I am sure that Captain X— ought not to give me this; make it half."

The wife of a small shopkeeper consulted him in Stratford Place; an operation was needed, for which he admitted her into Bartholomew's. When pressed to take a fee for the consultation, he demurred, saying, "I never take a fee from a hospital patient." A boy with slender means, who had lost his father, a service man, had incipient hip-joint disease. Tom Smith seeing that the case would be a long and expensive one took him into his ward, made a cure of him, and afterwards befriended him in many ways. Some three years ago a doctor who was hemiplegic came for a change to a watering-place on the south coast. No treatment was required, but Tom Smith wrote to me, "Go and see him like a good fellow, and cheer him up in every way."

The death of no member of the Staff has ever evoked more sincere regret than has that of Sir Thomas Smith. I do not think that he ever had an enemy; this is not always a compliment, for it may mean weakness of character, but Sir Thomas was a strong man.

Those of us who have known him in the days that are past will always regard it as a great privilege to have enjoyed his friendship. He has left in the hearts of his friends an enduring memory, and a stimulating example of all that is good and true. The chief reason for the esteem in which he was held was his high personal character, which was so evident that he never came into contact with anyone whose regard and affection he did not win.

Books received for Review.

- Anatomy, Descriptive and Applied.* By Henry Gray, F.R.C.S. 17th Edition. (Longmans and Co.) 32s.
Practical Microscopy. F. Shillington Scales, M.A., B.Sc. 2nd Edition. (Baillière, Tindall and Cox.) 5s. net.
Outlines of Bacteriology. David Ellis, Ph.D., D.Sc.(Lond.). 1st Edition. (Longmans and Co.) 7s. 6d. net.
Guide to the Study of the Specimens in the sections of Obstetrics and Gynecology in the Museum of St. Bartholomew's Hospital. By H. Williamson, M.A., M.B., M.R.C.P., and R. Jamison, M.A., M.B., F.R.C.S. 1st Edition. (Adlard and Son.) 5s. net.
Quain's Anatomy. Vol. III, Part II. The Peripheral Nerves and Sense Organs. Edited by E. A. Schafer, F.R.S., J. Symington, F.R.S., and T. H. Bryce, M.D. 11th Edition. (Longmans, Green and Co.) 15s. net.
Sight-testing Made Easy. W. W. Hardwicke, M.D.(St. And.), M.R.C.P.(Edin.). 1st Edition. (J. and A. Churchill.) 2s. 6d. net.
Materia Medica, Pharmacy, Pharmacology, and Therapeutics. By W. Halliwell White, M.D.(Lond. and Dublin). 11th Edition. (J. and A. Churchill.) 6s. 6d. net.
Experimental Physiology. By N. H. Alcock, M.D., D.Sc., and F. O. B. Ellison, M.D., with Preface by E. H. Starling, F.R.C.P., F.R.S. 1st Edition. (J. and A. Churchill.) 5s. net.
Medical Morbid Anatomy and Physiology. By Hugh Thurstfield, M.D., F.R.C.P., and W. P. S. Branson, M.D., M.R.C.P. 1st Edition. (H. K. Lewis.) 6s.
Introduction to Practical Chemistry. A. M. Kellas, B.Sc.(Lond.), Ph.D.(Heidelberg). (Frowde and Hodder and Stoughton.) 3s. 6d. net.
Manual of Surgery. Alexis Thomson, F.R.C.S.(Edin.), and A. Miles, F.R.C.S.(Edin.). 2 vols. 3rd Edition. (Frowde and Hodder and Stoughton.) 10s. 6d.
Clinical Memoranda. A. T. Brand, M.D., C.M., and J. R. Keith, M.D., C.M. 1st Edition. (Baillière, Tindall, and Cox.) 3s. 6d. net.

The Clubs.

SPORTS NOTES.

The prospects of the various teams this season seem much brighter than they have done for the last year or two.

The Rugger Club have started the season well by beating Lennox and the London Irish. The 2nd XV beat Harrow in their first match. The best of the new men are Smythe, a forward; Garrod, a half; and Beyers, a wing three-quarters. The latter is expected greatly to strengthen the attack, as he is very speedy and a magnificent kick. Taken all round the team is a greatly improved one.

The Soccer Club is quite embarrassed with the amount of talent at its disposal, especially in the back division. The best of the new men are Comyns, Dyas, Owen, and Taylor, all halves; Stretton, an excellent full back; and Waugh, a capable centre forward. Woodruff, With, Norman, and Rimington are still available, so that the difficulty of choosing the best back division is easily appreciated. At present With is playing inside right, and seems likely to do well in his new position.

The only match played at the time of writing was lost, 4-6 against the Old Citizens, but the latter are a good side and well together, and the Hospital of course have not had a chance of shaking down together. The 2nd XI have won two matches, and are going to be a great side this year.

The Hockey Club has not been so fortunate in the matter of Freshmen as the two football clubs, but looks forward to having a pretty useful side nevertheless. Barnes and Emerson are the pick of the new men.

We should like to remind all men up at the Hospital of the existence of the Miniature Rifle Range in the basement near the dining hall. Formerly this range was self-supporting, but of late there have not been enough men shooting to make it pay its way. It is a cheap form of amusement—eight shots for 3d.—and it may be even cheaper if your friends are not such good shots as yourself!

Result of Matches up to date.

- Rugger: 1st XV.—v. Lennox. Won. 14 points to 5.
 " " v. London Irish. Won. 12 points to 3.
 " 2nd XV.—v. Harrow. Won. 8 points to 3.
 " " v. U.C.S. Lost. 20 points to 3.
 Soccer: 1st XI.—v. Old Citizens. Lost. 4 goals to 6.
 " 2nd XI.—v. St. John's Hall. Won. 6 goals to 0.
 " " v. Royal College of Science. Won. 5 goals to 0.
 Hockey: 1st XI.—v. Broxbourne. Drawn. 4 goals to 4.
 " " v. St. Albans. Lost. 4 goals to 7.
 " " v. Aldershot Command. Lost. 2 goals to 0.
 " 2nd XI.—v. St. Albans. Won. 7 goals to 0.

RUGBY FOOTBALL CLUB.

ST. BART'S v. LENNOX.

The first match of the season was played at Winchmore Hill on October 9th against Lennox. The outlook this year seems much better than last. We are glad to welcome E. V. Oulton back again—his presence in the back line seems to inspire confidence in the others. The strength of our back line ought to be the centres—Oulton and Richards, where it is most needed.

Lennox kicked off with the wind, but were driven back by the excellent kicking of our centres. The Hospital forwards settled down at once, and heeling well, gave the halves plenty of chances of feeding the three-quarters, whose efforts for a time were of no avail against the splendid tackling of our opponents. After repeated efforts at breaking through, Bridgman scored far out, after Coombs, Oulton, and Richards had handled. Richards failed with the kick.

After the drop out the forwards, by a series of dribbles, put Lennox on the defensive, and Schalkwijk, getting off with the ball at his toes, gave Gilbertson the chance of scoring an excellent try. The kick again failed. Our forwards then began to tire through lack of training—half time giving them a much-needed breather.

Evans kicked off, and our forwards, following up well, forced play in the Lennox "25." From a high kick Oulton made off, and being tackled, dropped the ball and started dribbling from the "25" line. Going straight through the Lennox defence he scored our third try, which Richards improved upon.

The superior training of our opponents began to tell, and Alexander, intercepting a pass, ran the length of the field and gave to Newberry, who scored, the same player converting.

This put life into our men, who rushed to the Lennox line, and from a line out Bridgeman picked up smartly and scored; the kick failed. No side was called, leaving us winners by 1 goal 3 tries (14 points) to 1 goal (5 points). Teams:

Bart's XV.—R. Burn (back); H. R. Dive, F. V. Oulton, E. D. Richards (caps); and R. O. Bridgman (three-quarters); H. M. Coombs and A. J. Chillingworth (half-backs); J. van Schalkwijk, R. von Braun, H. M. Gilbertson, A. Ferguson, F. J. Craddock, T. G. Smyth, G. R. Lynn, and A. E. Evans (forwards).

ASSOCIATION FOOTBALL CLUB.

ST. BART'S 1ST XI v. OLD CITIZENS.

At Winchmore Hill on October 16th. This was the first match of the season, though the second fixture. The first fixture v. Old Albanians was scratched owing to a mistake on the part of their Secretary.

The team that represented the Hospital on Saturday was as follows.—Brook (goal); Norman and Rimington (backs); Woodruff, Dyas, Owen (halves); Dale, Barrow, Waugh, With, Atteridge (forwards).

The weather was very mild, with a slight breeze from the S.W. and a fine drizzling rain. Underfoot the ground was wet on the top but firmer underneath, though soft in front of goal and in the middle of the field.

Old Citizens won the toss, and played with the wind towards the Pavilion.

When the whistle blew Waugh kicked off, and the Bart's forwards combined well, and took the ball to the opponents' goal. Within five minutes of the kick-off Bart's scored their first goal from a nice run up and centre by Atteridge. The ball crossed the goal, and Dale passed to Barrow, who scored.

Old Citizens kicked off, and their inside right took the ball up the wing to within fifty yards of the goal, and with a brilliant shot beat Brook. The game then became very fast, the ball travelling up and down the field, and within ten minutes of the first goal Old Citizens scored a second goal.

Our opponents then seemed to have the greater part of the play, their right wing causing Norman and Woodruff a lot of bother. Dyas at centre-half seemed to find it hard to keep his legs, and so was not of as much use as he might have been.

The third goal for the Old Citizens was scored about five minutes before the interval, and Bart's retaliated by a neat head shot by Waugh from a corner. Scores at half-time 2—3.

After resuming play the Bart's forwards' play weakened considerably, and they were inclined to take the ball too far up before shooting, a great mistake with the ball wet and hard to handle. Our opponents, on the other hand, shot continually from beyond the twenty-five yards line, and soon after crossing scored their third

goal. The play was rather straggling now, but mostly in our half of the ground, the light opposing forwards proving too much for the halves and backs, particularly on our left wing.

The next goal was then shot for Bart's by Barrow from a centre by Atteridge, the ball just dropping under the bar. The score was now 3—4. Our forwards made several nice runs up, but always lost the ball in front of goal, chiefly because they waited too long to shoot.

The right wing forward play weakened a good deal towards the end, Atteridge's centres not coming up to his work in the first half. Old Citizens put on two more goals, and Bart's scored another by a great shot from Waugh. The Hospital failed to equalise up to the end of the match.

HOCKEY CLUB.

ST. BART'S v. BROXBOROUGH.

This game, on Saturday, October 9th, which was our first match, ended in a draw, the score being 4 all. Broxbourne, who are a fairly strong team, had played one match before, and had had some practice games, so they were in much better condition than we were. It was a pretty fast game, and would probably have been faster still if the ground had been drier.

We have not found many good freshmen yet, H. Barnes being practically the only one, but we still hope that someone may yet turn up. Team:

G. Viner, H. K. Griffith, K. Caldwell (backs); G. N. Stathers, J. E. Hepper, L. Cunningham (halves); H. Barnes, W. B. Griffin, H. E. Robinson, C. K. Sylvester, L. F. G. Lewis (forwards).

The goals were shot by Sylvester 2, Griffin 1, Lewis 1.

ST. BART'S v. ST. ALBANS.

This game, on Saturday, October 16th, ended in a bad defeat for us, the score being 7—4 in our opponents' favour. We were unlucky in having Robinson and Caldwell away. It had been raining all the morning, and the ground was very heavy, so short passing was difficult, and "hit and run" was the order of the day. The forwards, individually, did a lot of good work, four of them scoring each a goal. Nicholson played a good game at right half, and Viner was very safe at right back. Most of the St. Albans' shots came in from their outside right, who was very good. Team:

G. Viner, M. Maclaren, K. Griffith (backs); J. Nicholson, J. E. Hepper, G. N. Stathers (halves); H. Barnes, W. B. Griffin, J. Emmerson, C. K. Sylvester, L. F. G. Lewis (forwards).

RIFLE CLUB.

A match was held in the Miniature Range on Wednesday, October 20th, against the Central Markets Rifle Club, and resulted in an easy win for our opponents, who proved themselves altogether too strong for us. Our shooting was not so good as usual, mainly due to want of practice.

Scores:	Maximum 210
C.M.R.C.	205
St.B.H.R.C.	189

Reviews.

ROUND THE FOUNTAIN. Published at the JOURNAL Office, St. Bartholomew's Hospital, 1000. Price 2s.

Under this title are collected various sketches and verses which have appeared from time to time in the *St. Bartholomew's Hospital Journal*. The idea is a happy one, and we welcome the reappearance of many old favourites. The difficult task of selection and rejection has been well accomplished. The result is a compact volume which contains the best of the utterances of the Hospital Muse. Many of the selections are equally commendable from the point of view of their literary excellence and their pathological accuracy. Amongst these "The Romance of the Streptococci" and "The Battle of Furunculus" are notable examples. Some of the verses included in the collection have a humour and interest which is essentially local, but in their treatment of our familiar Lares and Penates they are delightful. It is impossible to read through "Rude

Rabbiyat," "H.S. (Co.) Required," and "Haust. Gent. cum Rheo," without having recalled to us our past Hospital adventures.

We wish success to *Round the Fountain*, and heartily recommend it to all Bartholomew's men. We wish it success on the grounds of its merits. Apart from that justification we wish it success for the sake of the object which inspired its production, for in the Preface we learn that the profits accruing from the sale of this book will be devoted to the fund for the new Nurses' Home.

DICTIONARY OF OPHTHALMIC TERMS. (With supplement.) By EDWARD MAGENNIS, M.D., D.P.H. (John Wright and Sons, Ltd.) 2s. 6d. net.

The nature and scope of this little book are sufficiently indicated by the title. Whether such a work supplies any felt want must be a matter upon which individual opinions may legitimately differ. It certainly seems to us that "many of the terms," which "will not be found in the ordinary Medical Dictionary," are not such as are likely to occur frequently in the reading or vocabulary of "the busy Practitioner and the Medical Student," for whose use we gather from the Preface that the book is intended. For ourselves, we should be content to have lived our life saying "Softening of the cornea" when we meant "Kerato-dermatomalacia"; but for those who delight in the building up or dissection of such polysyllables the present volume may be a useful substitute for a knowledge of Greek or Latin. The more common ophthalmic terms are also defined with sufficient accuracy.

The Relationship of the Consultant to the General Practitioner.

To the Editor of the *St. Bartholomew's Hospital Journal*.5, SUSSEX TERRACE,
PLYMOUTH.

SIR,—Under the above heading on p. 4 of the JOURNAL for October, 1909, appears the following statement:—"At the consultation, the consultant, if he does not know who is the medical attendant of the patient, should tactfully discover his name and place of residence, and should communicate by letter (or telephone) with him promptly after the interview." If the patient assents to this procedure, well and good. But, if the patient declines to give the consultant permission to communicate with the medical attendant, what right has the consultant to divulge to a third party (the medical attendant) the fact that the patient has consulted him (the consultant)?

I am,

Yours faithfully,

C. HAMILTON WHITEFORD.

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

SIR,—For a good many years back when fixing an appointment I have used a card on which I have lithographed "To prevent misunderstanding I may mention that my fee for consultation is three guineas unless the patient is accompanied by his or her doctor, when my fee is two guineas." I find that even patients who have written to me asking for an appointment, and making the statement that they have no doctor of their own, find out that a doctor has been attending their wife or children, and they bring him with them. Perhaps if this plan were generally adopted it would tend to lessen the friction between consultants and general practitioners, and to a very considerable extent prevent patients from seeking consultations without their doctor's knowledge.

I am, Sir,

Yours truly,

ANOTHER CONSULTANT.

October 11th, 1909.

Royal Army Medical Corps.

Col. J. G. Harwood retires on retired pay, 15th September, 1909.
Capt. C. H. Hopkins to be Major, 28th July, 1909.
Lieut. J. Beckton is confirmed in that rank.

The following officers will leave India for home, tour expired, on the dates mentioned:

Lieut.-Col. J. R. Forrest, October 14th.
Major H. E. Winter, November 5th.
Capt. M. F. Grant, December 10th.
Lieut.-Col. F. P. Nichols, December 31st.
Major B. J. Inniss, December 31st.
Major J. B. Anderson, February 2nd, 1910.
Major St. J. B. Killery, March 2nd.
Capt. F. H. Noke, March 11th.
Capt. S. E. Cathcart, March 11th.

The following will embark for service abroad:

Lieut.-Col. T. H. F. Clarkson, India (N.), February 11th.
Major E. M. Hassard, India (N.), December 1st.
Capt. C. W. Mainprize, India (N.), October 7th.
Capt. R. F. Ellery, India (N.), November 12th.
Lieut. J. C. Renshaw, India (N.), September 16th.
Lieut. J. R. Lloyd, India (S.), September 16th.
Major J. H. Rivers, South Africa, September 15th.

Major A. Pearse on return from West Africa is posted to the Eastern Command.

Capt. R. L. V. Foster, lately attached to the Egyptian Army, is posted to the Irish Command.

Major J. E. Brogden has exchanged to serve at Gibraltar.
Lieut.-Col. A. Dodd has exchanged to remain at home.

Indian Medical Service.

Capt. W. W. Jeurwine, M.B., on transfer from Multan, assumed charge of the duties of District Plague Medical Officer, Gurdaspur, on June 26th, 1909.

Lieut.-Col. H. Hendley, Civil Surgeon, Ambala, has obtained leave for one year and four months, with effect from 16th April, 1909.

Capt. R. F. Baird has had his services placed permanently at the disposal of the Government of the United Provinces.

Capt. J. W. Illius has had his services placed permanently at the disposal of the Government of Madras.

Capt. W. H. Hamilton, 5th (Mhow) Division, is appointed a Specialist in Ophthalmology, from May 13th, 1909.

The services of Capt. W. G. Hamilton are placed permanently at the disposal of the Government of Bengal for employment in the Jail Department.

Appointments.

BURNE, T. W. H., appointed House Physician to St. Bartholomew's Hospital, Rochester.

CATES, H. J., M.D.(Lond.), D.P.H.(Camb.), appointed Assistant Medical Officer of Health to the City of Coventry.

CUMBERBATCH, E. P., appointed House Surgeon to the Dorset County Hospital.

DAVIES, S. TREVOK, M.R.C.S., L.R.C.P., appointed House Physician to the Norfolk and Norwich Hospital, Norwich.

KEBBEL, C. V., appointed House Physician to Royal Berks Hospital, Reading.

RUSSELL, E. N., appointed House Surgeon to the Liverpool Royal Infirmary.

SMITH, F. A., M.D.(Lond.), (Major I.M.S.), appointed Civil Surgeon to Quetta, Baluchistan.

New Addresses.

- ALEXANDER, J. F., Riverhead, Sevenoaks. (Telephone: Sevenoaks 12.)
 BAIRD, R. F., Capt. I.M.S., c/o Messrs. T. Cook and Son, Ludgate Circus, E.C.
 BALL, W. GIRLING, 11, Upper Wimpole Street, W. (Telephone: Paddington 1047.)
 BRIGSTOCKE, R. W., c/o Rev. H. C. Freire, Roydon Rectory, Diss, Norfolk.
 CATES, H. J., Public Health Department, Hay Lane, Coventry.
 COMPTON, T., The Poplars, Hatfield, Middlesex.
 DALE, H. H., Winsford, Burlage Road, Herec Hill, S.E.
 DAVIES, S. TREVOR, Norfolk and Norwich Hospital, Norwich.
 ETHEKINGTON-SMITH, R. B., The Warden's House, St. Bartholomew's Hospital, E.C.
 GRAHAM, G., West London Hospital, Hammersmith Road, W.
 HAYES, A. H., Capt. R.A.M.C., c/o Messrs. Holt and Co., 3, Whitehall Place, S.W.
 HILL, R. A. P., Union Medical College, Pekin, China.
 HINE, T. G. M., 37, Hertford Street, Mayfair, W. (Telephone: Gerard 7883.)
 HOTCHKIS, R. D., Mid-Dykebar, Paisley.
 HOYLE, W. E., Director, National Museum, City Hall, Cardiff. (Telephone: 663.)
 HURRY, J. B., Westfield, Bath Road, Reading.
 JOHNSON, H. J., Wykeham Hatch, Byfleet, Surrey.
 JONES, A. W. LLEWELYN, Harlington, Newton Abbot.
 JOYCE, J. L., Abbotsbrook, Castle Street, Reading.
 KEBBELL, C. W., Royal Berke Hospital, Reading.
 MABERLY, F. HYDE, Beechmount, Crosshaven, Cork.
 MAPLES, E. E., Warri, Central Province, S. Nigeria.
 MAWHOOD, R. H., The County Hospital, Bedford.
 MOORE, R. FOSTER, 11, Upper Wimpole Street, W.
 ONSLOW-FORD, M., New Orchard, Wendover.
 PICKETT, J., Kapiti, 79, Deering's Road, Reigate, Surrey.
 POSTLETHWAITE, J. M., Whalley, Lancs.
 PRICE, F. E., Ford Park House, Mutley, Plymouth.
 ROUGHTON, W., Rushton, New Barnet.
 SMITH, F. A., Major I.M.S., Quetta, Baluchistan.
 WALCH, C. C., The Croft, Rustington, near Worthing.
 WELLS, W. W., 47, Draycott Place, Sloane Square, S.W. (Telephone: Kensington 2725.)
 WRIGHT, H. N., Lancaster Lodge, Elmwood Road, Croydon.

Births.

- BRIGGS.—On the 6th October, at 37, Forest Side, Nottingham, the wife of J. A. Oswald Briggs, M.D.(Lond.), F.R.C.S., of a daughter.
 CLARKE.—On Wednesday, 13th October, at Rotherne, Allerton, near Liverpool, the wife of Dr. Henry Clarke, of a son.
 CORFIELD.—On the 21st October, at Beechwood, Upper Tooting, the wife of Carruthers Corfield, M.R.C.S.Eng., L.R.C.P., L.S.A. Lond., of a daughter.
 LLOYD.—On October 7th, at Alsager, Stoke-on-Trent, the wife of G. W. Lloyd, of a son.
 NICOLL.—On the 5th October, at 22, Abingdon Villas, Kensington, the wife of Charles Vere Nicoll, M.R.C.S., L.R.C.P.Lond. (of the above address, and Inverna Court, W.), of a daughter.

Marriages.

- DICKSON—RHODES.—On the 29th September, at St. Leonards, Bridgnorth, by the Rev. W. L. O. Noot, Vicar of St. John Penderbury, and Rev. Arthur Noot, B.A., Lecturer of Newland, Glos. (uncles of the bride), Louis Edington Dickson, M.D., B.S., son of S. J. R. Dickson, Solicitor, of Chester, to Margaret Helen, only daughter of the late William Rhodes, M.R.C.S. and L.R.C.P., and Mrs. Rhodes, of Bridgnorth, and granddaughter of the late Rev. E. H. L. Noot, M.A., late Vicar of St. John's, Dudley.
 ODELL—MOORE.—On the 14th October, at Upton Church, Torquay, by the Rev. Canon Ransford, assisted by the Rev. R. W. Odell and the Rev. E. P. Gregg, William Odell, M.D., F.R.C.S., of Ferdale, Torquay, to Ruth Annie, younger daughter of Joseph Moore, of Culross, Torquay.

PAGE—SHILLITOE.—On the 14th October, at St. Mary's Church, Hitchin, by the Rev. R. C. Page, M.A., Rector of Trimmingham, Norfolk, brother of the bridegroom, the Rev. Charles Thorneby, M.A., Vicar of St. Philip's, Dalston, and the Rev. A. H. Wells, B.A., Curate of the Parish, Cecil Herbert Winter Page, M.A., M.D.(Cantab.), of North Walsham, fourth son of Charles Fountain Page, of Heigham Cottage, Norwich, to Violet Mary, only daughter of Richard Shillitoe, M.R.C.S., of Bancroft, Hitchin.

VERDON-ROE—SCOBY.—On Thursday, the 14th October, at All Saints', Helmsley, Yorks, by the Rev. Everard Verdon-Roe, R.N., brother of the bridegroom, assisted by the Rev. L. H. Rees, Rector of Rockingham, Dr. S. Verdon-Roe, of 47, West Hill, Wandsworth, to Hylda, younger daughter of Mr. George Scoby, J.P., and Mrs. Scoby, of Beadlam Grange, Nawton.

WARE—MAUDE.—On the 21st September, at St. Anne's Church, Eastbourne, by the Rev. M. S. Ware, M.A., Vicar of St. George's, Camberwell, assisted by the Rev. Canon Godwyn, Arthur Maitland Ware, M.A., M.D., of Launceston Place, De Vere Gardens, W., to Edith Frances, eldest daughter of Mr. Ashley Maude, J.P., of Ivy Mount, Eastbourne, and granddaughter of the late Sir George Cornwallis Maude, K.C.S., Crown Equerry.

YOUNG—BARRIS.—On the 29th September, at St. Mary Abbott's Church, Kensington, by the Rev. Prebendary Pennefather, assisted by the Rev. H. Pearson, Dr. Francis Percy Young, youngest son of Walter William Young, to Anita Edith, daughter of Arthur Barris, Esq., and Mrs. Barris, of 24, De Vere Gardens.

Deaths.

- BUBB.—On the 19th January, 1909, William Bubb, M.R.C.S., L.R.C.P.(Lond.).
 MENZIES.—On the 17th October, at 47, Earl's Court Square, S.W. Dr. James Irvine Menzies, aged 75.
 SMITH.—On the 1st October, at 5, Stratford Place, W., Sir Thomas Smith, Bart., K.C.V.O., F.R.C.S., Honorary Serjeant Surgeon to H.M. the King, aged 76.

Acknowledgments.

New York State Journal of Medicine (2), L'Echo Médicale du Nord (2), British Journal of Nursing (4), The Nursing Times (4), The Practitioner, The Medical Review, Guy's Hospital Gazette (2), London Hospital Gazette, Journal of Laryngology, Rhinology, and Otolaryngology, Sixty-fourth Annual Report of the Sydney Hospital, 1908, Giornale della Reale Società Italiana d'Igiene, Cytolyse alto-Fréquente et Fulguration du Cancer (par F. A. Rivière), Upsala Lihäreföreningens Förhandlingar, The Hospital, St. George's Hospital Gazette, Relatores e Comtas da Companhia de Mocambique, St. Mary'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 2s. 6d. or carriage paid 2s. 3d.—cover included.

St. Bartholomew's Hospital



JOURNAL.

VOL. XVII.—No. 3.]

DECEMBER, 1909.

[PRICE SIXPENCE.]

St. Bartholomew's Hospital Journal,

Editorial Notes.

DECEMBER 1st, 1909.

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

Calendar.

- Wed., Dec. 1.—Clinical Lecture. 12.45 p.m. Mr. Waring.
 Thurs., " 2.—Exams. for 1st and 2nd M.B.(Oxon.) begin.
 Abernethian Society. 8.30 p.m. Clinical Evening.
 Fri., " 3.—Clinical Lecture. 12.45 p.m. Dr. Herringham.
 Dr. West and Mr. Bowly on duty.
 Mon., " 6.—Exams. for M.D. and M.S.(Lond.) begin.
 Special Lecture. 1 p.m. Dr. Lewis Jones.
 Tues., " 7.—Part II of 3rd Exam. for M.B.(Cantab.) begins.
 Dr. Ormerod and Mr. Lockwood on duty.
Hospital Dance, Wharnclyffe Rooms, 8.30 p.m.
 Wed., " 8.—Clinical Lecture. 12.45 p.m. Mr. Waring.
 Thurs., " 9.—Abernethian Society. 8.30 p.m. Dr. M. H. Gordon. "Value of Fixation of Complement Tests in Diagnosis."
 Fri., " 10.—Clinical Lecture. 12.45 p.m. Dr. Tooth.
 Dr. Herringham and Mr. D'Arcy Power on duty.
 Mon., " 13.—First Exam. for M.B.(Lond.) begins.
 1st, 2nd, and Part I of 3rd Exams. for M.B.(Camb.) begin.
 Special Lecture. 1 p.m. Dr. Adamson.
 Tues., " 14.—Dr. Tooth and Mr. Waring on duty.
 Fri., " 17.—Dr. Norman Moore and Mr. Bruce Clarke on duty.
 Sat., " 18.—Winter Session divides.
 Tues., " 21.—Dr. West and Mr. Bowly on duty.
 Fri., " 24.—Dr. Ormerod and Mr. Lockwood on duty.
 Sat., " 25.—Christmas Day.
 Mon., " 27.—Boxing Day.
 Tues., " 28.—Dr. Herringham and Mr. D'Arcy Power on duty.
 Fri., " 31.—Dr. Tooth and Mr. Waring on duty.
 Mon., Jan. 3.—D.P.H. (Conjoint) Exam. begins.
 2nd Exam. (L.S.A.) begins.
 Tues., " 4.—Dr. Norman Moore and Mr. Bruce Clarke on duty.
 Wed., " 5.—Christmas Entertainment by Members of St. Bart.'s Hospital A.D.C. "A Regular Fix," and "Vice Versa."
 Thurs., " 6.—Winter Session resumes.
 2nd Exam. (Conjoint Board) begins.
 Abernethian Society. Mid-Sessional Address.

THIS address on the occasion of the opening of the Pathological Block, Sir George Wyatt Truscott intimated that he proposed to call the attention of the City Guilds, the merchant princes, and the general public of London to the present necessity of this Hospital from a financial point of view owing to recent extensions in order to bring it up to date. It will be remembered that the Treasurer's last Report showed that there is an annual deficit of £12,000. For various reasons, but in particular as it was desired not to clash in any way with the annual collection of the Hospital Sunday Fund, it was decided to postpone making such an appeal until the autumn. An appeal has, however, now been issued over various influential signatures, headed by those of the Lord Mayor, the Bishop of London, and the Treasurer of the Hospital, for donations to a fund to liquidate the capital debt, and thereby reduce the annual deficit, and also for annual subscriptions towards the general maintenance of the Hospital.

We are glad to see that a good start has already been made in the collection of the necessary money, nearly £4000 having already been received in donations from some of the Guilds, and from the Governor and Company of the Bank of England. This, however, is but a beginning, and the fate of the appeal now rests mainly with the public of London. We shall wait with anxiety to see whether the City is prepared, as it certainly has the means, to maintain one fully equipped modern Hospital within its boundaries, or whether we shall be obliged to take some such serious step as closing half the beds in the Hospital—a possibility foreshadowed by Lord Sandhurst in his last Report. Such a state of affairs would reflect very seriously upon the philanthropy of the richest city in the world, and would be an extremely strong argument for those who desire to see the maintenance of our Hospitals provided for out of the

rates. It is a possibility which we hope the generosity of the public will prevent.

WHEN "A. Layman" last month ventured upon some genial criticism of the medical profession in a Journal whose readers are almost without exception medical men, although we expected such a piece of temerity would elicit some reply, we admit that we have been surprised by the actual result. We have been unexpectedly called upon to assume duties similar to those of a Problems Editor in a well-known contemporary, and to select the winning essay in reply to A. Layman's strictures. From the large number of letters and articles on the subject, which has reached us, we print a selection this month, as we prefer to delegate the task of adjudication to our readers. It is interesting to note how few of our competitors have apparently noticed the unmistakable internal evidence in the original article as to the sex of its writer. We hope that a lack of observation must not be added to the other indictments against the medical profession.

WE are glad to be assured by many readers, apart from the evidence of our correspondence columns, of the interest that is being taken in the discussion of Medical Etiquette, to which we have thrown open our pages. The subject is undoubtedly one of importance, and a right understanding of the relationship which should exist among patients, general practitioners, and consultants, which is the object of this discussion, will help to make the wheels move smoothly, and avoid that friction of which too much is now heard. We hope all our readers will agree with *The Lancet's* opinion of the "excellent account of 'The Relationship of the Consultant to the General Practitioner' by a professional Polonius, whose advice . . . is worthy of close attention." May we suggest, if any other correspondents have anything to add to the discussion, that they should endeavour to make their letters reasonably short?

MUCH of the pioneer work in the medical inspection and supervision of school children has been carried out by Bart's men, and it is therefore with pleasure that we notice the names of the editors of the new journal *School Hygiene*, the first number of which is announced to appear about the middle of January. Dr. Shruballs, Mr. Elmslie, and Dr. Eder are all old students of this Hospital, and one of them has had some previous editorial experience in connection with our own JOURNAL. The new periodical will be semi-popular in nature, and is intended to appeal to school teachers and educationalists in general as well as to medical men. There ought certainly to be a useful field for a journal of this kind, and we wish the new venture all possible success. It will be published monthly at the price of sixpence.

THE annual Students' Union Dance is arranged for Tuesday, December 7th, in the Wharnclyffe Rooms, Hotel Great Central, from 9 p.m. to 2.30 a.m. Tickets, price 10s. 6d. each, can be obtained from the stewards, or from Messrs. With and Just, the secretaries. After December 3rd the price of tickets will be raised.

THE Dramatic Society has begun to get its rehearsals for the Christmas Entertainment well in hand, and the cast for the two pieces selected has been finally arranged. We believe, however, that there is still a demand for "supers" to complete the company. Much of the old talent is again available this Christmas, but many of our leading "stars" will have left by next year. There will then be a fine opportunity for new and rising actors; and junior men with dramatic aspirations should take the opportunity of joining the club this year in order to familiarise themselves with its working before they are actually called upon to play the part of the Prince of Denmark. Some attempt has been made to revive the Orchestral Section of the Musical Society to assist the Dramatic Society in their entertainment, but we regret to learn that owing apparently to the dearth of musicians amongst the present students this plan has had to be abandoned.

WE are informed that the sale of *Round the Fountain* has been a considerable one, and it is still proceeding at a brisk rate. The expenses were covered within a few days of its publication, so that we hope a substantial profit will be devoted to the Fund for the New "Nurses' Home."

THE character of the papers read before the Abernethian Society has been maintained at a very high level during the past month. The title of Dr. Horder's paper—"Clinical Medicine as an Aid to Pathology"—was pleasantly stimulating to the curiosity, and something rather derogatory to the former branch of Medicine was perhaps rather generally anticipated. The clinicians, however, breathed again as soon as the lecture was begun, and it proved to be a sane and eloquent plea against the divorce of clinical practice from laboratory work.

Professor Dixon's paper on "The Action of Tobacco" was listened to with similar appreciation by an equally large audience, and proved most instructive. When a paper such as this is read by an acknowledged expert discussion is frequently prevented by a natural diffidence on the part of the audience; but here was a subject in which everyone was personally interested, and so far from Professor Dixon's lecture ending in smoke, quite a spirited discussion followed.

The President of the Abernethian Society, by the way, is making quite a reputation for himself as a humorist, by his very happy chairman's remarks at these meetings. He will be expected to live up to it.

The Relation of the Layman to the Medical Profession.

AN OPEN LETTER TO A. LAYMAN.

DEAR LAYMAN,—You doubtless know the old saying that "at forty every man is either a fool, or a physician." Your courteous and delightful article on the medical profession proves the fallaciousness of the antique saw; for its signature, if not its contents, prove you no physician, and its contents, if not its signature, prove you no fool. I hasten to add that it is only very few misguided members of my profession who hold that "every layman is at heart a fool." Criticism is, as you say, a very wholesome tonic, but the critic must be first a master of his subject, if he wishes to do more than "damn with faint praise," or flatter with "whispering humbleness." But your article aims at neither of these alternatives; you but desire that we should "see ourselves as others see us," and your picture is one which none of us can contemplate without interest for that reason. And yet though there is much in it that shows your acuteness of perception, and your delicacy of touch, there are a few things which leave me in despair—despair that you have not drunk a deeper draught at the *Æsculapian* spring.

"Let us," as you say, "start at once, and without reserve." You have not learned the lesson that in regard to medicine, as with regard to every other marketable commodity, the legal maxim holds—*caveat emptor*. You employ a man to do his best for you at a fee; it is your fault if he is not worth that fee, and you have no right, legal or moral, to object to the result. "There is no other work performed for us that we cannot criticise in the most effective way by declining payment." But you briefed Mr. Cicero, K.C., at a large figure, and though his absence in another court may, as you think, have lost you your verdict, you do not decline to pay. You commissioned Mr. Apelles, R.A., for a portrait of your wife, and you get a picture which you hide in the attic, but you do not decline to pay. It is the old cry of the business man with regard to the professions; he always wants to pay according to the results, with himself as the final court of appeal as to the goodness or badness of the result. But, you will answer, it is the business of the doctor to be a good doctor, and he often remains ignorant. I will, for the sake of brevity, admit it; but the fact remains that you get in 999 instances out of 1000 what you pay for, that is, the doctor's best knowledge and endeavours, and if he is ignorant *caveat emptor*.

And then, your remedy! Really, Mr. Layman, I begin to think that you must be at that critical age of forty years. Compulsory post-graduate courses, and, I suppose, since you cannot compel the horse to drink, compulsory examinations. I had thought that the fetish of examinations was losing its fascination, but I will repeat for your

edification that the test of examination is a test of temperament rather than of knowledge, and that knowledge does not in the least imply the thousand other qualities that go to the formation of a wise physician. Again in this I say *caveat emptor*; you can recognise the man who strives to learn what is new in his profession, and you can gauge the pretensions of the charlatan, or if you cannot at your time of life you must be content to pay for your ignorance, just as you will have to do in every other human relation.

Your stories are delightful; you can hear many such, though perhaps told with a less delicate humour, at any medical dinner, but there we know the qualifications, and we can supply the suppressions, into which you, as a true artist, have doubtless, perhaps subconsciously, been betrayed.

The stories lead you to the fruitful subject of dietetics. You tell the "careless gods" of Harley Street to study dietetics; there is more in this than they perhaps may think. I am glad you inserted that "perhaps"; for, strange as it may appear to you, it is, nevertheless, the fact that knowledge of this subject is not confined to the non-medical part of the population of these islands, and, further, there are not a few medical men who are recognised as authorities upon this subject, and have not lacked courage to guide us in the right direction. *Vitæ, meliora proboque; deteriora sequor*. Human nature is the same in doctors as in laymen, and that doctors die early and often is, if true, not the fault of the pilot so much as of the boat on which he has embarked. In other words, the high death-rate of the medical profession is due to the fact that they cheerfully face conditions to which the average layman is completely a stranger—disease in unknown forms, and distant lands, exposure to climates and to weather, which the layman need not face, and risks to life and health, which the layman does not realise. That, sir, and your next sentence about nurses, is unworthy of you; you sneer, and "teach the rest to sneer."

But let me pass quickly on, for in the next point I can agree with you. I have never been able to see why a doctor should not send in a detailed account; I believe he would be paid better, and more often, if he did. But I hope there are not many men in the profession who are so irredeemably foolish as your acquaintance who attended the fainting housemaid. I don't suppose that the medical profession is without its share both of fools and of knaves, but I do assert that it has no more than any other, and that, on the whole, there is no other in which a man more quickly finds his level.

But then we come to your complaint of the enormity of operation fees. You measure them again by the business scale; payment by results; thirty guineas for a harmless tumour. But who told you it was harmless? and how did he know? and where did he, and at what cost, acquire the skill to "whip it out"? and, above all, what is his standing

and reputation? If you will have Mr. Cicero, K.C., as your counsel, you will pay a higher fee than if you engage Mr. Tiro, who is years off taking silk. And if you want to employ the knife that has spilled the blood of millionaires and royalties, it will cost you more than that which has carved only common clay. You must learn to take what you can afford, and I will tell you for your comfort that you will be served just as well, if not better, by the rising as by the risen sun.

There are other things, my dear Layman, I should like to tell you, but for the moment I will pass them by. There is so much upon which we agree, the follies and quarrels, and niceties of medical ethics, that I hope I have not marked too strongly the points on which we differ. After all, as you say, criticism is a wholesome tonic, and you won't object to my criticism of what appear to me to be your shortcomings in knowledge and experience. Empiricism, which you condemn, is, when all is said, that part of knowledge for which men in all ages, and in all professions, have been most ready to pay: and, if you call empiricism by its pleasanter title of practice based upon experience, you will, I think, admit that the universal judgment is not far wrong.

I am,

My dear Layman,

Your grateful admirer,

MEDICUS.

A Case of Rheumatoid Arthritis treated by Bee Stings.

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

MRS. F. B.—, æt. 32, was admitted on August 20th, 1909. She was a typical case of Rheumatoid Arthritis. The wrists, elbows, knees, and ankles were the most affected. They were all markedly deformed, and their movements much limited. There was a little redness and bulbous swelling of the fingers, and less of the toes.

She had, in addition, slight enlargement of the spleen, and considerable enlargement of the axillary and femoral glands. She had had malaria in India where her husband was quartered, but not severely, and I do not think it likely that the spleen was enlarged by that. Probably, like the glands, it was due to Rheumatoid Arthritis, which has that effect not infrequently in children, as Dr. Still pointed out, and occasionally in adults.

She was very distressed and suffering, and there was a good deal of spasm of the flexors of the knee.

Her temperature was normal, but the pulse usually ran between 90 and 100. The heart was not affected.

She had electric baths, hot douches, and massage, and took carbonate of guaiacal in gr. xv doses thrice daily, and all the food we could get down her.

But I mention her case because I tried a remedy which has been recommended by many people during the last two or three years, and is credited in many country districts with good effects in such cases. I do not think it has ever been made the subject of the sort of observation one can carry out in hospital.

On August 26th I got six bees, and made them sting her left knee. On August 31st eight stings. On September 3rd twelve stings, six to each knee. From that time she had a dozen bees twice a week up to September 18th, when I left it off, under the impression that it did no good, and began formic acid 1 per 1000 solution in m ij injections under the skin of each elbow and knee. This dose rose to m ij in each of those places, i.e. m xij altogether. But on October 1st she asked me to begin the bees again, and from that time she had them by her own wish every two days, as a rule, until her discharge on October 13th.

She said that nothing relieved the pain so much for the time. She had several attacks of severe pain while she was in Hospital, such as these patients are accustomed to have, lasting perhaps a whole day at a time. She was quite clear that neither aspirin, nor salicylate of soda, nor citarin internally, nor formic acid injections, had so great a power to relieve her as the bees.

At the same time she quite agreed with me in thinking that no lasting improvement was produced by them. The joints were not made any smaller or more movable, and her general health was not the better for them, though she undoubtedly improved, as all these cases improve while in hospital.

I think this is about the conclusion I have reached from the accounts already published. It is evident that the stings relieve pain, or people would not go on with them as they do. It is evident, also, that they would not have to go on with them so long as they do, if the bees could effect a cure.

The Hospital reached an ephemeral fame while the treatment was going on. There happened to be a Beekeepers' Exhibition at the time, and a little instrument was shown, so I heard, for applying bees in these cases. I expect this was exhibited by the beekeepers with whom I was dealing. I know they had such an instrument, and I expect they told the *Daily Mirror* that we were using bees. Anyway, the *Daily Mirror* was about our bed, and spying out all our ways in less than no time, and the Secretary of the Hospital looked at me from under his eyebrows, like Zeus, for he had to answer a sheaf of letters inquiring about it.

A Few Points in Dental Diagnosis.

By F. COLEMAN, M.R.C.S., L.D.S.Eng.
Assistant Dental Surgeon to St. Bartholomew's Hospital
and the Royal Dental Hospital.

THE RELATION OF THE TEETH TO OTHER PARTS.

THE consequences of dental disease can only be appreciated by possessing some knowledge of the mechanism of the body as a whole.

The teeth, like other parts of the body, are not separate and isolated structures, but have an anatomical, physiological and pathological relation to the body as a whole. From this it follows that diseases of the teeth may affect, not only their immediate surroundings by direct extension, but more distant parts, by means of the vascular, the lymphatic, and the nervous channels. Further, not only must these connections be recognised, but the pathology of the parts so associated must be known, if we are to be in a position to express an opinion as to the effect of diseased teeth on more distant parts. Thus a staphylococcal or streptococcal infection of some remote joint may have its origin in a similar infection of a tooth-socket; headache may arise from anaemia, the latter resulting from toxic absorption from the gums in cases of pyorrhoea alveolaris and such like; diseased teeth or their sequelae may be the source of infection in some cases of infective endocarditis, iritis, or osteomyelitis; "dyspepsia" may result from want of teeth, or the constant swallowing of bacteria and their toxins in the presence of a full dental complement. In either case a chronic gastritis is set up, which, if untreated, may involve the entire gastro-intestinal tract and its annexes, so that vicious circles become established and conditions produced which at first sight may appear to have but little connection with the teeth.

METHOD OF EXAMINATION.

The appearance of the patient will frequently suggest the nature of his trouble, and a trained observer will occupy but a few moments in assuring himself as to the presence or absence of asymmetry of the face and neck, obliteration and fulness of the natural folds of the skin, signs of inflammation, etc.

Whether this part of the examination be negative or otherwise, the mouth is next inspected, and any extra-buccal condition subsequently verified after additional evidence has been obtained by intra-buccal examination. At this stage a mouth-mirror may be used, which likewise forms a useful tongue depressor and cheek retractor.

INFLAMMATION AND SUPPURATION ARISING FROM A TOOTH.

Inflammation and suppuration appear in fairly constant positions, according to the tooth involved, and when

sinuses have formed these again indicate with some precision the tooth at fault. Although an abscess may extend over several teeth, it will frequently present a neck running up towards the tooth in question and be more tense and tender at this spot than elsewhere; prior to the formation of an abscess the gum loses its delicate pink colour, becoming turgid, hot, swollen, and of a florid red colour. Looseness and tenderness of the tooth will be a further aid in the diagnosis, but it must be remembered that other teeth in the neighbourhood may become loose from extension of the inflammation; here a history as to which tooth first became tender and loose may be of some help.

ALVEOLAR ABSCESS.

An alveolar abscess commonly discharges on the outer side of the alveolus in the region of the cheek sulcus. It may also discharge through the tooth itself or between the tooth and its socket: the latter two positions are apt to be overlooked as no apparent sinus remains. A small button-like granulation frequently guards the situation of a sinus; in the absence of this a sinus is made apparent by rendering the cheek taut.

An abscess of the palate is generally caused by a diseased upper lateral incisor, less frequently from the other teeth; abscesses from the upper bicuspids and molar teeth occasionally open into the maxillary antrum, those from the teeth in front into the nasal fossa.

In the case of the lower teeth the mucous membrane of the floor of the mouth is frequently raised by inflammatory effusion, and its deeper tissues depressed below the jaw so that fluctuation can be obtained across the swelling on bi-manual examination. Inflammatory infiltration of the masseter and pterygoid regions produces trismus; this condition is generally associated with diseased lower molar teeth, but not infrequently from an impacted third molar tooth free from caries.

Abscesses presenting on the face tend to converge towards the inner canthus of the eye; this is accounted for partly by the loose subcutaneous tissue lying between the masseter muscle and the nasal cartilages as well as to the direction of the facial vessels towards that region. A heavy pendulous and everted lip is generally indicative of an abscess arising from an upper incisor tooth.

Abscesses appearing in the floor of the mouth first obliterate the cervico-mandibular depression and then tend to track downwards and forwards behind the deep cervical fascia, being limited deeply by the pre-tracheal layer of cervical fascia; there being no mid-line barrier, the inflammatory effusion readily passes over to the opposite side of the neck. In cases where a back lower tooth is involved there is frequently additional swelling over the parotid region, this being accounted for by the attachment of the deep cervical fascia to the zygoma after it leaves the margin of the lower jaw.

In those cases where the abscess appears on the outer side of the alveolus the inflammatory effusion passes over the surface of the jaw and into the neck, but remains entirely superficial to the deep cervical fascia—a point of some importance.

Abscesses appearing on the face or neck are usually associated with some fulness of the cheek or lip sulcus; the length of the tooth and the depth of the sulcus, among other factors, determine whether an abscess is likely to open into the mouth or present externally.

EXTERNAL SINUSES.

Abscesses in connection with the upper teeth when left to themselves occasionally burst along the anterior border of the tooth involved. A lower first molar is the commonest of all the teeth to cause an external sinus, and of the temporary series the second lower molar.

When an external sinus is present the cheek is generally tethered to the jaw, and the mucous membrane raised over what feels like a thickened band.

A chronic alveolar abscess in the strict sense of the term is very rare, but a sinus discharging purulent material may exist for many months or years, in fact, until its cause, generally necrosed bone or tooth, is removed. This condition should not be included under the term "abscess."

DENTAL CYST.

A dental cyst which has suppurated is almost the only condition which simulates a chronic alveolar abscess, and this can be distinguished by its history and clinical signs.

A dental cyst forms a smooth hemispherical swelling, more often situated on the outer than on the inner side of the alveolus, and rarely on both sides; its walls are resilient, or fluctuate where a bony covering is absent. The bone at its base is frequently arranged in a crater-like form, sending trabeculae over its surface, and between these ribs of bone or trabeculae the bony covering is thin and parchment-like or absent in places. The mucous membrane is thinned, but of a natural colour, and freely movable over the cyst-wall. There is an absence of all inflammatory signs, and a history often of some years' duration. In many cases the swelling has grown so gradually and painlessly that the patient has been unaware of its existence.

The presence of a dead tooth or the absence of a live one in association with the cyst is an important point in its differentiation, although the treatment of these two varieties of cyst (dental and dentigerous) is very similar.

The diagnosis of solid swellings in connection with the jaws is too large a subject for inclusion in this paper; the varieties and individual characters of these tumours would

first have to be enumerated, and but few of them have any direct bearing on the teeth.

ODONTALGIA.

Having referred to a few points in connection with inflammation and suppuration as indicators of the tooth involved, I will now mention a few points showing how the symptom of pain forms a further aid in diagnosis.

Dental pain or odontalgia reveals itself in fairly constant positions according to the tooth involved. Dental pain is rarely referred across the middle line of the body, and unless severe does not "bridge" over to another nerve.

Pain is frequently referred to the ear from carious lower molar teeth (auriculo-temporal nerve); from carious upper molar and bicuspid teeth the pain is frequently referred around the eye and temporal region (infra-orbital, supra-orbital, and temporo-facial nerves).

Severe toothache sufficient to cause a sleepless night generally indicates an exposed pulp.

As pain only gives rise to subjective sensations it is necessary to question the patient as to the character and position of the pain.

INFLAMMATION OF THE DENTAL PULP.

When the pulp of a tooth is inflamed the pain is usually of an acute lancinating character, paroxysmal and often worse at night. The pain is referred to the various branches of the trigeminal nerve according to the tooth involved, and is aggravated by contact with hot and cold air, liquids or solids; the tooth itself is not tender on mastication unless periodontitis is also present.

INFLAMMATION OF THE DENTAL PERIOSTEUM.

Periodontitis, on the other hand, can be excluded by objective signs and tenderness of the tooth on percussion; this condition is usually a sequela of inflammation of the pulp. Periodontitis gives rise to a dull throbbing and continuous pain, somewhat worse at night, but rarely causing sleeplessness. The pain is unaffected by thermal changes, but is aggravated by mastication, and for this reason part of the mouth is rendered functionless, and tartar accumulates around the teeth, or in recent cases, food, mucus, and debris.

The pain from periodontitis is less severe than that of pulp pain, and usually remains localised to the tooth affected.

DIAGNOSIS OF INFLAMMATION OF THE PULP.

A patient can always discriminate which tooth is the seat of a periodontitis, but frequently cannot do so in the case of pulp inflammation; hence, in the latter case when several carious teeth are present in the suspected area these must be excluded one by one, in order to arrive at a correct diagnosis. The position of the pain and the fact that dental pain is more often referred to a tooth in front rather than

behind its true origin may be of some help; more direct aid will be gained by the following three tests:

Slight pressure is first applied to the cavity in each tooth by pressing on a small ball of cotton-wool; the cotton-wool may be next moistened with tepid or cold water, and a more severe test can be arranged by projecting a jet of cold water from a syringe into the cavity; finally, the deeper part of each cavity may be carefully examined with a fine probe. Any of these three tests will usually suffice in confirming a diagnosis; that of pressure is the most convenient and less annoying to the patient, but must be applied in such a way that the tooth itself is not jarred, or periodontal pain will be unwittingly elicited.

As long as the pulp of a tooth remains healthy it is able to protect its associated soft tissues from infection, so that these latter come to be a guide as to the condition of the former. The pulp has very little recuperative power when once inflamed, and the inflammation in most cases passes on to death of the pulp; this is followed by periodontitis, and in many cases an alveolar abscess eventually forms.

INFECTION OF THE LYMPHATIC GLANDS.

When the inflammation has spread to the periosteum of the tooth-socket, the lymphatic glands draining the area involved become enlarged and tender.

Lymphatic glands below the jaw are best felt by relaxing the tissues of the neck and rolling up the glands with the tips of the fingers against some resistant structure; the body of the mandible, the cartilages of the larynx or a finger in the mouth serve this purpose in the neck.

The parotid and retropharyngeal lymphatic glands draining the upper teeth, gums and palate are covered by dense fascia, and the latter set only become apparent when the lymphadenitis extends to the overlying mucous membrane. Infection is rarely confined to one set of lymphatic glands, as these are linked up in such a way that inflammatory conditions of the upper gums readily affect also the submental, submaxillary, angular and substerno-mastoid glands.

The importance of removing all causes of lymphadenitis lies in the fact that diseased glands are more liable than healthy ones to become the seat of other more serious affections; apart from this, lymphatic glands no doubt serve a useful purpose in filtering off bacteria and their toxins from the blood-stream.

The presence of palpable lymphatic glands may be of no importance in early childhood, as at this period there is a general hyperplasia of lymphoid tissue.

In their early stages tuberculous lymphatic glands cannot be differentiated by palpation from other causes of enlargement; if caseation takes place, the diagnosis is strongly in favour of tubercle.

This short *resumé* has no intention of being complete, but merely notes of a few facts in dental disease and some of its sequela.

The Cambridge Graduates' Dinner.

THE thirty-fourth Annual Dinner of the Cambridge Graduates' Club of St. Bartholomew's Hospital was held on Thursday, November 11th, at Frascati's Restaurant. The chairman of the evening was Dr. H. K. Anderson, F.R.S., of Caius College, University Lecturer in Physiology, and he was warmly greeted by a large number of old pupils and friends. As usual, the dinner was most successful, and the arrangements were again in the hands of the hon. secretaries of the club, Dr. Horton-Smith Hartley and Mr. Etherington Smith. The attendance numbered eighty-five members and guests, and amongst the former were many of the Cambridge men who have recently joined the Hospital. The club exists especially for the purpose of welcoming at its annual dinner these new members, and it was pointed out with great satisfaction during the evening that the links between the two ancient foundations represented by the club are yearly growing firmer and more numerous. The entry of Cambridge men at the Hospital this year has been the largest on record.

After dinner and the loyal toasts, the chairman expressed to the company the regrets of Prof. Howard Marsh and Dr. Norman Moore at their unavoidable absence, and all present certainly shared in these regrets. The genial figure of the Master of Downing is welcomed with affection at every meeting of Bart's and Cambridge men; and Dr. Norman Moore's inimitable after-dinner oration has become such a feature of the Cambridge Graduates' yearly entertainment that on this occasion it was very greatly missed. The chairman, however, was able to read to the meeting a telegraphic message from Dr. Moore, which conveyed in verse the best wishes of the newly elected Honorary Fellow of St. Catharine's College for the success of the dinner. Dr. Anderson was warmly applauded when, in proposing prosperity to the club, he vouched for the quality as well as the quantity of the new arrivals at St. Bartholomew's from the medical school at Cambridge. He said that he had never known a year in which so many good men had come to the Hospital from the University.

The health of the guests was entrusted to Dr. Griffith, who welcomed on behalf of the club Sir John Broadbent (of St. Mary's), Dr. Lister and Dr. Shillitoe (of Guy's), representing the friends of St. Bartholomew's in the other metropolitan medical schools, Mr. Thomas Hayes, whose untiring courtesy makes him welcome at every meeting of Bart's men; Mr. Bruce Clarke, now Senior Surgeon to the Hospital, Mr. Bowlby, Dr. Calvert, Dr. Horder, Mr. Boyle, and Dr. Shore. Dr. Lister, Mr. Bruce Clarke, and Dr. Shore replied for the visitors, and excellent musical items were given between the speeches by Mr. Baynes, Mr. Gillies, and Mr. Wright. The chairman's health was pro-

posed by Dr. Morley Fletcher, and enthusiastically given; and after the toast of the two secretaries had also been drunk with musical honours, the company dispersed. Many, however, met again shortly afterwards at Dr. Morley Fletcher's house in Harley Street, and as on so many previous occasions a very enjoyable and informal second part of the evening was passed there. The club owes much to Dr. Fletcher for his hospitality.

The following was received by telegraph from Dr. Norman Moore:

"Oh, colleagues and comrades so festive and gay,
I grieve that I cannot dine with you to day;
A cold in the head—it is little or naught—
But the matter is worse when the larynx is caught.
Two verbs of our time are to wire and to phone;
But aphonia compels me to stay all alone;
So wiring is all I can do to display
How fully my heart is amongst you to-day.
Those seventeen colleges (and unattached)
That shine on the Cam will never be matched.
The only place else in the world that can please
Is the Hospital chosen by Harvey and Caius.
So flourish dear colleagues on Thames as on Cam,
While I wish I were with you and not where I am."
From the Junior Fellow of St. Catherine's College

Books added to the Library during November.

Burghard, F. F., M.S. (Lond.), F.R.C.S., Editor of a System of Medicine by various Authors.

Vol. III. Operations upon the Ductless Glands—Operations upon the Bile Passages and the Pancreas—Operations upon the Central Nervous System—Operations upon the Genito-Urinary Organs—Operations upon the Thorax and its Contents. Royal 8vo. London, 1909.

Mackenzie, James, M.D., F.R.C.P. Diseases of the Heart. Crown 4to. London, 1908.

The following was presented by the Author:

Bland-Sutton, John, F.R.C.S. Cancer Clinically Considered. With 28 illustrations. 8vo. London, 1909.

The following was presented by College of Physicians and Surgeons, Baltimore:

Kurtz, Nathaniel Garland, M.D. Collected Writings of. Studies in Rabies, with an Introduction by William H. Welch, and a Biographical Sketch by Harry Friedenwald. Testimonial Edition. Medium 8vo. Baltimore, 1909.

A list of books presented by Miss Grace N. Smith from the Library of the late Sir Thomas Smith, Bart., K.C.V.O., F.R.C.S., will be inserted in a future issue.

Books received for Review.

Morley's Annual Report of Recent Advances in Pharmaceutical Chemistry and Therapeutics. (E. Merck.) 1s. 6d.

A System of Operative Surgery. Edited by F. F. Burghard, M.S. (Lond.), F.R.C.S. 1st Edition. Vol. IV. Oxford Medical Publications. (Frowde and Hodder and Stoughton.)

Home Exercises for Health and Strength. By Filip Sylvan, M.D. (Berlin). (Eveleigh Nash.)

Social Disease and its Prevention. 2nd Edition. By H. N. Robson, M.R.C.S., L.R.C.P. (Simpkin, Marshall, Hamilton, Kent and Co.) 3s. 6d. net.

A Ski Tour in Montenegro.

By W. DOUGLAS HARMER.

AT the Annual Dinner of the Ski Club of Great Britain in 1908, a tour through the mountains of Montenegro was proposed by Mr. Thomson to ascertain whether there were suitable slopes and snow for skiing. Later a letter was written to the Foreign Minister of Montenegro asking for permission to traverse the country, to which a courteous reply was received, saying that every facility for travel would be afforded to *bona-fide* members of the club.

Owing to the annexation of Bosnia and Herzegovina by Austria the tour was nearly abandoned, for it was doubtful whether the Austrians would allow anybody to cross their frontier. We decided, however, to make the attempt. The party, consisting of four, having laid in a small stock of provisions, a minimum of personal clothing, and ten pairs of ski, left Arosa (Switzerland) on the 18th of January for Trieste, where the Austrian-Lloyd mail boat was boarded. The passage down the Adriatic was comfortable, and it was encouraging to see the mountains of Dalmatia covered with snow. After steaming for fifteen hours we entered the Gulf of Cattaro, an Austrian port on the sea-board of Montenegro, about the same latitude as Rome.

The town of Cattaro lies in the inmost of four large bays or fjords. At the back stand the imposing slate-grey mountains of Montenegro, large dark masses of rock, rising sheer from the sea to a height of 4000 feet; in front lies the fjord, completely surrounded by grass-covered hills, with zigzag military roads leading to the principal peaks, where many Austrian forts are concealed. To one of the party, a British officer, this aspect of the bay was quite attractive, for although the forts were almost invisible he was able to describe the number of guns in each, their bore, and whether modern or obsolete. To the ordinary spectator, these hills, with higher and sharper peaks behind them, and the wonderful blue and green of the Mediterranean in the foreground, constitute a remarkable and entrancing view. Cattaro itself is very picturesque, and visitors may well complain that photography, sketching, and the like are 'verboten' by the Austrian authorities.



CHRISTO.

Here we found our guide, Christo (photo), a fine-looking man, who received us with great dignity. It was rather disconcerting to discover that he could only speak a few words of Italian besides his own Serb; but this difficulty was overcome by finding a terrible looking ruffian named Matteo, who had been many years in America, and spoke English badly. The town was filled with Austrian soldiers, who were fascinated by our ski. Surrounded by the crowd we were conducted to the Customs, where all our things were examined by suspicious officials. The mob made the process difficult by seizing ski, bags, clothes, anything which they could handle, to explain their uses to the onlookers. After an hour of wrangling, the whole kit was loaded in a broken down victoria, with two small ponies and a seedy driver, who looked as if he might steal the lot. We were assured, however, that he was Montenegrin, and would protect them with his life.

There are now two roads from Cattaro into Montenegro: an old road only suitable for ponies and foot passengers, which zigzags up the sheer face of the rock, and a new road, recently constructed by the Austrians, which reaches the country after making a long detour. Having despatched our luggage by the latter, we set out on foot to climb the former road, and by making many short cuts over broken stones and precipices, reached the top of the pass (3000 feet) in two and a half hours. A short descent brought us to the first village of Montenegro, Njegushi, where our passports were examined. After a hurried meal of eggs, sardines, and turkish coffee we started for Cetinje, the capital of the country. A second pass had to be climbed (4000 feet), at which level we found the snow and darkness. From here we expected to see the capital lying close below, but found that we had been misinformed, and had to tramp for two more hours before the lights of the town were visible. The road descended through rounded hills, and was so iceed that falls were frequent. Christo, who had a small candle lantern, continually showed us short cuts, which he could traverse easily; those who followed saw little but dark shadows from the lamp in front, stepped on nothing but slippery ice and rolling stones, bumped against unexpected boulders, and sat down oftener than the mountain climber likes. However, Christo was much amused. At 10.30 p.m. we walked sore-footed into the Grand Hotel, Cetinje, the Savoy of the country, having tramped thirty-three kilometres from the coast, to find a surly German manager, who told us that everyone had gone to bed and that it was too late to ask for food.

Next morning we saw this capital, which consists of one long street with houses such as would be found in the ordinary midland village, a side road leading to a red-brick villa, the chief palace of the present "King," a low stable opposite, namely the War Office, and one or two larger buildings, the residences of the Russian and other Ambassadors; a large open market and a round tower on a

hill where the heads of Turks were formerly stuck, and a small mausoleum; a most disappointing and unpicturesque place. Yet here, standing in groups and eagerly discussing the chances of immediate war with Austria, were some of the finest looking men, who bowed and saluted us with every mark of respect. Most of them six foot or more, broad chested, in gorgeous uniforms of dark blue trousers and red coats, with dark hair and eyes, fierce moustaches, dainty hands and manicured nails; all noblemen, with splendid carriage. Each man had his belt of bright red leather in which were loaded pistols; everyone had dignity. When one of them approached and commanded us to follow him to the house of the Minister of War, we were in doubt whether we should be escorted out of the country or compelled to enlist in the ranks. Two of the party who were doctors at once had visions of becoming P.M.Os. However, we were received with great courtesy by this gentleman. Having questioned us minutely and examined our ski, he gave us permission to travel up country and to photograph anything save roads and bridges. He requested us to go unarmed, and insisted on sending one of his own staff, Mons. Saichich (more commonly known as "Ski-sticks"), to act as escort and protect us from harm.

The next day, having obtained ponies, we drove along the one road in Montenegro towards the interior, passing through Rijeka, a beautiful little village port, to Podgoritza, a large town lying in a fertile plain on the borders of the lake of Scutari, with a big population consisting largely of Turks. Here the hotel was dirty and the food unpleasant but princely compared to what was in store for us. In vain we attempted to teach Saichich and the Montenegrins the doctrine of open windows.

Many photographs were taken of the natives, who wear, here and up country, a dirty white sheep's wool uniform, and enormous hairy coats with collars reaching to the ears, and long white scarfs wound turban-like round head and face, so that they appear much like teddy-bears. Every man, of course, with belt and loaded pistols, mostly with long obsolete barrels filled with rust.

On the morrow, after many delays, we set out on foot along the same road with pack-ponies for kit because the going was said to be rough, for the next habitable house at Lijeva Rijeka. We started at one, and were assured that we should reach the place in six hours. The road at first was fair, and we were able to obtain upon the way coffee and rakija (a plum liqueur), both good, and always to be found in any Montenegrin house. At seven we made the second house, where we found a splendid host with his family about to start the evening meal. The old man was crippled with wounds and rheumatism, but hearing that we were English, he ordered a bottle of red wine, hobbled out of bed, and supported by his daughters drank the health of King Edward and the English, followed with that of Gladstone, who is regarded with great admiration throughout

the country because he prevented Austria from taking all the sea ports from Montenegro. We ordered a second bottle and drank to his country, and then sat down at a long table, each with a spoon, to partake of the common bowl of soup consisting of dirty water, haricot beans, and chunks of uncooked meat. This with maize bread, which is as hard as a rock, and after being munched for several minutes leaves in the mouth a mixture like bran-mash, was the sole food which we were able to procure in the deeper parts of the country.

Encouraged by our dinner we made a fresh start at seven o'clock, and leaving the road scrambled up the side of a rocky mountain covered with loose stones over a pass of 3500 feet, where snow was lying at great depth. The descent on the other side was very difficult, the ground being slippery and then light dark.

Eventually at 1 a.m. we reached the "Han," having walked about thirty miles and taken about twelve hours to the journey, twice what our informants led us to expect. Like the Irish peasants, they have no idea of time or distance.

The Han or wayside inn (photo) is usually a thatched building of two stories; in the lower live the cattle; in the upper are a large common room with table, benches, and oven for

heating; a second smaller room, with open fire, over which hangs the common pot; occasionally a small guest-room of eight foot square, sometimes with two narrow beds. In the latter we had to sleep, sometimes in the beds sometimes on the floor, often in travelling clothes when the ponies failed to reach the inn. As one could generally see the stars shining through chinks between the boards, there was great competition for inner berths.

In winter these inns are filled with people who come from the surrounding districts for want of anything better to do. These people are ragged, poor, and dirty; at night they herd together in the common room, thirty to fifty souls; it is said that tuberculosis is spreading with alarming rapidity throughout the country. Doubtless the number of lodgers was increased by the news of our arrival. Our morning wash was certain to draw a full house, and the sight of a man brushing his teeth fascinated them. Unfortunately everything we possessed was handed round and tried. The

sight of some dirty man with one's hat on his head and one's pipe in his mouth was really rather annoying.

The road from Rijeka was well covered with snow, and we proceeded on ski through desolate valleys and over thickly-wooded passes, the highest about 5000 feet. The weather was often bitterly cold, especially after sunset; people were seldom seen except at the houses, which were few and far between. Many streams had to be crossed by bridges made of two thin pine trees lying side by side, and about eight feet above the water; these were always covered with ice. Sometimes we left the road and attempted short cuts across the hills, greatly to the distress of "Ski-sticks," who was responsible for our safety. On these excursions we passed through very wild country, and often found the spoor of wolves, bears, and other game. Once

after running down a hill about a mile, one of the party was missing, and we had to retrace our steps. He had fallen thirty feet into a disused quarry, and was almost buried in the snow at the bottom. Fortunately no bones were broken.

Eventually we arrived at Andrejevitza, a large town near the Albanian frontier, where the rule is to shoot at sight. The country near here was very good for skiing; when we practised, the whole population

turned out, men, women, and children, and watched us on the hills; they had never seen ski before. If Ski-sticks fell, there were roars of applause, but a similar accident to one of us was passed over in dead silence; such is the dignity and courtesy of the Montenegrins.

We made various tours from here, one of which across country deserves description. Starting at eight, we climbed to the foot of the "Kom" (photo), the second highest mountain in the country (8100 feet): here we met with unexpected difficulties, and had to traverse two dangerous looking avalanche slopes and two deep gorges. This caused great delay, and by ten o'clock at night we had only reached the top of the ridge, half way to our destination. A further disappointment awaited us, for we found the snow so deep that we had to remove our ski and put on "Steigeisen" in order to get down. After failing to cross a narrow neck we agreed to leave the ridge and descend the side of the hill until we reached the forest; here we found



OUR INN AT LIJEVA RIJEKA.

a gorge down which we climbed with difficulty. At midnight the moon disappeared and left us in pitch darkness; it was quite impossible to proceed, and hungry, cold, and weary, we set out to dig a hole in the snow in which to make a fire. There was plenty of wood, but it was so wet that we had spent two hours and nearly all our matches before one of the party hit upon the plan of cutting up his ski in order to start the blaze. By crouching near we were able to avoid frost-bite, and at six o'clock were off again, having had no food since lunch the day before. Fresh difficulties assailed us, and after scrambling over rocks and through snow drifts for four hours we saw by the aneroid that we had dropped only 200 feet, and had 1800 more to go. We were almost worn out, and were thinking of abandoning our ski when the first man discovered a fresh footprint in the snow; there and then

we sat down and emptied our knapsacks, the combined contents amounting to five meat lozenges, one egg, a crust of bread, a few dried figs, and a small stick of chocolate. These were solemnly divided and devoured, for we knew that we should surely get down. We reached the first habitation two hours later, and made the meal of our lives off Montenegrin fare. Eventually we arrived at our destination at six p.m., thirty-four hours after starting.

"Ski-sticks" and one of our party had gone on by road, and as we did not appear they became most anxious for our safety, for had any accident happened it would have been impossible to organise a rescue party, there being no means of traversing the snow. They had visions of bears, wolves, and avalanches, and were already mentally writing cables, to our wives and sweethearts, and to the British Chargé d'Affaires at Cetinje. As we were twenty-four hours late our friend had absolutely given us up, and was full of distress and pity. He must have had a revulsion of feeling later, for on hearing of our safe arrival he marched into the inn at Lijeva-Rieka, and cursed us roundly. He afterwards told us that on hearing of our safe descent, Saichich fell on his neck and embraced him, murmuring "Grâce Dieu! J'avais grand peur des loups et des ours."

After this tour the return journey commenced. We left for Podgoritza in a blinding snowstorm, but on reaching the top of the pass the sun broke through the clouds, dis-

closing a wonderful panorama: lying below was the great valley with the Lake of Scutari at the further end and the mountains on every side. In the centre lay the town, enveloped with clouds of gold.

Here we were astonished to find a motor car which had made a trial trip from Cetinje with the mails. On the following day we secured seats in it, and had the distinction of being the first passengers to travel to the capital in this luxurious manner.

The journey to the coast was accomplished with difficulty owing to a blizzard which covered the road with deep snowdrifts, through which we had to pass to catch the ship.

On the whole the tour was very enjoyable. The people were most hospitable. The climate, though cold, was generally fine. The country was wild and picturesque; for

skiing it is not ideal. The road from Cattaro to Cetinje and beyond to Podgoritza is well worth seeing, but the traveller must be prepared to rough it, for there is no proper accommodation or food in winter. I do not recommend Montenegro as a health resort. I consider it an excellent place for a walking tour.



KOM VASOJEVITCHI AND KOM KUTCHKI. NOTE WIND RIDGES IN SNOW OF FOREGROUND.

The Bart.'s Pageant.

THE reason why the St. Bartholomew's Pageant has not yet been held is, of course, known only to those in authority; perhaps they think we have had quite enough of that sort of thing lately, and any more picturesque junketings would unsettle our minds. But the Pageant is bound to come, and it is our duty to face it in good time. Therefore, we publish these few notes and suggestions for the future guidance of the experts. We feel competent to do so because we have never seen a pageant, while they will have seen too many.

Firstly, about the Master of the Pageant. Shall we hire one, or shall we breed one for ourselves? It is an important point, and not an easy one. Personally, we favour the discreet use of a hireling, such as may be got from any respectable wholesale firm whose manager grasped our requirements. Genuine Parkers are, we believe, expensive

and autocratic; but a sound mature under-prompter, trained at the Fulham Palace of Varieties, would probably come quite cheap, and he could learn all that is necessary of the history of the Hospital from a very few chats with the senior physician and a ramble round the foundation stones. So much for the Master.

Now about Sub-committees. They are quite essential. Forty-five or fifty would not be too many. The Bath Pageant fell short in this respect; we counted only thirty-eight on the programme. The great thing that Sub-committeemen have to keep their minds glued upon is the passing of good strong bulky resolutions, each of which would wreck the whole scheme if it weren't set aside for consideration by the Select Grand Committee. The only other matter for a Sub-committee is the periodical election of chairmen, vice-chairmen, deputy chairmen, and honorary secretaries. These two duties will keep them out of mischief until the Pageant is well over.

The Select Grand Committee will want a good deal of care in its composition. The physicians must not be over-represented—that is most important, and about half-a-dozen surgeons would be quite enough. Personally, we should like to have some full-sized beards sitting upon it; and there are several of the nursing staff who would carry great weight. Let us take it, then, that the Grand Committee will be of the best quality only. What will it do? It will, in any case, keep on meeting as hard as possible, and it will be very particular that not more than three persons of either sex shall ever talk at once. Business over for the afternoon, it will take tea by kind invitation of the Almoners, who will respectively be *ex officio, ipso facto, post hoc, propter hoc, and nil desperandum* members of the assembly. The Treasurer, for his part, will be wise if he keeps pretty clear of the whole business. This, however, quite without prejudice.

Next we come to the subordinate Masters and Mistresses. There will be lots of these; no decent Pageant can struggle through without them. We need only mention here just a few typical ones. Each will be thoroughly representative, and will, moreover, have absolutely no say in any matter at all. A sharp Pageant Master, with a decent music hall or circus training and a smattering of the Church Pageant manner, can easily make a hundred of these experts look and feel very busy and ornamental, and still manage to get along by himself with the arrangements for the Pageant. And when it comes to the Great Day itself, most of the Masters and Mistresses will be so full of themselves and their wigs and wands and what nots, that the carpenters and scene shifters will be able to do their work quite nicely without interference from any blooming amateurs. But we must have our Masters and Mistresses all the same. We couldn't, for instance, do without a Master of the Minstrels, a Mistress of the Scrubbers (with song and dance), a Master Butcher (from over the way), or a Master of the Bart's Boy Scouts.

We seem to have left the Episodes to the last; but really they are almost too obvious. The following cannot well be avoided:—Rahere's Dream-dance (by kind permission of the Palace Theatre, Ltd.); Harvey discovering the Circulation (performing animals kindly lent by the World League Anti-Vivisection Co.); Henry VIII burning the Bart's Journal at the Stake; Percival Pott's Equestrian Act on London Bridge; Abernethy taking his Biscuit; Mrs. Sairey Gamp receiving her Blue Belt and Certificate. The whole to conclude with a Grand Revel, entitled "Round and Round the Fountain," in which will positively appear a troupe of Peris from Proland; the Comical Clinical Clerks (by permission of the physicians to the Hospitals); and the Road Hogs of Harley Street (by permission of the Commissioner of Police).

That is, we think, nearly all that need be said by us at present about the Bart's Pageant.

N. G. H.

The Clubs.

Recent results.

Rugby: 1st XV.—v. Old Blues.	Lost.	3 points to 13.
" " v. Old Alleynians.	Won.	8 points to 0.
" " v. Bedford.	Won.	13 points to 0.
" " v. U.C.S. Old Boys.	Won.	34 points to 0.
" "A" XV.—v. R.M.A., Woolwich.	Lost.	8 points to 22.
" " v. R.M.C., Sandhurst.	Won.	9 points to 5.
" " 2nd XV.—v. Upper Clapton.	Won.	20 points to 0.
Association: 1st XI.—v. Lancing Old Boys.	Won.	6 goals to 3.
" " v. Old Berkhamstedians.	Won.	6 goals to 1.
" " v. R.M.C.	Won.	3 goals to 0.
" " v. Old Owens.	Lost.	2 goals to 4.
" " v. Trojans.	Won.	4 goals to 0.
" " 2nd XI.—v. Camberwell Grammar School.	Won.	4 goals to 3.
" " v. St. Mary's Hospital.	Won.	4 goals to 3.
Hockey: 1st XI.—v. Hendon.	Lost.	4 goals to 5.
" " v. Croydon.	Lost.	0 goals to 8.
" " v. R.N.C.	Lost.	0 goals to 9.
" " v. R.M.C.	Lost.	0 goals to 3.
" " v. Dartford Asylum.	Lost.	3 goals to 10.
" " v. Berkshire Gentlemen.	Lost.	5 goals to 6.
" " v. Muswell Hill.	Lost.	2 goals to 4.
" " 2nd XI.—v. Old Augustinians II.	Drawn.	4 goals to 4.
" " v. Croydon II.	Lost.	1 goal to 9.
" " v. Southgate III.	Lost.	0 goals to 7.
" " v. Pinner.	Lost.	4 goals to 5.
" " v. Watford.	Lost.	3 to 10.

RUGBY FOOTBALL CLUB.

ST. BART'S v. OLD ALLEYNAINS.

This match was played on Saturday, November 3rd, at Winchmore Hill. The odder state of the ground resulted in a scrambling forward game, which was occasionally brightened by some good three-quarter play. In the first half the sides were evenly matched, each pressing in turn, until Bart's scored their first try by Oulton from a reverse pass from Beyers. Richards easily converted (5—0).

On changing over Bart's forwards played much better, getting the ball in the scrums far more frequently than their opponents. Coumbis started his three-quarters on several occasions, but no score resulted until Richards got off and passed to Bridgman just over the line. Richards took the kick, but failed to convert (8—0). Soon after, time was called with no further score.

For Bart's Evans was prominent, leading the pack well and getting good work from it. Dive played a good game at back. His fiddling and kicking of the greasy ball was especially good. On the few occasions that our opponents pressed us hard good tackling prevented any score. After the interval they seldom passed the half-way line. Bart's were continually attacking, but their efforts were thwarted by the good tackling of the Alleynians.

ASSOCIATION FOOTBALL CLUB.

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

This match was played on Saturday, November 6th, at Camberley, and resulted in a win for the Hospital by 3 goals to nil. The ground was in excellent condition. A change was made in the forward line, Norman playing inside left and Barrow outside right, but it was not a very successful arrangement.

At the start play was mainly in mid-field. Their right wing, who played a hard game, and gave Woodruff plenty to do, then got within shooting distance, but Brock cleared well, and the ball going to our forwards, an excellent piece of combination between Waugh and With enabled the latter to score our first goal with a very neat shot. Play was then very even for some time, although we nearly scored again from a corner, Barrow heading over. At half-time the score was 1 to nil in our favour.

After re-starting, our forwards soon had the ball in our opponents' half. Dale made several good attempts to centre, but was not up to his usual form. Not long after half-time their goalkeeper was beaten by a good shot from Waugh, who was playing an excellent game. Sandhurst next got going, and for some time our backs were kept busy. Bart's next had a spell of attacking, and forced several corners, and from one of these, taken by Barrow, the ball came to Rimington, who scored with a dropping shot from about thirty yards out.

From the kick-off Sandhurst got together better, and several times looked dangerous, but no goal resulted. No more scoring occurred, and the game ended in a win for Bart's by 3 goals to nil.

Our halves and backs were very sound, and with a little more practice together our forwards should make an excellent line, a better line than we have had for some years past. Cummings at right half played a sound game, though a little slow. The same remark applies to Broels, who waits with the ball in his hands too long. Team:

Brock (goal); Stretton and Rimington (backs); Woodruff, Dyas, and Cumming (half backs); Dale, Norman, Waugh, With, and Barrow (forwards).

HOCKEY CLUB.

ST. BART'S v. ALDERSHOT COMMAND.

This match was played at Aldershot on October 20th, and although the conditions were not ideal we had a very enjoyable game. Our opponents were the better team, but we made a good fight of it. We scored the first goal, and up to half-time the game was fairly equal, the score being 2—1 in their favour; but in the second half fitness began to tell, and they scored 4 to our 1, bringing the total up 6—2 in their favour. We were lucky in having Vivian playing for us, who, with Sylvester, did a lot of good work at forward. Barnes was good at outside right, though he should try to centre harder. Cunningham at half played a good defensive game. Goals were scored by Barnes 1, Sylvester 1. Team: P. W. Mawer (goal); W. R. Sadler, H. Pavey Smith (backs); F. Cunningham, J. E. Hepper, E. V. Hughes (halves); H. Dalnce, A. G. Turner, K. T. Vivian, C. K. Sylvester, H. D. Lander (forwards).

BOXING CLUB.

The season has now started, boxing taking place daily from 12—6 in the Old Surgery. It has been found necessary this year to charge a subscription to carry on the Club. It is hoped that a good number of men will join, and that we shall be able to send up a full team to the Inter-Hospital Competition next April. All men in-

terested in boxing are asked to join, whether they have had any previous experience or not. Several men have already joined to learn. For instructor this year Sergt. Rust has been engaged. At present the club night is Tuesday, at 5 p.m., but after Christmas the instructor will attend every night except Saturday. The keys of the Old Surgery can be obtained from Balcon at the Cloak Room, to whom it is requested they be returned. Any further information may be had from the Secretary, R. E. S. WADDINGTON.

Correspondence.

"THE RELATION OF THE LAYMAN TO THE MEDICAL PROFESSION."

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

SIR,—While reading the article in the November number of the *Bart's Journal* by "A. Layman," I could not help thinking that if he had ever lived in a doctor's house he would have written very differently. "There is no other work performed for us that we cannot criticise in the most effective way by declining payment, but here we are practically helpless." Layman is evidently not aware that the doctor's bill is often the very last to be paid—people who would think it dishonest not to pay their tradesmen, will not hesitate to leave the doctor unpaid; "Oh, he can wait," etc. On the other hand, they expect the doctor to be at their beck and call day and night, he must never be ill or tired, or in a hurry.

A little further on Layman speaks of the doctor's ignorance, and says there ought to be compulsory post-graduate courses. How can a doctor leave his practice and go in for exams? He must pay a *locum tenens* four or five guineas weekly, and on his return will probably find patients gone to other medical men; to say nothing of the fact that in nine cases out of ten he cannot afford to pay the money. The majority of country practitioners at the present time can barely make a living, to say nothing of paying for the education of their children, or putting aside for old age. As to his "ignorance," what profession is more conscientious in studying and keeping abreast of the times than the medical profession? Then the question of fees and number of visits paid. I think Layman must be very unfortunate in his medical acquaintances; my experience is that doctors do not pay unnecessary visits, and often do not charge for all the visits they do pay; to say nothing of the large amount of work done out of charity.

Doctors—as distinguished from Consultants—would gladly welcome cash payments—if only to avoid all the time and expense of sending out accounts; but patients will not pay cash, and are often offended if accounts are sent in immediately attendance ceases; "their parents' medical attendants only sent in the accounts half-yearly." With regard to "fashion" in operations. Who makes the fashion, the doctors or the patients? After the King's operation for appendicitis there was a rage for that disease, and the operation, and if one doctor would not advise or perform the operation, the patient went to another surgeon who would perform it; and this holds good in all the operations that have been in fashion lately.

As to the fee charged for operation, the General Practitioner does not charge his own patients extortionate fees; but if a patient insists on having a "celebrated surgeon" (sometimes from a distance) he ought to be prepared to pay. In a great number of cases his own medical attendant could perform the operation equally well.

I know nothing about nursing homes, so say nothing about them. I must say something as to "Mrs. Doctor." There may be some wives who forget their own and their husband's honour—in every path in life one meets with a few such—but what of the thousands and thousands of true wives and helpmates who, whatever they know and hear, always remember the old Spartan proverb "Nothing said in here goes out there."

I write this after sixteen years' experience as a general practitioner's wife, who has done her best to help her husband by advice and sympathy, and as the years go by is more and more convinced that in no other path in life is there to be found such unselfishness and devotedness to duty as in the medical profession.

"GENERAL PRACTITIONER'S WIFE."

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

SIR,—Layman's (or lay woman's) criticism interested me very much, although some of the remarks hurt, as they showed a lack of knowledge of our struggle for existence and of the difficulties of medical practice. In the first place, it is true we have, for our own international benefit, ticketed diseases with various Latin and Greek words, e.g. pancreatitis in English would be inflammation of the sweetbread. Is "Layman" any the wiser? "Which sweetbread?" he would say, as the butcher includes the thyroid gland in this nomenclature. Mitral stenosis has a soothing sonorous sound about it; doctors understand what this means at once, as they have spent many many years studying the human body; but I doubt if Layman would understand in a few minutes' conversation. Let the shoemaker stick to his last!

I was asked the other day by a St. John Ambulance student why we troubled to call the subclavian artery the axillary, and later the brachial; and answered, "for the same reason that the Bayswater Road becomes Oxford Street, and later on Holborn."

"Layman" evidently wants to know "everything of everything." Life is short, sir, and you can't pour a quart into a pint pot.

Compulsory post-graduate courses are indeed excellent, but who is to pay for them? Here am I, aged thirty-five, getting out of date as regards abstruse scientific research (but, I fancy, still very serviceable), and however I may yearn to be at school again, without means to pay for further tuition. My practice just covers expenses, and once a year allows a week's holiday. Clinical experience is scoffed at as rule of thumb work and empiricism. This is a difficult situation to combat—as hard to answer as some of those made by Christian Scientists and all I can say is that Layman really and truly does not know what he is talking about, for clinical experience is the basis of most of our present day knowledge. Research work is put to the test by this method, which is the outcome of centuries' careful observation.

Again, if we had avoided, and were still to avoid, empiricism, scientific medical and surgical progress would shut one of its most important portals to ultimate absolute facts—the use of iron in anaemia, mercury in syphilis, quinine in malaria, etc., etc., were once empirical.

With regard to dietary—evidently Layman believes in the rule of thumb method, for he says, "Some lay people can perform this not very difficult feat of writing a diet prescription *without notice*, and calculated on the weight, condition, and muscular output" (in foot-pounds or horse-power, I presume, and without notice).

No wonder the eminent surgeon could only utter something about raspberry vinegar or jam when he saw our friendly critic! Layman then complains of our ill-health—if he only knew our lives!

The following is a short account of the life of too many medical men:—A poor parson's son desires to become a doctor. He leaves school and begins a medical career, which means that the parents stint themselves for five or six years. After a system of cramming he passes through a series of nightmares called examinations, and eventually qualifies.

This, by-the-by, is no easy thing to do unless a boy is endowed with more than average intellect, but I will say no more about it for fear Layman should consider it to be an egotistical statement.

The health of the newly-qualified doctor now shows signs of becoming jaundiced, and a large number take a sea trip for a few months, but having once tasted hard work they soon return to pass a strenuous year or two as house surgeons. Not having money to buy a practice, he becomes an assistant to a club, or a colliery doctor—these being the men who usually require help—and eventually he marries. If he marries a woman without money of her own, then, indeed, worries begin; but if fortunate to marry where money is his better half, he sinks a little capital, or all, in "putting up his plate." Children come along, and there we are at the end of our story.

Now, after the strain of examinations, the turmoil of a house appointment, the night calls and acute worry of critical cases, the anxiety of speculating upon the newly put up plate, and wondering what will happen if the practice doesn't come—add to this the knowledge that if death comes prematurely, the wife and children will only have a little insurance money—can you wonder at seeing an unhealthy looking doctor?

This is no overdrawn picture; let our friend take the trouble to read the *British Medical Journal* and the *British Medical Benevolent Fund*.

Pasty-fared nurses, forsooth! For shame! How would "A. Layman" like to turn night into day?

With regard to fees. "There is a determination in the lay mind to call in the doctor as seldom as possible." No! No! Not when they are ill! It is "Doctor this and doctor that when the hand begins to play." I've heard the night bell and Layman's melancholy voice up the speaking-tube too often, with his requests to leave no stone unturned, and his friends' anxieties as to his welfare, to believe the above statement.

Well, he is quite right about our stating the number of visits made. I often do, for I find his memory short as well as his friends'. I find he does not count visits when he is really ill, nor do his friends.

I find monthly accounts once, but was obliged to give it up owing to a depleted practice.

I am sorry to say tonsils and adenoids are still troublesome. They produce snoring at night, deafness, chronic "colds," mouth breathing, and many other evils which are only remedied by their removal. True they occasionally recur, but the child has a few years' relief, and they can be removed again with slighter risks than that of leaving them, and, as the age of discretion is reached, they give no further trouble.

I regret we still have appendicitis in our midst, for I lost a dear relative from this disease. He was operated on too late, after careful medical and nursing attention. To my mind you cannot be operated on too early for this trouble. I am *not* a surgeon!

Some of the questions I know nothing about, and so cannot answer them, but experience teaches one that lack of attention and brusque treatment depend a good deal on the patient's behaviour.

In conclusion, I feel glad Layman has bared his sword, but to my mind he has been fighting wrongs without foundations—we have them, but in the main they are those of the individual.

J. W. MALINS.

Harrogate.

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

SIR,—Criticism is always instructive, and the truth generally unpleasant, and there is much that is true in the paper which you publish in this month's JOURNAL, written by one signing himself "A. Layman"; why the big "A" I know not, unless his Christian name is Ananias, for in some respects he seems to be greatly misinformed. The poor general practitioner, as one would expect, bears the brunt of his criticism, because he is the member of our profession more closely brought into touch with the public. Much that he says of us is true—no sensible person could deny it—but what is the cause, I would ask "Mr. Layman"? Surely he and his brethren have themselves to a certain extent to thank for the present situation.

The unfortunate doctor is at all hours, day and night, expected to be at the beck and call of the Layman and his ilk. Irrespective of times and seasons his opinion is asked on multitudinous subjects, and he is expected to wedge in his visits (if he is fool enough to do so) at any time which may be convenient to the recipient. No proper consideration is shown him by the public, and no opportunity allowed him for giving a careful opinion on what may be quite a serious situation. Let me give an example:—One is just starting out in the early morning to some serious case, when one is told Mr. A. Layman has called and only wants to see you "for a minute." He greets you with the remark, "I thought I should catch you at breakfast! I haven't been feeling very fit lately; I only want a tonic." You then, if you are wise, suggest carefully examining him. He says, "Oh, no, there is no need for that; I must get to the City by nine; give me a prescription." If you are foolish you do this, and Mr. Layman is satisfied for the moment; and if you do not he says to himself, Dr. So-and-so is so lousy, it is no good going to him! What numerous stools we have to fall between, thanks to the stupidity of the Layman! I would most earnestly and humbly suggest that the public want educating themselves with regard to the medical profession; let them take no more seriously, accept scientific doubt more readily, and expect less dogma. The ordinary patient will not or cannot make the changes in his life which as a rule are necessary to the preventive medicine which everyone will agree with Mr. Layman is the ideal we all hope to reach.

In answer to his offensive paragraph concerning our own health, again I would remind him that the unreasonableness of the public is the chief cause of this. Hurried meals and broken rest are large factors; these could be avoided if the layman and his ilk were more considerate, and we less unselfish and timid of our dues.

With regard to his remarks on nurses, they are, so far as I can gather, not founded on fact. The matron of St. Bartholomew's Hospital has been good enough to inform me that out of a total staff of 280 sisters and nurses, during the year from November 1st, 1908, to November 1st, 1909, an average of 4.5 were off duty per week. These cases consisted chiefly of colds and poisoned fingers of only the very slightest nature; serious illness, she tells me, is a very unusual occurrence, and she agrees with me in thinking that nurses are, as a rule, a very healthy body of women.

With regard to fees, here again the practitioner is between two stools, chiefly because of the stupidity of the public. If we go too often we are called robbers, if we go too little we are called neglectful! The only straight way out of the difficulty is to say at once, "I will come again if you like, but I do not think it is necessary to see you again for such and such reasons." As to his remarks on bills, the suggestion of the transaction being a ready money one would, I feel sure, receive the endorsement of the whole profession; we should be much better off than we are now!

Concerning his remarks on professional confidence, again I would say he has been unfortunate. Such cases do, I know with regret, occur, but they are rare: a talkative doctor should be unrooked! With regard to the doctor's wife, the public have often themselves to thank. How often must it have occurred to all of us that patients have actually asked our wives questions, and been surprised that they knew nothing, which of course should be the case; they even sometimes ask to see them if one is out! Can you imagine such impertinence? But it is a fact. Of course, these difficulties are greater in the country than in London, but the public are chiefly to blame; doctors' wives are human beings like laymen's wives.

I will not trespass upon your space to answer the paragraphs relating to the surgeon; much that he says is no doubt true—they will in all probability answer for themselves.

I have left his remarks with regard to post-graduate study till the last. We must all agree with them, and the rate with which these classes are increasing shows that we appreciate and make use of them, though how his ideal of examination can be reached under existing circumstances I know not; like all critics, he is destructive, not constructive. If we could, like the Chinese doctors, be paid by our clients when they are well, we should approximately know our incomes, and then be able to apply a definite time to post-graduate study. Would that "Mr. Layman" could spend a month with any doctor in active practice! He would then more accurately appreciate the relative wisdom of the public and the medical profession; if one is a goose the other is certainly a gander!

In conclusion, I would call his attention to another pitfall which has been added to a doctor's life, viz. the telephone, through which instrument the intelligent public expect him not only to hear, but to see, smell, and prescribe, though for such information they have no intention of paying.

I beg to remain,

Yours faithfully,

C. PERCIVAL WHITE.

22, Cadogan Gardens, S. W.

THE RELATIONSHIP OF THE CONSULTANT TO THE GENERAL PRACTITIONER.

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

SIR,—Mr. Hamilton Whiteford is quite right. The consultant has no power to communicate with the general practitioner if the patient withholds the necessary information of the name and address of the practitioner. The consultant has no right to communicate with the general practitioner even if he knows who the practitioner is, if the patient expressly wishes that the consultant should not do so. But beyond these two instances there is that large class in which a patient coming to a consultant without an introduction from a general practitioner, will divulge the name and address of the family doctor when the consultant explains the accepted and sound reasons for so doing. It would be a good thing for patient, practitioner, and consultant, if an attempt to bring about this relationship was more usually made. It was because this is his mature belief, that the sentence quoted by Mr. Whiteford was written by

Yours faithfully,

A. CONSULTANT.

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

SIR,—Your discussion of Medical Etiquette is excellent. It has dealt chiefly with details; but I should like to add to it two principles on which I am accustomed to insist when lecturing upon the subject.

1. No custom should be maintained which is against the interest of the patient.

2. Etiquette provides for the honourable dealing of one doctor with another. Its maintenance is quite as much in the interest of the public as our own. For the public would suffer more if doctors were dishonourable, than if they were unskilful.

W. P. HERRINGHAM.

Royal Naval Medical Service.

The following appointments have been notified since October 20th, 1909:

Staff Surgeon F. H. Nimmo to the "President" for three months hospital course from November 1st. To reside at Greenwich Hospital.

Staff Surgeon John O'Hea to the "Terrible," 23rd November, 1909; and to the "Powerful" on recommissioning.

Royal Army Medical Corps.

An examination of candidates for not less than five commissions in the Royal Army Medical Corps will be held on January 26th and following days. Applications to compete should be made to the Secretary, War Office, London, not later than January 17th, on which date the list will be closed.

[It seems probable that the sudden drop from the twenty or more commissions which are usually competed for half-yearly, to five, does not imply that the establishment of the Corps is being reduced, but that senior officers who were expected to retire have not done so. If this is the case, additional vacancies may occur before the end of January; if they do not, probably a greater number of commissions will be offered next summer. The above must only be taken as the personal opinion of the writer. Possible candidates should bear in mind that time spent in holding house appointments after passing into the Corps counts towards promotion and pension. Thus, if a man takes on an appointment in April and passes into the Corps in July he can complete his year's appointment and count the time after July as service, whilst acquiring experience which he will find invaluable.]

* * *
Captains A. J. W. Wells, A. H. Hayes, R. Storrs, F. A. H. Clarke, and R. M. Ranking are attending the Senior Course at the Royal Army Medical College. This course now lasts nine months.

Major A. Pearse is posted to Woolwich.
Major F. W. Hardy is appointed Sanitary Officer, Eastern Command.

Major H. H. Berryman on return from Gibraltar is posted to Western Command.

* * *
Lieut. J. M. Weddell has been playing for the Army.

Indian Medical Service.

Lieut.-Col. Stephen Little retired on 22nd June, 1909, with an extra compensation pension. He entered the I.M.S. on 31st March, 1879.

Capt. Spencer Hunt to be a Major (dated July 28th, 1909).

Examinations.

OXFORD UNIVERSITY.

Leonard R. Tosswill has obtained the Diploma of Public Health.

CAMBRIDGE UNIVERSITY.

H. J. D. Birkett has taken the degree of M.D.

The following passed the Primary examination for the F.R.C.S. in November:

R. R. Armstrong, T. E. Hammond, B. W. Howell, M. D. Mackenzie, P. W. Ranson, F. Guevara-Rojas.

CONJOINT BOARD.
First Examination.

Part I. *Chemistry*.—A. G. Turner, A. R. Upton (both passed in Chemistry only).

Part IV. *Practical Pharmacy*.—S. H. Andrews, C. G. H. Moore, R. W. B. Gibson.

Second Examination.

Anatomy and Physiology.—R. Brewitt-Taylor, C. B. Vakil, G. A. Houston.

The following have now completed the examinations for the Diplomas of M.R.C.S., L.R.C.P.:

R. Wolferstan, D. R. McDonald, C. H. S. Taylor, R. M. R. Thurefield, C. F. G. Willes, C. C. H. Binns, A. Felling, G. O. Chambers, E. A. Dyson, H. S. C. Starkey, A. W. Stott, R. M. Miller, E. M. Browne, A. Gray.

Appointments.

BREMIDGE, R. H., M.B., B.Ch.(Oxon.), appointed Medical Adviser to the Education Committee of the Wiltshire County Council.

CLARK, A. J., M.R.C.S., L.R.C.P., appointed House Surgeon to Addenbrooke's Hospital, Cambridge.

DAVIES, T. J., M.B., B.S.(Lond.), appointed Resident Medical Officer to the Farringdon General Dispensary.

ROBINSON-WHITEAKER, R. H., F.R.C.S., appointed Anaesthetist to the Birmingham General Hospital.

VINEY, G. M.B., B.S.(Lond.), appointed House Surgeon to East London Hospital for Children, Shadwell.

New Addresses.

BREMIDGE, R. H., 33, St. George's Terrace, Trowbridge.

CHARLES, C. P., 10, Bancroft, Hitchen.

CLARK, A. J., Addenbrooke's Hospital, Cambridge.

CORRIKATOR, W. J., Staff Surgeon R.N., H.M.S. "Cornwall," Special Service.

COPE, R., Tarkwa, Gold Coast.

COOPER, T. M., Colonel A.M.S., Cairo.

DAVIES, I. J., Farringdon General Dispensary, Holborn Circus, E.C.

ELMELIE, R. C., 15, Devonshire Place, W. (Telephone: Paddington 4944).

KING, H. H., c/o The National Bank of India, Bishopsgate Street, E.C.

PICKERING, H. J., Sulgrave, Banbury.

POLLARD, W. H., 343, Hagley Road, Edgbaston.

ROBINSON, C. A., Leominster, Herefordshire.

YOUNG, F. P., 4, Camden Crescent, Dover.

Births.

ARNOULD.—On the 25th October, at Iगतपुरी, India, the wife of Louis Arnould, of a daughter.

CLARKE.—On the 12th November, at Sussex Lodge, Horsham, the wife of A. J. Fairlie Clarke, M.C., M.R.C.S., of a daughter.

FELL.—On the 30th October, at 4, Sharia Wabour el Moyah, Cairo, the wife of Capt. M. H. G. Fell, R.A.M.C., of a son.

PENNEFATHER.—On the 23rd October, 1909, at Deanhurst, Hallow, the wife of C. Maxwell Pennefather, M.B., B.S., of a son.

PRIESTLEY.—On the 15th November, at 3, Buckingham Gate, S.W., the wife of John Gillies Priestley, of a son.

THORNE-THORNE.—On the 10th November, at 45, Loverness Terrace, W., the wife of Leslie Thorne-Thorne, M.D., of a daughter.

Marriages.

BARTON ABBOTT.—On Saturday, the 13th November, at Holy Trinity Church, Wallington, Surrey, by the Rev. Edwin Langley, Rector of Holy Trinity Church, St. Laurence Thanet, assisted by the Rev. G. F. Irwin, Vicar of Holy Trinity Church, Wallington, Bertram Henry Barton, M.B., B.S., youngest son of Mr. and Mrs. F. Barton, of Sutton, to Phyllis May, younger daughter of Mr. and Mrs. A. H. Abbott, of Wallington, Surrey.

CARROLL—WHAIR.—On the 6th November, at St. John's Church, Blackheath, by the Rev. J. F. A. Wicksteed, Francis Radcliffe Carroll, M.A., M.B., B.Ch. Cantab., M.R.C.S.(Eng.), L.R.C.P. (Lond.), youngest son of the late Charles Carroll, H.B.M.'s Consular Service, China, and Mrs. Carroll, Crescent House, Bedford, to Dorothy Lawson, younger daughter of Mr. George Whale, 18, Vanbrugh Park, Blackheath.

HIND—BIGG-WITHER.—On the 26th October, at St. Mary's Church, Shalford, near Guildford, by the Rev. R. F. Bigg-Wither, uncle of the bride, assisted by the Rev. E. A. Ferguson, Vicar of the Parish, and the Rev. L. Mackay, Henry Hind, F.R.C.S., to Helen, only daughter of Colonel and Mrs. A. A. C. Bigg-Wither, of Tilthams, Godalming.

LISTER—HALLOWES.—On the 9th October, at the Union Church, Mussoorie, U.P., India, Capt. A. E. J. Lister, M.B., B.S., F.R.C.S., Indian Medical Service, to Hester Isabel Knight, the younger daughter of Rev. J. F. T. Hallowes, M.A., and Mrs. Hallowes, of Mussoorie, U.P., India.

STUBBS—WOMACK.—On the 30th September, at St. Mary's Church, Abbey Road, N.W., by the Rev. W. T. Stubbs, Vicar-Designate of Barkway, Herts, brother of the bridegroom, Reginald Edward Stubbs, youngest son of the late Right Reverend the Lord Bishop of Oxford, to Winifred Marjory, only daughter of Dr. and Mrs. Womack, of Alexandra Road, South Hampstead.

Deaths.

PENFOLD.—On the 13th November, Henry Penfold, Esq., Surgeon, late of Hove, younger son of the late Hugh Penfold, Esq., of Annington, Sussex, aged 81.

RUSSELL.—On the 12th November, at Ringwood, William James Russell, Ph.D., F.R.S., of 34, Upper Hamilton Terrace, N.W., and St. Ives House, Ringwood, in his 80th year.

Acknowledgments.

St. Thomas's Hospital Gazette, Middlesex Hospital Journal, British Journal of Nursing (4), Nursing Times (4), The Student (3), Guy's Hospital Gazette (2), London Hospital Gazette, International Journal of Surgery, L'Echo Médical du Nord (3), Practitioner, Medical Review, Journal of Laryngology, Rhinology, and Otolaryngology, Giornale della Reale Società Italiana d'Igiene, Journal of Practical Diagnostics and Bacterio-Therapeutics, St. George's Hospital Gazette, The Stethoscope, Magazine of London (Royal Free Hospital) School of Medicine for Women. Papers by F. Halpenny, M.D.:—"A Method to Facilitate the Avoidance of Infection during Intestinal Anastomosis" (Preliminary Report) (Annals of Surgery, October, 1908), "On the Relationship between the Thyroid and Parathyroids" (Preliminary Report) (Anatomischer Anzeiger).

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, Smithfield, E.C. The Annual Subscription to the Journal is 5s., including postage. Subscriptions should be sent to the MANAGER, W. B. SARGANT, M.R.C.S., at the Hospital.

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

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

St. Bartholomew's Hospital



JOURNAL.

VOL. XVII.—No. 4.]

[JANUARY, 1910.]

[PRICE SIXPENCE.]

St. Bartholomew's Hospital Journal,

JANUARY 1st, 1910.

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

Calendar.

Sat.,	Jan. 1.	—Dr. Tooth and Mr. Waring on duty.
Mon.,	" 3.	—D.P.H. (Conjoint) Exam. begins. 2nd Exam. (L.S.A.) begins.
Tues.,	" 4.	—Dr. Norman Moore and Mr. Bruce Clarke on duty.
Wed.,	" 5.	—Christmas Entertainment by Members of St. Bart's A.D.C. in Old Surgery. "A Regular Fix" and "Vice Versa."
Thurs.,	" 6.	—Winter Session resumes. 2nd Exam. (Conjoint) begins. Abernethian Society. Mid-session Address. By Mr. Bruce Clarke, F.R.C.S.
Fri.,	" 7.	—Dr. West and Mr. Bowly on duty.
Mon.,	" 10.	—Special Lecture. 1 p.m. Mr. Eccles.
Tues.,	" 11.	—Final Exam. (Conjoint) Medicine begins. Dr. Ormerod and Mr. Lockwood on duty.
Wed.,	" 12.	—Clinical Lecture. 12.45 p.m. Mr. Bowly.
Thurs.,	" 13.	—Final Exam. (Conjoint) Midwifery begins. Abernethian Society. 8.30 p.m. Mr. K. M. Walker. "Coli Infections of the Urinary Tract."
Fri.,	" 14.	—Final Exam. (Conjoint) Surgery begins. Clinical Lecture. 12.45 p.m. Dr. Norman Moore. Dr. Herringham and Mr. D'Arcy Power on duty.
Mon.,	" 17.	—Special Lecture. 1 p.m. Mr. West.
Tues.,	" 18.	—Dr. Tooth and Mr. Waring on duty.
Wed.,	" 19.	—Clinical Lecture. 12.45 p.m. Mr. Rowly.
Thurs.,	" 20.	—Abernethian Society. 8.30 p.m. Clinical Evening.
Fri.,	" 21.	—Clinical Lecture. 12.45 p.m. Dr. West. Dr. Norman Moore and Mr. Bruce Clarke on duty.
Mon.,	" 24.	—Special Lecture 1 p.m. Dr. Adamson.
Tues.,	" 25.	—Dr. West and Mr. Rowly on duty.
Wed.,	" 26.	—Clinical Lecture. 12.45 p.m. Mr. Bruce Clarke.
Thurs.,	" 27.	—Abernethian Society. 8.30 p.m. Dr. Langdon Brown. "Heart-block and other Cardiac Diseases."
Fri.,	" 28.	—Clinical Lecture. 12.45 p.m. Dr. Herringham. Dr. Ormerod and Mr. Lockwood on duty.
Mon.,	" 31.	—Special Lecture. 1 p.m. Mr. West.
Tues.,	Feb. 1.	—Dr. Herringham and Mr. D'Arcy Power on duty.
Wed.,	" 2.	—Clinical Lecture. 12.45 p.m. Mr. Bruce Clarke.
Thurs.,	" 3.	—Abernethian Society. 8.30 p.m. Mr. D. W. Hume. "Tuberculin."
Fri.,	" 4.	—Clinical Lecture. 12.45 p.m. Dr. Ormerod. Dr. Tooth and Mr. Waring on duty.

Editorial Notes.

IT is with sincere pleasure that we take this opportunity of wishing all our readers a happy and prosperous New Year. The past year has seen great changes that may well make it memorable in the history of the Hospital, but we have referred so often in these columns to such events as the erection and opening of the new Pathological Block that we will not weary our readers by any further review of our advances during 1909, but will be content with expressing the hope that the coming year will be marked by an advance in medical science which will justify the new equipment with which we are now provided.

We wish our readers individually a prosperous New Year, but more especially do we hope that 1910 will see us as a Hospital well within sight of a solution of our financial difficulties. We observe that the appeal, to which we referred last month, is now being made to a wider public in the columns of *The Times*. The fate of this appeal cannot fail to be a matter of anxiety to all connected with the Hospital, but it is with every confidence in the generosity of the public that we venture to wish St. Bartholomew's not only a solvent, but a prosperous New Year.

HAVING thus accomplished our first duty in a New Year's number, we regret that our next should have to be an apology. Unpunctual publication of the January issue of the *JOURNAL* has, we find on referring to back numbers, unfortunately become almost a tradition. We are at our wits' end to be ready with an excuse which has not become hackneyed. We dare not plead editorial indisposition, for the season of mince-pies and plum pudding is still with us. The Christmas festivities have served as an excuse to many editors, but it would seem so easy with a little forethought to allow for these in arranging the date of going to press. No, we must admit that we have very little excuse—we had almost brought ourselves to admit that we have been

lazy. There must be some specific antibody in the air at Christmas time which expressly inhibits such dry work as proof-correcting. The New Year, however, is the time for good resolutions, and our readers will perhaps be glad to hear that we are making good use of these proverbial paving-stones.

By an oversight we neglected to record the fact in our last number that on November 15th Mr. Waring was appointed a full surgeon to the Hospital. We heartily congratulate Mr. Waring on this appointment, and also the Hospital on the increased facilities for teaching which will be thus afforded him. In addition to being a good surgeon, Mr. Waring has always been an able and willing teacher, and that his efforts in this direction have been appreciated has been evident from the largeness of his following in the wards.

May the "yellow firm" still continue to flourish under its new head!

CHRISTMAS DAY is one of those occasions when one really does need the power of being in several places at the same time. As we have never acquired any real facility in this art we will not pretend that we visited every ward in the Hospital, but we were struck, in those to which we did go, by the very pleasing variety in the arrangement of the decorations. Unless we were exceptionally fortunate in the wards we happened to visit, we think that the decorations must have been prettier than usual this year.

HOWEVER this may be, there is no doubt that everyone enjoyed the day. There was not a dull moment, from the time when Father Christmas was seen entering a ward window by a ladder at an hour when many of us were still in our beds, to the final "Auld Lang Syne" of the Junior Staff round the Fountain.

A word of thanks and praise is due to the various troupes, which spared no effort to keep us merry. "The Reds" had raised expectation to a high pitch by the exceedingly clever posters by which they were heralded, but their entertainment justified all the extravagances of the humorous artist, and they had a great reception wherever they went. Mention should also be made of a band of ruffians with cardboard instruments, who performed admirably in many of the wards. A host of other willing performers assisted the usual conjurers, ventriloquists, and even the harmless necessary gramophone, to make the day a great success.

MESSRS. A. C. Gurney, J. Ramsay, and A. S. Woodwark have taken their M.D. of the University of London in medicine; Mr. P. L. Guiseppi has passed in midwifery and diseases of women; Mr. R. A. Lloyd in tropical medicine. We congratulate all these gentlemen on their success.

We have much regret in announcing that on February

1st, 1910, Sister President will retire from the service of the Hospital. Sister President has worked in this Hospital for thirty-three years. It is perhaps not generally known that she "created the part" of "night super," which has been a recognised post ever since her time. The good wishes of everyone connected with the Hospital, which she has served so well, will go with her on her retirement.

We congratulate Mr. A. E. Gow and Mr. J. E. H. Roberts on their appointment as Junior Demonstrators of Pathology, to fill the vacancies caused by the retirement of Messrs. Elmslie and Jamison.

Some Notes on Chinese Medicine.

By Surgeon W. PERCEVAL YETTS, R.N.

THE following notes refer to the great bulk of medical practice in China at the present day. No attempt is here made to give an account of the influence of western knowledge, dating from 1851, when Dr. Hobson published in Chinese four volumes on the *Principles and Practice of Western Medical Science*.

This was the first ray to pierce the gloom of centuries of stagnant ignorance. Since then a few natives have graduated at foreign universities, and several medical schools, conducted on western lines, have been established. These together have served to bring but glimmerings of light to this vast land of scientific darkness, and probably the healing art is practised to-day in the greater part of China with much the same quackery and ignorance that obtained in the second millennium before our era, when the Asia Dynasty is supposed to have flourished, or (to use a more familiar synechism) when Abraham lived and the Tower of Babel was built.

From the most remote ages Chinese medical literature has been as prolific as its authors have been numerous. A medical treatise is ascribed to the mythical Emperor Awang-ti (B.C. 2700), who is reputed to have been the pioneer of the early civilisation of mankind. This work is entitled "*Sou-wên*," or "Search and Enquiry," and though its connection with the "Yellow Emperor" is probably legendary, there is no doubt as to its extreme antiquity, since in the eighth century B.C. a commentary on it was published.

The work on the pulse in ten volumes of a celebrated court physician who lived about A.D. 290, named Wang-chuh-ho, is still much prized, a reprint appearing in 1840.

Acupuncture was discussed in the year A.D. 1027.

In the reign of the Ming Emperor Wan-li (A.D. 1573—1619) ten volumes of another book on acupuncture made its appearance.

A treatise on cholera was published in A.D. 1875.

In 1740 was issued the most complete Chinese work, a system of medicine which ran into no less than ninety volumes.

About the middle of the sixteenth century appeared the famous *materia medica* in fifty-two books, the "*Pun-t's'ao*," which was an epitome of many earlier treatises, and embodied the labours of no less than eight hundred writers. This work contains 1892 drugs and 11,896 prescriptions; it took its author forty years to compile.

These few examples are sufficient to illustrate the fact that, whatever else it may lack, Chinese medical lore is not deficient in literature—at any rate as far as quantity is concerned.

The quality of these writings is another matter. Amongst this huge mass of literature little evidence of accurate observation or scientific research can be found.

Human dissection was practised as long ago as the third century B.C. by the famous Alexandrian School, but the Chinese have apparently never made human or other dissections.

The following passages quoted from Williams's *Middle Kingdom* demonstrate an absence of a very accurate knowledge of anatomy and physiology.—"According to these physiologists, the brain is the abode of the *yii* principle in its perfection, and at its base, where there is a reservoir of the marrow, communicates through the spine with the whole body. The larynx goes through the lungs directly to the heart, expanding a little in its course, while the pharynx passes over them to the stomach."

"The small intestines are connected with the heart, and the urine passes through them into the bladder."

"The large intestines are connected with the lungs, and lie in the loins, having sixteen convolutions."

No distinction is made between veins and arteries, nor between tendons and nerves.

The most fantastic and complicated fabric of a pseudo-science has been built up around the pulse. To the Celestial practitioner the pulse affords the sole and complete means of making a physical examination of his patient.

He has learnt from the voluminous literature on the subject that every organ in the body is fully represented at various points of the two radial pulses, and therefore any malady can be adequately diagnosed from the patients' wrists.

This being an established fact, why search elsewhere or ask unnecessary questions? He does not.

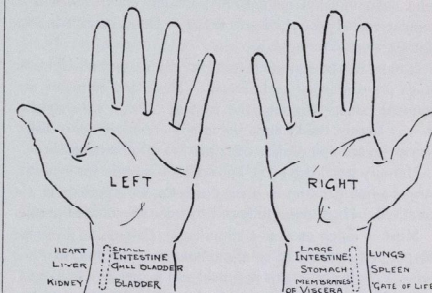
Three finger-tips, held close together, placed on the radial artery at the wrist, correspond to the three divisions described by the Chinese. Each division is divided into an internal and an external part, and the right and left pulses have a separate significance. Thus twelve different pulses, representing as many different organs, are said to exist.

The localisation of these various imaginary attributes is shown in the accompanying diagram (compiled from various sources).

We are accustomed in our own medical literature to find objects of the post-mortem room and surgery likened to

various articles of diet, but it must be admitted that in this department the East has outclassed us in the matter of poetic imagery. Witness the following descriptions of the pulse:—"Like the pace of a frog embarrassed in the weeds, or that of a toad." If the pulse seems like drops of water that fall into a house through some crack or little hole in the roof, and in its return is scattered and disordered, much like the twists of a cord that is unravelled, the bones are dried up even to the very marrow." "If the motion of the pulse resembles the hasty picking of the beak of a bird, there is failure of spirits in the stomach." Death is said to be imminent "When the pulse being felt in the morning seems to bubble under the fingers irregularly, like water over a great fire." Or when it is "Like a fish, whose head is stopped and cannot move, but frisks with its tail, not very regularly."

When the present dynasty came into power, one of the many administrative departments established at Peking was the Imperial Medical Board, ranking as twenty-fourth in



order of importance. It is composed of a president, an assistant, and a certain number of imperial physicians.

The Board decided that the Faculty of Medicine should consist of the following nine branches:—(1) Diseases of the large blood-vessels, and smallpox. (2) Diseases of the small blood-vessels, and those arising from cold. (3) Cutaneous diseases. (4) Diseases of women. (5) Diseases of the eye. (6) Diseases of the mouth, teeth, and throat. (7) Diseases of bones. (8) Those needing acupuncture. (9) Fevers.

The Celestial pharmacopoeia has a wide and grucosome range.

There is a list published by the Imperial Chinese Maritime Customs of recognised drugs in use at the present day; they number no less than 1575. The greater number are herbs, but amongst them are the following:—Dried toads; *exuviae* of cicadae; dried silkworms; scorpions; the dung of coelocroach, rabbit, and of magpie; fossil crabs; wasps' nests; rhinoceros horns; the penis of dog, sheep, deer, and of donkey; skin of python and of hedgehog;

broken buffalo horns; bear's gall; human placenta; wens on monkeys; liquid manure preserved for years; and the ends of red silken hat-tassels. With regard to the therapeutic value of the above drugs (which have been chosen for mention on account of their quaintness), I have been unable yet to get any information, with the exception of one class. The penis of the animals named is a much valued and certain aphrodisiac; a tincture of it is made with wine.

However, I have been fortunate enough to obtain from a learned Chinese the applications of the following medicines:—Toad spittle cakes are taken as antidotes to poisons. Urea, etc., obtained by boiling down the urine of children, is taken in the early morning in a bowl of water to purify the blood. Glue extracted from tigers' bones is excellent for rheumatism. A preparation of dried human feces is taken for smallpox. A deer's foetus is taken by women after conceiving in order to protect the child. Wild boar's gall-bladder is used for whidows. Maggots found in liquid manure are often given to children suffering from stomach-ache. An infusion made from pounded cockroaches is a popular remedy for children's fevers. Dried centipede is a famous specific for syphilis.

It must not be supposed from the above that all Chinese drugs are disgusting and useless. There are some of undoubted value. Ginseng, the root of *Aralia quinquefolia*, is very largely used; and, though its reputed aphrodisiac properties are doubtful, it certainly is a good stomachic.

Mercury has long been known as a specific for syphilis, but its administration in small doses for long periods is not practised. Huge doses followed by toxic effects are the rule.

Musk is much used as a stimulant. Calomel is given for its purging action; it is also made into an ointment for sores. Native ointment is considered a specific for ague.

In China there is no medical register, for the reason that the aspiring medico is not required to pass any examinations nor undergo any training.

His best qualification to practise is to be the son of a doctor. Fortunate, indeed, is he, and well fitted for the profession should the healing art have been followed by several generations of his family before him, since in that case he would surely inherit an aptitude for medicine together with some books of prescriptions. His stock-in-trade is completed by the possession of a pair of enormous wide-rimmed spectacles, which have the property of imparting an owl-like air of wisdom to the stupidest face. The less reputable members of the faculty may include in their outfit a skull of some animal, a few odd bones, and perhaps a stuffed alligator or some other reptile. These, together with perhaps a handful of decayed teeth and some jars of drugs, may often be seen at the roadside exhibited on a table, behind which sits the "doctor" waiting for his prey.

The better class practitioner, however, employs more dignified methods. He has regular hours for consultations at his house, and visits patients in their homes; he does not

dispense, but writes prescriptions which can be made up at any of the numerous drug shops. By a curious fiction the Chinese physician is credited with purely philanthropic motives, and his fee is called "horse money"—a mere reimbursement of out-of-pocket travelling expenses. Needless to say, the "horse money" varies more with the capacity of the patient's purse than with the length of the journey.

Last year the writer was fortunate enough on two occasions, in company with another old Bart.'s man, H. V. Wenham, to be present in the consulting room of a prominent Peking physician whilst he was seeing his poorer patients. The doctor, an old man of medium height, was dressed in a becoming blue silk gown and plum-coloured sleeveless jacket. His keen and intellectual face, embellished with white moustache and beard, produced an impression of dignified wisdom; an effect heightened by the occasional addition of a pair of large tortoiseshell-rimmed spectacles. His suave and courtly manner completed a presence which reached the acme of professional impressiveness, and might well have been envied by many a Harley Street consultant.

His clinical methods differed somewhat from those of his western confrères. After an exchange of courtesies the doctor and patient seated themselves on opposite sides of a small table. Behind the former's chair hovered a student seeking to pick up what scraps of knowledge he could. Some brief questions were asked as to the nature of the malady, and the patient was then requested to rest the back of a wrist upon a small cushion lying on the table. The doctor then placed his first three fingers on the patient's radial pulse, and with much deliberation examined the circulation under each finger-tip in turn. The same process was repeated on the other wrist. This completed the physical examination, and the writing of the prescription only remained. On handing it to the patient the doctor received his fee of about twenty cents, and with many bows the consultation was at an end.

For a translation of a prescription and "pulse case" the writer is indebted to the kindness of Mr. Wenham, of Peking.

The following were actually written for a case of mild influenza:

Chien yu (Fukien oil)	2 drams.
Hua fén (roots of a species of <i>Bryonia</i>)	½ dram.
Shuang hua	2 drams.
Chieh kêng (root of a kind of Bell-wort, <i>Platycodon grandiflorum</i>)	1 dram.
Mai tung (tubers of a liliaceous plant, <i>Ophiopogon japonicus</i>)	½ "
Niu pang (<i>Arcium lappa</i>)	2 drams.
Ch'an t'ui (cast-off skins of cicada)	1 ½ drams.
Su yeh (liquid storax)	1 ½ "

Kan ts'ao (liquorice) 1 ½ drams.
Lien ch'ih (wings of something?) 1 ½ "

To be taken warm with five slices of ginger.

"To-day feeling the subordinate pulse, even in character, dilatory but slightly buoyant and full, the right better than the left. His illness at present—head aching, swallow dry, whole body without strength. The origin of this is contagious epidemic, a chill taken and so acquired. The treatment is to lessen heat, destroy the poison, and dissipate it externally."

The next is a "pulse case," such as would be written in any case of severe illness in order to safeguard the doctor in case of the patient dying.

"The pulse in character sinking, falling away, without strength, like a shrimp's darting through water. The impression is blurred, the middle breath not enough. If again put forth sweat the disease is surely shown incurable.

"Therefore determine to give a few doses to build up the centre. If after taking there is no improvement, hastily send and invite another doctor."

Surgery cannot be said to exist in the Flowery Land, unless we take the practice of acupuncture to come under that heading. Equally unworthy to be classed as a surgical operation is the process of producing eunuchs for the Imperial service.

The establishment of the palace at Peking includes some 2000 of these, and to maintain this complement recruits must frequently be operated on. This function has for many years been the monopoly of a family which lives near one of the palace gates. The process is a simple and rapid one; one sweep of a knife removes the penis and testicles. After a plug of wood or tin has been placed in the urethra, tight bandages are applied which are not removed for three days.

Many eunuchs seek foreign medical advice for retention of urine consequent on cicatrization of the urethra; the use of catheters being unknown to the native practitioners.

An ingenious method is in vogue in some parts of China for dealing with entropium. Two slips of bamboo are arranged so as to pinch between them a fold of skin of the eyelid. The ends of the strips are then tied tightly together. In time the strangulated skin sloughs off, and the resultant scar causes eversion of the eyelid.

Boils and abscesses are treated with medicated plasters to "bring them to a head," and nature is left to do the rest. Sinuses frequently result. The foreign hospitals are inundated with cases of anal fistulae.

The writer saw recently a curious specimen of what might be termed a surgical appliance, the work of an ingenious native doctor. A youth, suffering from facial paralysis, appeared at a missionary hospital with a contrivance for keeping up the drooping angle of his mouth. It consisted of a wooden hook at the end of a piece of

string. The latter had been tied so tightly round his head that it had cut through the scalp, and it was for this wound that he sought treatment.

Acupuncture is regarded by the Chinese as the universal panacea much as bloodletting was in Europe not long ago. It is extensively treated of in medical works, and is one of the nine recognised branches of medical practice already enumerated. During the time of the Sung dynasty (A.D. 960—1260) it may be said to have been "reduced to a science; for one of two copper figures of the human body, made in 1027 A.D. by order of the then ruling Emperor, with markings to illustrate its principles, still exists. There are 367 of these markings, every square inch on its surface having its own name and being assigned some relationship, purely imaginary, with the internal parts." The needles are of all shapes and sizes, and "the method is usually to drive them through the distended skin by a blow from a light mallet. They are frequently made red hot, and occasionally are left in the flesh for days together." The writer has seen its dire results, but never the operation itself being performed. The following excellent description is taken from a report, published last year, by Dr. Stafford Cox, of Shanghai, on "An Outbreak of Asiatic Cholera."

"Seventy-five per cent. of the cases transfused had been under treatment by the Chinese barber surgeons. . . . I had an opportunity of seeing one of these men performing the operation, at an earlier date during the same outbreak. It consists in acupuncture in various regions of the body. Plain bodkins are used of varying length, made of silver, with very sharp points.

"A rapid puncture is made into the quick of the thumbs, and blood squeezed out; the veins in the fold of the forearm are separately pierced, the great toes, and the internal saphenous vein is then treated in a similar manner; the tongue is hauled out and pierced through the root.

"The longest bodkin is then inserted through the abdominal walls, in the middle line, below the ensiform cartilage, to a depth of five or six inches, and withdrawn, and the operation is completed. . . . I noted that the spare bodkins were held between the teeth of the surgeon when not in use.

"Well authenticated instances in which this crude operation has proved of benefit are not lacking, and the writer suggests that the benefit may result from excitation of the sympathetic system renewing the control of the capillary circulation, and inducing a condition perhaps sufficient for recovery in mild cases."

Preventive medicine is as little known as sanitation in the Middle Kingdom. During the summer of 1908, when a terrible cholera epidemic was raging in Hankow and Wuchang, bodies of the victims, covered with fumes, were allowed to lie for hours at the sides of the city streets. At many spots within a few feet of them stood open stalls on which slices of melon and other eatables were exposed for sale.

Swarms of flies freely circulated, yet the vendors found no difficulty in disposing of their wares.

Yearly this scourge decimates parts of China, still the natives have not learnt to correlate cause and effect, nor to take the simplest precautions. They seek rather to propitiate or scare away the evil genii of the disease; large sums are spent on processions and crackers, or attempts are made to hoodwink the demons.

An example of this last peculiarly Chinese proceeding was given at Canton during the plague epidemic of 1895, when the New Year was celebrated some months prematurely in the hopes that the plague devil, surprised at finding that he had miscalculated the season, would take himself off.

At times when smallpox is prevalent it is common to see attached to children's necklets an inscription where the wish is father to the assertion that "The Smallpox Lady has passed by."

Immunity conferred by a previous attack being recognised, inoculation by means of a scab from a variola subject is frequently performed (generally by placing it in the nostril), often with dire results. It is known that this method of inoculation has been practised for a thousand years or more.

Vaccination was introduced from abroad at the beginning of the last century, and in some parts is widely used.

The Chinese physician is often held personally responsible for the results of his treatment; hence, should the case be likely to end fatally he seeks to share the onus with other members of the profession. As a sequel to the deaths of the late Emperor and Dowager Empress came the announcement that the court physicians had been degraded.

A story is told of a practitioner on whose skill aspersions were cast owing to the untimely death of his patient. He was kept a prisoner by the deceased's relatives to answer for his failure, but during the night broke his bonds and eluded his gaolers by swimming a river. On returning home he found his son, who hoped to follow his father's profession, reading some medical work. He greeted him with the words "My son! put away those books. If you wish to become a doctor, first learn to swim."

The perusal of these few scrappy notes is sufficient to explain why the medical profession of the Middle Kingdom is not held in great repute. There is a Chinese saying to the effect that "Medicine, fortune-telling, astrology, physiognomy are taken up as a trade or practised (for diversion) by scholars; the last only is respectable."

If we seek an explanation of the stagnation of Chinese medical knowledge, of the baneful influence that has obstructed advance for a period of nearly four thousand years, and has permitted to be elaborated and accepted a system of spurious science, we find it in two fundamental characteristics of the Celestial race, viz. rabid conservatism and a total disregard for truth.

The Fixation of Complement Reaction.

A paper read before the Abernethian Society.

By M. H. GORDON, M.D.

I. SCOPE OF THE REACTION.

THE interest of this reaction of Bordet and Gengou is due no less to its practical than to its theoretical side. Already Wassermann and a host following him have shown its application for the purpose of detecting syphilitic infection. But perhaps the chief interest of the test lies in its potentialities. As it appears theoretically to be applicable to any infection, in the course of time the practical range of the reaction will probably be a wide one. It may be that the physician of the future, using the fixation of complement test, and keeping a series of antigens and sensitised corpuscles in stock as reagents, will not only be able to rapidly identify an infection by examining the patient's blood-serum, but will also be able to state definitely the degree of his specific resistance by determining the amount of antibody present.

In order to understand the test, it is absolutely essential first of all to have a clear idea as to what is meant by the terms "antigen," "complement," and "amboceptor" respectively.

2. ANTIGEN.

This term can be disposed of at once. It is merely a useful phrase to include any substance that, when injected into an animal, evokes the production of an antibody. Thus a pathogenic micro-organism, red blood-corpuscles of one or another animal, or any substance, in fact, that can give rise to an antibody, are all antigens.

3. COMPLEMENT AND AMBOCEPTOR.

These terms are more difficult to understand. Their meaning can only be arrived at satisfactorily by acquaintance with the investigations that led to the discovery of the substances they respectively connote. It is advisable therefore to forego consideration of the fixation of complement test proper until the ground has been cleared by reference to the investigations in question, which deal more especially with those antibodies known as "bacteriolysins" and "hæmolysins."

Bacteriolysins.

In 1888 Dr. Nuttall showed that fresh normal serum exerts a marked germicidal action on certain bacteria, though not on others, *in vitro*. In 1890 Buchner carried the investigation a stage further and showed two things, viz.: (1) That by vaccinating an animal with a suitable bacterium its serum obtained a greater capacity for destroying that bacterium *in vitro* than normal serum; and (2) that

if the serum was heated to 55° C. for half an hour it lost this germicidal property, or, in other words, became inactivated. For the germicidal substance in the serum Buchner proposed the name "alexin." In the meantime Pfeiffer had been studying the germicidal action of serum *in vivo*, making use of the peritoneal cavity of the guinea-pig for this purpose. He worked with the cholera vibrio and the typhoid bacillus, and observed them to swell up and then dissolve in the presence of the fresh peritoneal fluid or serum. Pfeiffer also made practical use of the fact that an immunised animal's serum possesses greater lytic capacity for a given micro-organism than normal serum by showing that this property could be applied to differentiate the cholera vibrio and also the typhoid bacillus from allied bacteria.

The next step was made by Metchnikoff, who discovered that this lytic capacity of serum, which was lost by heating it to 55° C., and also on standing, could be restored by adding to it a trace of fresh serum or peritoneal fluid.

At this point it is necessary to leave the study of bacteriolysins for that of hæmolysins.

Hæmolysins.

In 1898 Belfanti and Carbone discovered that if horses were injected with red blood-corpuscles from the rabbit, the serum of these horses became virulent for rabbits. Bordet, by experiments *in vitro*, was able to demonstrate the *modus operandi* of this virulence. He showed that when guinea-pigs were injected with rabbits' red blood-corpuscles, the serum of these guinea-pigs acquired a strong capacity for dissolving rabbits' red blood-corpuscles *in vitro*. He further showed that this lytic property is a specific one, e.g. a guinea-pig injected with rabbits' red blood-corpuscles dissolves only rabbits' red blood-corpuscles, not goats', and so on.

Further advances were now made by closer study of hæmolysins, which specially lent themselves for this purpose because the positive process, *i.e.* solution of the red blood-corpuscles, can be perceived at once by the naked eye, whereas bacteriolysis has to be observed microscopically.

In 1898 Bordet published another paper on the action of hæmolysin.

Fresh hæmolytic serum was heated to 55° C., *i.e.* inactivated. If, then, a small amount of normal serum was added the solvent power of the serum was restored, *i.e.* it was reactivated.

Conclusion.—The solvent power of the hæmolytic serum depends on the interaction of *two different substances*. One of these is able to withstand heating to 55° C., and is present only in the specific serum. The other is destroyed by heating to 55° C., and is present, not only in the fresh specific serum, but also in normal serum.

Bordet proposed to retain Duchner's name "alexin" for the thermolabile constituent of normal and immune serum.

For the thermostable body present in the specific serum he proposed the term "substance sensibilisatrice," because he thought that this body in the immune serum acted like a mordant, and made the red cells vulnerable, or in other words sensitised them to the action of the alexin of normal serum. He observed also that whereas the substance sensibilisatrice of the specific serum was strictly specific, alexin derived from fresh serum of practically any animal would do to activate it. He drew attention to the fact that rabbits' red cells, if sensitised by previous addition of inactivated specific serum, would dissolve on addition of normal rabbits' serum.

These early studies of Bordet serve to clear up several points not only with regard to hæmolysins, but also with regard to bacteriolysins, where the same facts were found to hold. In both cases solution depends on the interaction of (a) a specific body, thermostable, and present only in the specific serum, and (b) alexin, a kind of proteolytic ferment, thermolabile, and present in both normal and immune serum when fresh.

The next step was made by Ehrlich and Morgenroth, who defined hæmolysins still further.

They started with this argument.

"If the hæmolysin is able to exert a specific solvent action on red blood-corpuscles of a given animal, and this action depends on the interaction of two different substances, then one or other of these must possess a *specific affinity* for the particular red blood-corpuscle in point. It must be possible to demonstrate this experimentally."

They immunised a goat against sheep's red blood-corpuscles, and used the goat's serum for these experiments.

Experiment 1.—They inactivated the goat's serum by heating it to 55° C.

They added a sufficiency of well-washed sheep's red blood-corpuscles to it.

Allowed contact for some time.

Then centrifuged the corpuscles out.

They were now able to show that all the substance sensibilisatrice had combined with these red blood-corpuscles by the following procedure:

(1) They added more sheep's red blood-corpuscles to the clear supernatant fluid and then a sufficiency of alexin from normal serum and placed it at 37° C.

Result, *no hæmolysis*.

(2) Conversely, when the red blood-corpuscles centrifuged out of the mixture were suspended in saline, a trace of alexin added, and the whole placed at 37° C., the result was *complete hæmolysis*.

Conclusion.—All the substance sensibilisatrice had united with the red blood-corpuscles.

Experiment 2. What relation does the alexin bear to the red blood-corpuscles?

They found the answer to this by an experiment the converse of Experiment 1.

Sheep's red blood-corpuscles were mixed with fresh *normal* goats' serum. After some time these cells were centrifuged out and suspended in saline. Substance sensibilisatrice (inactivated immune serum) was then added.

Result, *no hæmolytic*.

Conclusion.—Alexin does not combine with the red blood-corpuscles.

Experiment 3.—Ehrlich and Morgenroth now experimented to determine the relation between red blood-corpuscles and substance sensibilisatrice when both were present at the same time.

They did this at 0° C.

At this temperature the specific serum fails to produce hæmolytic even in the presence of alexin.

Accordingly they mixed sheep's red blood-corpuscles with specific fresh hæmolytic serum and kept them at 0–3° C. for several hours. There was no hæmolytic. Now they separated the red blood-corpuscles by centrifuge and tested them and the fluid separately for hæmolytic. It was found that at 0° C. all the substance sensibilisatrice had united with the red blood-corpuscles, but that the alexin had been untouched.

On repeating this experiment at 37° C. they found that at this higher temperature not only all the substance sensibilisatrice but also a certain small amount of alexin combined with the red blood-corpuscles. The conclusion, therefore, to which they arrived was this: "Substance sensibilisatrice possesses one combining group of intense affinity (active even at 0° C.) for the red cell, and a second group possessing a weaker affinity (active only at a higher temperature) for alexin."

Ehrlich's Terminology, "Complement" and "Amboceptor."

Ehrlich introduced new terms which have now become generally adopted.

(1) Substance sensibilisatrice he called "immune body" or "amboceptor."

(2) Alexin he called "complement."

Complement, according to Ehrlich, possesses no combining group which can attach itself directly to the red cell. It can act only through the amboceptor, which therefore possesses two combining groups—

(a) Which has much the stronger affinity and is for the red cell.

(b) Which is much the weaker, and is for the alexin.

The *role* of the amboceptor is that it attaches itself, on the one hand, to the red cell, and on the other to the complement, and thus enables the latter to act on the former.

The amount of amboceptor absorbed by red blood-corpuscles varies greatly. Some red blood-corpuscles only combine with just enough to effect their solution. Others are able so to saturate themselves that they have 100 times the amount necessary for their solution.

The all-important factor in hæmolytic, therefore (and the same holds for bacteriolysis), is this immune body or ambo-

ceptor which is specific. Its *role* is to tie the complements of normal serum to red cells or bacteria, as the case may be. It concentrates on the particular corpuscular or bacterial body all the widely distributed complement found in normal serum.

As a result of these studies, we are now able to define a specific lytic serum, as follows:

"A specific lytic serum is one which contains an immune body or amboceptor which is specific for a certain cellular element, and by means of which the complement present in normal serum can be concentrated on this element and cause its solution."

4. THE BORDET-GENGOU TEST.

Having thus cleared the ground, we are able to consider this reaction, the importance of which lies in the fact that it enables us to recognise the presence of a specific amboceptor in a given sample of serum, and also, if need be, to define the abundance of such amboceptor.

The reaction arose from the following observations of Bordet:

He brought together (1) a suitable dose of complement, (2) sensitised red blood corpuscles, and allowed contact for some time. The corpuscles, of course, dissolved. After a time he added sensitised cholera vibrios and put the mixture at 37° C. There was no bacteriolysis, *i. e.* all the complement had been absorbed.

Now a control experiment showed that if the corpuscles which he used in the first part of this experiment were not sensitised, there was plenty of complement left at the end, and the cholera vibrios showed complete bacteriolysis.

He then repeated the experiment, but reversed the position of sensitised red blood-corpuscles and sensitised cholera vibrios, as follows:

(1) Suitable dose of complement.

(2) Sensitised cholera vibrios; contact allowed for some time at 37° C. The vibrios dissolve. Now—

(3) Add sensitised red blood-corpuscles. Result: no hæmolytic.

Conclusions.—(1) Red blood-corpuscles or bacteria acquire, under the influence of sensitisation, the power of greedily absorbing complement and of totally clearing the fluid of it.

(2) In the same serum the same complement can provoke either hæmolytic or bacteriolysis.

The above are taken almost verbatim from the original paper of Bordet and Gengou. They proceed as follows:

"Accordingly one can utilise, to prove the existence of an amboceptor (or sensitising body) in an anti-bacterial serum, the power which this substance possesses of causing the microbe that it unites with to absorb complement."

Bordet and Gengou, in their original research, worked with plague, typhoid, anthrax, swine erysipelas, and *Proteus vulgaris*. All these antigens in contact with their

respective anti-sera absorbed complement, as witnessed by the failure of sensitised red blood-corpuscles to dissolve. On the other hand, controls done with normal serum throughout in the same way resulted in hæmolytic at the end.

Bordet and Gengou also showed that serum from two patients convalescent from typhoid fever, when inactivated and brought in contact with typhoid antigen (an emulsion of *B. typhosus*), absorbed complement, whereas controls made with normal serum and the same antigen were quite negative.

"The examples given in this paper," they went on to say, "suffice to establish the general law that under the influence of vaccination the organism elaborates an appropriate amboceptor which can provoke specifically the absorption of complement by the microbe which it acts upon. On the other hand, these microbes, when not sensitised, *i. e.* in the presence of normal serum, absorb no complement, or only a contemptible fraction thereof."

Their final conclusion was stated as follows: The production of a specific amboceptor by vaccinated organisms is a general fact. The active amboceptors in presence of their respective antigens present this character in common, viz. of causing absorption of complement by the antigens they act upon.

5. THE FIXATION OF COMPLEMENT TEST WITH UNORGANISED ANTIGENS.

The method mentioned above is based on the absorption of complement by formed elements, *e. g.* microbes or cells. In the following year (1902) Gengou published further work showing that the reaction also held for unorganised antigens. Specific sera obtained by vaccinating animals with serum from animals of another species, with milk, or with white of egg, etc., were found to be equally capable of fixing complement in the presence of their respective antigens. Moreover, the reaction is especially well marked in the case of these unorganised antigens, and may take place even in presence of a mere trace of the antigen.

6. APPLICATION OF THE FIXATION OF COMPLEMENT TEST.

As might be anticipated, this test has already had a very wide application; so that, as Bordet says in a recent review of it, the infection to which the reaction does not apply does not exist. It is matter of common knowledge how Wassermann applied this reaction to syphilis with brilliant positive results, the explanation of which, however, is still obscure. The success achieved in diagnosis of hydatid infection has also been considerable, using as antigen fluid from the interior of a hydatid. In a host of other infections the practical application of the Bordet-Gengou test is being tested at the present day, and probably the next few years will see its practical field considerably enlarged.

As regards unorganised antigens, it may be said that the test has been shown to be of much forensic value for identifying blood from blood-stains.

7. SUMMARY.


The fixation of complement test depends on the fact that when a given antigen and serum containing an amboceptor for it are brought together at a suitable temperature in the presence of complement, the latter is absorbed. In practice, therefore, the test is carried out in two stages: (1) Suitable amounts of antigen, inactivated serum of test, and complement, are placed in contact for an hour or so at 37° C.; (2) sensitised red blood-corpuscles are added, and the mixture again placed in the incubator. If the fixation has been positive the corpuscles do not dissolve, and sink to the bottom, leaving the fluid uncoloured; but if the reaction is negative, and free complement is present, hæmolytic takes place.

This test for amboceptor can be made quantitative by ascertaining the dilution up to which a given serum still fixes complement. Kolle has standardised his anti-meningococcus serum in this way.

If a serum containing amboceptor is at hand, the test can be applied conversely to determine the presence of antigen.

It is impossible to read the experimental work which led to the discovery of this test without admiration for the simplicity of the methods employed, the clearness of the reasoning to which the experimental data have been subjected, and the importance of the results already achieved.

Annual Dance.

HE verdict is—everything that a big dance should be. We may have had no lunch, we may have skirmished with a strangulated dinner (*i. e.* one constricted in the middle), we did take a taxi. That was wise; for twenty soothing minutes to the Whamcliffe Rooms made a black and very cold world quite comfortable, while our reception by Mrs. Norman Moore left no doubt that we were going to enjoy ourselves.

A man who goes to a big dance usually foregathers some congenial souls into a party, and his programme is cut and dried before starting the evening; whereas the man who is a free lance has a programme usually dry, frequently cut. You can take it from me that the man that went alone to our dance had a very good time. Yes, there were enough ladies, but only just enough. Personally I have always a great desire to dance with more than one at a time. I suppose these Eastern customs will be more popular some day.

They were rather ugly, but a very efficient lot—I mean the stewards. They were arrayed with honour and came in for a full measure of praise, for there was no ivy.* But, personally, I am inclined to think this praise was overdone; for of the 180 odd ladies there, 179½ were absolutely + 4 at Lloyd's, and would always have a full house. It was a lower ½.

"Pritchard" is an institution well founded. Our pleasure is obviously his. We congratulate the Secretaries on their choice of band and music.

Really, I think everyone connected with the Hospital is pleased with that dance, pleased that people enjoyed them selves. It was excellently managed, and it is paying it the highest compliment that the Annual Dance can have to say that it was a credit to the old place in Smithfield, WITH JUST ONE exception—this notice.

Nature Notes.

By MACUS.

(With acknowledgements to many instructive contemporaries.)

TOUCHING fishes, it is to be noted that *Osmerus Eperlanus*, the common smelt, immediately upon removal from the water effuses a delicate fragrance of cucumber. This peculiar attribute is enjoyed by few fishes. It must not be confounded with the quality, common to them all, of developing an aroma at some interval after death.

My correspondent "Kum-tum" is curious about the flight of wild geese, and asks me why the formation they adopt is that of an isosceles triangle. The reason is that the legs of a wild goose are of equal length. Domestic varieties do not enjoy this symmetry; hence their ungainly walk.

In the world of birds loud voices go with beauty of presence; witness the peacock, jay, and bird of paradise. This observation has led many uncomely women to become platform speakers, but, so far, the experiment has failed.

The above note emphasises the danger of applying to one zoological group a datum established for another. The ostrich habitually eats a quantity of stones, and has particularly strong legs. Yet it would be rash to infer that gravel is an appropriate diet for a rickety child. Again, *Centroscymnus Cololepis*, the Portuguese shark, as I have shown elsewhere, † swims well when alarmed, as do certain other fishes. But it is common knowledge that among the

* An evergreen wall plant

† On the Expression of the Emotions among the larger Elasmobranchs, p. 42.

Domesticidae (especially *Coyus Omnifida*, the cook general), alarm, he it never so ample, does not increase capacity for natation, but rather the reverse.

The inter-dependence of various branches of science is a commonplace, and it is impossible to foretell the ultimate scope of any given line of research. For example, Pasteur's researches upon yeasts led directly, though unexpectedly, to the whole science of bacteriology. Nevertheless, I think my correspondent "Nautilus" is ill-advised to commence an investigation of the brain-weights of cabinet ministers by studying the morphology of *Cholaxpus Didactylus*, the two-toed Sloth. He states that he was prompted to this course by the following passage from a work on natural history: "The sloth's habitual attitude is dependent. Its fingers and toes are furnished with long curved claws which enable it to obtain, and keep, a firm hold upon the often precarious positions it happens to occupy." The analogy must be admitted, but it is incomplete. For to be up in a tree has, in the course of ages, ceased to be disconcerting to a sloth, while cabinet ministers evince an intense distaste for such arboreal excursions. More over, all sloths have coarse and shaggy hair, often of a dirty green colour owing to the presence of parasitic Algae, while cabinet ministers as a rule have little or none, and what they have does not, I understand, owe its colour to parasites.

W. B.

The Clubs.

SPORTS NOTES.

The first half of the season has been very successful as far as the Football clubs are concerned, but the Hockey has been a complete failure.

The 1st Soccer team have only lost two matches, and one of these would have most certainly been won had there turned out anything like a representative team. In the first round of the London University Cup we drew a bye, and in the second we beat Regent's Park Polytechnic College 12 goals to nil. In the next round we meet the runners up of last season, East London College, and should beat them somewhat more easily than we did last March.

The 1st XI have been very unfortunate in having to scratch four matches in succession owing to the state of the ground. It has been impossible to play at Winchmore since the 3rd of December. We hope to be on the old ground early in January, so that the cricket pitch may have a chance to recover before May.

The 1st Rugby XV have only lost one match, against the Old Blues, and have beaten among others Bedford, Old Alleynians, and Stratford-on-Avon, the last named by

10 points to nil, an excellent performance, as Stratford lost to Leicester by only 5 points.

The forwards are well together, and the backs make the most of their opportunities.

We hope that during the coming term men will turn out more regularly than they have done so far. This applies more especially to the soccer and hockey men. We shall never get the Inter-Hospital Cup until we get more keenness. Men should be content to play for one team, and that their Hospital team.

RUGBY FOOTBALL CLUB.

ST. BART'S v. BEDFORD.

For the last six years this match has been one of the keenest of the season, and we have no reason to be dissatisfied with the results, for out of six matches we have won five.

Bedford won the toss, and Evans kicked off against the wind. We had slightly the better of the earlier stages of the game, and half time arrived with the score 3 points to nil in our favour, Richards being responsible for our try.

During the second half we had nearly all the game, and almost immediately scored from a good passing movement amongst several of our players. Coombs started it, and the ball went from him to Oulton, then to Beyers and back to Oulton, who gave to Binney, the latter transferring to Brewitt, who scored between the posts. Richards had no difficulty in converting. We continued to press, and one of the Bedford wings failing to hold a pass, Bridgman picked up, and running round, scored between the posts. Richards again converted. From now onwards the play was rather one-sided, and we should have scored on at least one more occasion. No side arrived shortly afterwards, and a good game ended leaving us winners by 2 goals and 1 try to nil (13-0).

The whole team played with great keenness, but special mention should be made of Oulton's play. He was easily the best back on the field both in attack and defence. Coombs also played well; in fact, he always gives of his best at Bedford: the home atmosphere seems to stimulate him. A marked improvement was shown by the forwards, and though they at times were beaten for possession in the tight by the heavier Bedford pack, they fully made up for this by breaking up quickly and following up well. Evans, van Schalkwijk, and Binney were the pick of the forwards. Team:

H. R. Dive (back); C. F. Beyers, E. V. Oulton, E. D. Richards (capt.), R. O. Brigman (three-quarters); H. M. Coombs and A. J. Chillingworth (halves); A. E. Evans, J. van Schalkwijk, R. von Braun, A. Ferguson, H. M. Gilbertson, B. J. Brewitt, C. N. Binney, and L. White-Barlow (forwards).

ST. BART'S v. U.C.S. OLD BOYS.

This match was played on Saturday, November 20th, at Winchmore Hill. It resulted in an easy win for Bart's, who completely outclassed their opponents in all departments. The Hospital team was not at full strength through the absence of Evans and Brewitt. Richards played an excellent game, having a hand in nearly all the tries, and kicking five goals. Coombs with his swerving and feinting absolutely bewildered his opponents time after time. Richards won the toss, and Bart's defended the Pavilion goal. From the first five minutes it was apparent that the Hospital were too heavy for the Old Boys. After some loose play Coombs got possession and passed to Richards, who scored well out. Oulton failed at goal (3-0). From the drop-out Ferguson made a mark, and kicked across to Gordon, who was tackled close to the line. From a scrum Richards again ran in, but failed with his kick (6-0). Within a few minutes Bart's had again scored this time through Ferguson, who failed to convert (9-0). The Old Boys then pressed for some time, till Coombs scored a clever try after a good run. Richards added the extra points (14-0). After some good three-quarter play Oulton tried a drop kick, which was charged down. Beyers was the next to score from a pass from Oulton, all the three-quarters having handled in turn. Richards converted (10-0). Soon after, Beyers again ran in from a long pass from Coombs. Richards converted (24-0). Immediately after Oulton "bullocked" through the entire scrum and scored under the posts. Richards again converted (20-0). Our opponents now bucked up consider-

ably, and several times looked like scoring, but they were always checked. Close on time Oulton again ran through and scored for Richards to kick his fifth goal (34-0). On time being called Bart's were left winners by 5 goals 3 tries (34 points) to nil.

ASSOCIATION FOOTBALL CLUB.

ST. BART'S v. WELLINGBORO' MASTERS.

This match was played at Wellingboro' on November 27th. The day was overcast, with a fairly strong wind blowing obliquely down the ground. The ground was very sticky, with not much grass on it. The side representing the Hospital consisted of Brock (goal); Rimington and Stretton (backs); Owen, Taylor, and Woodruff (halves); Norman (capt.), Cole, Waugh, Barrow, and Dale (forwards).

Norman won the toss and played with the wind. Our opponents soon took the ball into our half, and began giving the defence a lot of trouble with their clever short passing. For the first ten minutes the play was concentrated around the Bart's goal. Eventually the opposing centre forward put in a hot shot straight into Brock's hands, but he fumbled and dropped the ball, which allowed their forwards to rush the goal. The Bart's forwards then woke up a little, but their combination was poor. The wings got away once or twice, but the centres were generally lost. The Bart's halves did not seem able to cope with the quick passing of the forwards, and so gave the backs a lot of extra work. There was a great deal of play within our twenty-five yards line, and Brock made two brilliant saves by throwing himself at full length and touching the ball behind.

At half-time, with 1-0 against us, and Wellingboro' getting the advantage of the wind, it seemed as if the Hospital would go down badly, but although pressing hard Wellingboro' could not get the ball through the goal. Brock played very well, and saved brilliantly several times. The Bart's forwards seemed to make more headway, and some nice work was done by Norman and Cole. But the line was very straggling, and the combination poor on the whole. However from a kick intercepted by Barrow, Dale shot neatly into the far corner of the net. In the falling light Barrow tried a long shot, which the goal-keeper never saw till it was in the net. During the remainder of the game there was very little light, but Barrow scored again for us, leaving the Hospital winners by 3-1.

Brock though badly fumbling once in the first half played very well in the second. The backs were not quite up to form at first, but played a good game afterwards. The weakening of the halves by the absence of Dyas and Cummings was apparent, though the opposing forwards were undoubtedly hard to deal with, and the ground was very sticky. Of the forwards Norman seems to have grasped more the principles of forward play, and kept up better than before. Cole did some useful work, particularly in the second half, giving Norman some useful passes. Waugh and Barrow were neither at their best, and their passing lacked accuracy. Dale played a good game, and made some fine runs up the wing, but lacked support from his inside and the centre.

ST. BART'S v. THE TROJANS.

This match was played on Saturday, November 20th, at Winchmore Hill, and resulted in a win for the Hospital by 4 goals to nil. The ground was in better condition than it had been so far this season, and our forwards should have made more use of the firm dry turf than they did. Norman again played outside right; he and With formed a very useful right wing. Owen played a very sound game at right half, and Cummings played at centre half in the absence of Dyas. Bart's kicked off up the hill, and at once began giving the Trojans' goal-keeper a very warm time; but somehow the shots were never rightly placed, and there were several good chances missed. At length Dale made a very pretty run up from a kick by Stretton and defeated our opponents' goalkeeper with a well-placed shot, thus opening the score for Bart's. From this point up to half-time no other point was scored, although our forwards were constantly in the goal-mouth, the ball being sent every where except between the posts. The Trojans re-started the game, but did not get very far; in fact, our defence were never really hard pressed, and our forwards again rushed the ball down into their opponents' half, but for a long time no further points were added, until Dale again scored by a well-placed shot from a run down on the left wing. Shortly after this Barrow added another point, and then play was for a long time in mid-field, until just on time Waugh gave us

our fourth point with a hard shot, making the score 4—nil for Bart.'s Team:
 Buck (goal); Stretton and Rimington (backs); Woodruff, Cummings, and Owen (halves); Dale, Barrow, Waugh, With, and Norman (forwards).

ST. BART.'S v. OLD OWENS.

Played at Winchmore Hill on November 13th, in excellent weather, and on ground in first-rate condition. Our team was not at full strength, several members being absent to play for outside teams, and as a result we lost the match. Unless all the members of the XI consistently give the Hospital the first chance of their services, it will not be surprising to see further defeats of this nature. We hope to see more *esprit de corps* in the future. We won the toss, and played with the sun and wind in our favour, towards the Pavilion. The Old Owens' forward line combined well, and kept pressing well in our half, but through weak shooting failed to score. Our halves and backs defended doggedly, but their efforts were not over well supported by the wing forwards. After a long period of ding-dong play Barrow scored the first point of the match, and half-time found the score 1—0 in our favour.
 After the restart a penalty for "hands" against Old Owens resulted in a second goal, shot by Rimington. Our play now deteriorated, the forwards continually failed, and the backs and goal-keeper were hard pressed, with the result that our opponents scored 4 goals in a short time, their shooting showing much improvement. A game most disappointing to us therefore ended in our defeat by 4 goals to 2.

ST. BART.'S v. LANCING OLD BOYS.

This match, played at Winchmore Hill, on Saturday, October 23rd, resulted in a win for the Hospital by 6 goals to 3. After the recent rain the ground was in a terrible state, a thick coating of mud making it extremely difficult to stand. The Old Boys turned up two short, and their vacancies were filled up by Cole and Hodge. We were without the services of Dyas, whose place was taken by Cummings.

HOCKEY CLUB.

ST. BART.'S v. HENDON.

This match was played at Hendon, on October 23rd, and ended in a defeat for us by one goal; the score being 5 goals to 4. It was a very close game, and we certainly ought to have had more goals. At present we are very hard up for a good back, as neither Viner nor Caldwell will be able to play in the Cup Ties. We should be glad to hear of any men who play back. Team:
 G. Viner, R. Caldwell, N. Glover (backs); G. N. Stathers, J. E. Hepper, F. Cunningham (halves); J. Noble, C. K. Sylvester, H. E. Robinson, W. D. Griffin, H. Barnes (forwards).

ST. BART.'S v. CROFTON.

This match which ended in a defeat for us by 6 goals to 0, was not so one-sided as it appears. In the first half we had just as much of the game as our opponents, and very nearly scored on several occasions, but our forwards failed at the critical moment. At half-time the score was three nil.

In the second half we were hard pressed, and three more goals were scored against us. W. H. Scott turned out for the first time, and playing inside right proved a valuable forward. N. Glover, in goal, saved some very good shots. Team:

N. Glover (goal); H. K. Griffith, G. Viner (backs); F. Cunningham, J. E. Hepper, F. Anderson (halves); H. Barnes, W. H. Scott, H. E. Robinson, C. K. Sylvester, I. F. G. Lewis (forwards).

ST. BART.'S v. R. N. C. GREENWICH.

This match was played on the Observatory ground on Wednesday, November 3rd, and resulted in a defeat by nine goals to nil. Our team was very weak, and the defence were absolutely run off their legs by the very energetic forwards of the R.N.C. Cunningham played a good game at centre half. Lewis and Vivian were the best forwards. Team:

F. J. Anderson, W. R. Sadler, P. U. Mawer (backs); A. B. Pavey-Smith, F. H. L. Cunningham, J. Nicholson (half-backs); F. J. Lewis, R. T. Vivian, A. G. Turner, A. J. Waugh, H. W. Barnes (forwards).

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

This match was played at Camberley on Saturday, November 6th, and ended in a win for the home team by three goals to nil. We played three backs and no goalkeeper, a very ineffective formation unless the backs thoroughly understand each other. The game was chiefly in our opponents' half, but our forwards showed a curious inability to score. This was partly due to the rather rough state of the ground. Nicholson was tried at back, and ought to do well there if he can refrain from dribbling too far up the field. Griffin played a good game at half. There was far too little combination among the forwards, and this fault must be remedied before the competition. Team:

J. Nicholson, G. Viner, H. K. Griffith (backs); F. L. Cunningham, K. S. Caldwell, W. B. Griffin (halves); L. F. G. Lewis, C. K. Sylvester, H. E. Robinson, H. W. Scott, and H. S. Barnes (forwards).

ST. BART.'S v. BERKSHIRE GENTLEMEN.

This match, at Reading, on Saturday, November 13th, ended in a win for the home side by six goals to five. Neither side was at full strength; we missed the services of Griffith and Scott. The game was very fast throughout. The Berkshire Gentlemen soon opened the scoring with two successive goals. After this the game was fairly even. Sylvester with a splendid shot from the edge of the circle scored our first goal, but our opponents almost immediately afterwards scored their third goal. Thus at half-time the score stood at 3—1 against us. In the second half we played together much better. Lewis and Sylvester brought up our score to three goals, while the Berkshire gentlemen scored another, and for some time the score stood at 4—3. In the last ten minutes of the game both sides obtained two more goals, and a very even and enjoyable game ended in victory for Berkshire by one goal. Glover, a new goalkeeper, stopped some hard shots, and, except for one mistake, played very well. Harris on his first appearance for the team played a good game at back. The halves played very well, especially Hepper and Stathers, and made some excellent openings for the forwards. Barnes, at inside right instead of outside, seemed better suited. Sylvester was the mainstay of the forward line, and did a lot of good work. Our goals were scored by Sylvester (2), Robinson (2), and Lewis. Team:

Glover (goal); J. C. Nicholson and Harris (backs); G. N. Stathers, J. E. Hepper, and W. B. Griffin (halves); L. F. G. Lewis, C. K. Sylvester, H. E. Robinson, Barnes, and Noble (forwards).

Reviews.

SOCIAL DISEASE AND ITS PREVENTION. By H. N. ROBSON, M.R.C.S., L.R.C.P. 2nd edition. (Simpkin, Marshall, Hamilton, Kent & Co.)

The vast ravages and far-reaching ramifications of the venereal diseases form our author's text. The book is intended especially for the lay public, hence perhaps the use of the adjective "social" instead of the more correct "venereal." The term "social disease" is so frequently used in a sociological sense that it has acquired a special meaning. On one point, however, we agree wholly with the author, that venereal disease plays a very large part in the causation of many of the social diseases of the body politic.

The attitude of different states towards the problem of venereal disease varies between two extremes—the *laissez faire* policy and the policy of compulsory notification. For neither policy do the results justify wholehearted support. Facing the problem from the purely practical standpoint only, the author insists that the proper course for the amelioration of affairs is the adoption, without any legislation, of prophylactic measures based on the researches of Roux, Metchnikoff, Neisser, and others.

While it is easy to foresee much opposition being raised to any active propaganda of prophylaxis, the strength of such opposition would hardly be as great as against legislative measures, and it seems probable that the gradual and inevitable dissemination amongst the general public of the facts relating to preventive measures against venereal diseases will lead to their general adoption by those whose habits of life put them in need of prophylaxis. Whether the net result will be to the benefit of the community will take several generations to prove.

THE CARE OF CHILDREN FROM DADHOOD TO ADOLESCENCE. By BERNARD MYERS, M.D. With Preface by G. F. STILL, M.D., F.R.C.P. (Henry Kimpton, London and Glasgow.) 1s. 6d. paper; 2s. 6d. cloth.

The proper care and upbringing of children may be said to form one of the chief branches of Preventive Medicine, the importance of which looms large in the public eye at the present time; but the state of knowledge even amongst those who should have a close personal acquaintance with the subject is, in very many cases, painfully deficient.

There is evidence, however, that sanitarians and social reformers are making serious endeavours to improve this state of affairs; and books such as this can materially aid in spreading the desired knowledge.

On picking up a new book thus entitled one first fears that it may prove to be largely an exposition of the narrow views of one of the cranks or faddists, who abound especially in this field.

Happily the charge of faddism or narrow-mindedness cannot be brought against the author of this volume. Dr. Myers shows a fund of common sense and a detailed practical knowledge which render his book very interesting and very useful.

Addressed to mothers and nurses, the book deals mainly with the general management of children in health. The author has included some thirty pages on the commoner illnesses of children. This excellent summary is hardly of much value to the mothers for whom the practitioner will have wider sources of information.

We like the book for its pleasing style, and for the sane spirit which is evident throughout—a book which every mother, and, indeed every woman, might well possess.

A HANDBOOK FOR FOREIGN STUDY. Compiled and edited by H. J. DAKINSON FRASER. (Darien Press, Edinburgh.) 6d. net.

Of the two aims which this valuable little handbook sets before itself one at any rate is sure to be realised. Its aims, we are informed in the preface, are (1) "to popularise in British academic circles the idea of studying abroad," and (2) "to afford those who desire to study abroad some general guidance as to the best place to go to with the maximum of pleasure and profit." An introduction by the Rt. Hon. R. B. Haldane, K.C., M.P., and brief articles on the study of various subjects abroad by eminent British scholars, are directed towards realising the first aim; but it is a question whether these are either detailed or interesting enough for the purpose. By those, however, who already have the desire to extend their studies abroad the information provided as to the various European universities will be found invaluable.

QUESTIONS ON SICK NURSING AND HOME HYGIENE. By D. M. MACDONALD, M.D. (John Wright and Sons, Ltd.) 6d. net.

This brief catechism on the art of sick nursing may be of some practical value to readers who like to imbibe information in the form of question and answer. Its completeness is somewhat impaired by the fact that many of the questions are unanswered, the reader being referred to another similar publication by the St. Andrew's Ambulance Association.

Correspondence.

THE RELATION OF THE LAYMAN TO THE MEDICAL PROFESSION.

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

SIR,—I have been greatly interested by the discussion and letters in your recent numbers. I fully agree with those who urge that the present method of making out doctors' bills is an insult to the intelligent public. Why should not medical men give full details of their charges as our lawyers do; there could then be no question as to their accuracy?

Personally, as a result of your valuable correspondence I have determined to adopt this method for the future, and in order to convince other of your readers, I am enclosing a copy of my first detailed account, which I finished last night and am sending in to-day.

As you will see, I am rather late in getting out my half year's accounts, but I have been too busy to attend to them.

I am sure the idea is a good one, but fear it will take me rather a long time to get them all done, as it is so difficult to remember the details, and one has not time to enter them up daily.

Frolically it will necessitate keeping a shorthand clerk, but I think it will be well worth while.

I am, etc.,
 J. JONES, M.D.

Surgery Hours.

9—10 Mornings. 2, COLLIERY VILLAS,
 2—3 Afternoons. STOKINGTON.
 7—9 Evenings.

Mr. SMITH
 in account with
 J. JONES, M.D.

January to June, 1909.

January 12th.—Telephoned for by you at 2 a.m. (one hour after I had got in from another case) to come immediately and see your second daughter (Mary) very ill with croup; walking to your house in deep snow; finding services not required as the attack had passed off and the child was fast asleep, returning home in deep snow 1 0
 Extra for night work 1 0

March 27th. Consultation for yourself at my Surgery (during my dinner hour, which you and your family always select) as you thought you were in for a bad cold (which you were not) 1 0

Listening for half an hour (whilst my dinner was getting cold) to how you had cured your second daughter (Mary) of the croup by means of Nurse Pogrom's Elixir (as I had already observed in the local press) and its general superiority to Doctor's physic 1 0
 One bottle of my Male Placebo mixture (yourself) 0 6

May 3rd.—Visit to your house at your written request (you were travelling in Scotland) to see your wife; waiting twenty minutes (by your kitchen clock) whilst your wife finished washing the baby; listening to her numerous domestic worries and your own shortcomings; writing out a complete diet list for her slight dyspepsia 1 6
 1 box of Pills (cooked) for wife 0 0
 1 bottle of Stomach mixture for wife 0 0

Writing you (also at your request) to give you a full account of your wife's condition, what I thought of her and what treatment I advised 0 6

June 1st.—Consultation upon yourself at my Surgery when you were intoxicated and speechless; sitting with you for one and a half hours and administering suitable remedies, involving considerable damage to my own coat and the Surgery hearthrug 1 0

Getting a cab and taking you home (cab fare 1s.,—which I paid as you had no money on you,—included) 2 0
 Wasting another half hour explaining to your wife the exact scientific nature of your "Nervous seizure" and its curiously sudden onset, seeing that you had been "perfectly well when you went out to post a letter after tea" 1 0

June 30th.—Attending your wife on urgent summons received whilst at Theatre (my first evening out for two months) for supposed onset of labour pains some six weeks before they were due. merely flatulent dyspepsia 2 0
 One bottle Female Placebo mixture (wife) 0 6

Total 15 0

December 12th, 1909.

P.S.—Reverse me troubling you further, but I think you ought to know that I have this morning received a Solicitor's letter saying that their client Mr. Smith is bringing a libel action against me for having sent an infamous communication about him through the Post Office! It seems I ought not to have left the bill open and only put a *hd.* stamp on it! I thought your readers had better be aware of this technical danger!
 J. J.

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

SIR,—May I thank my critics for their responsive frankness. I will endeavour to deserve it by an even more stringent candour. "After compliments," as they say in the Diplomatic Service, let us get straight to business.

I complained of the ignorance for which we have often to pay—an ignorance which conceivably may result in death or life-long damage. Medicus (the charming tone of whose letter I warmly appreciated) tells me that I employ a man to do his best for me, and if this happens to be an incompetent best that is my look-out, and—*caveat emptor!*

He illustrates his argument as follows: "You briefed Mr. Cicero, K.C., at a large figure, and though his shames in another court may, as you think, have lost you your verdict, you do not decline to pay. You commissioned Mr. Apelles, R.A. for a portrait of your wife, and you get a picture which you hide in the attic, but you do not decline to pay."

"Ah me, the difference I discern!"

I am not compelled by the laws of my country to squander my substance in the Law Courts. If I choose to go to Mr. Cicero I take him with all his imperfections on his head. Moreover, if I prefer that course there is no law to prevent my pleading my own cause, though I should probably have a fool for my client. Nor need I commission Mr. Apelles to paint my beloved wife. I may exist without a reproduction of her, or I might even essay it myself if she would suffer such an outrage. But when she is ill (as she assuredly will be some day) the law of the land compels me to call in a medical man under penalty of being considered a Peculiar Person, and of such punishments and ignominies if she is taken from me as I cannot recall at this moment. Besides, no publicity attends the doctor's efforts, and the sod covers his failures.

The Medical Profession enjoys, in fact, a monopoly of which we are compelled to avail ourselves. I contend that, where this is the case, the goods supplied should never fall below standard. It is a crying hardship on the layman if they do, for he has no remedy. It should never be a case of *caveat emptor* where monopolies are concerned. An open market is a different matter, although even then reflections arise as to the applicability of the maxim.

Dietetics. No, no! I cannot take the very tattering assertions of Medicus on that point any more seriously than he evidently takes them himself. There are Olympians who address windy discourses to the public on the advantages of beginning dinner with a clear consommé, and there are the "eminent doctor" and the "well-known physician" who in the *Daily Shriek* instruct us to eat cold chicken when the weather is hot, and hot beefsteak when it is cold. But this is not exactly the sort of dietetic instruction for which I crave. Where is the Olympian—where are the lesser deities who will put us gently but firmly on a purin-free or low-proteid diet and see us through? Where is the man with mellowed opinions on starch-free foods for any condition short of diabetes? Or who knows and tells us how to regulate the intake of fluids in circumstances over which we have much control? Where, in short, are the deities, *minores et majores*, who will use diet instead of drugs as the weapon for restoring and maintaining health. There may be five just men—or four, or three. But let them be named, and I will do penance on their doorsteps in a white sheet, and will send their battalions of people who would like to be well on more sensible terms than by the temporary alleviation of a drug.

I really did not sneer at the profession for dying, and do not deserve the generous wrath thus evoked. We are none of us above that weakness. We all do it occasionally. But there is something very humorous (using the word in its deepest sense) in the untimely decease of one who professes to know the rules of the Great Game. He must not be checkmated at that stage if we are to feel any confidence in his authority.

My contention is, that despite hard work (which harms no one who knows and practices the Rules) a doctor should have a better fighting chance than a layman, because his knowledge of the body, its wonderful and beautiful response to wise treatment, should lead him to the adoption of habits which secure health and enable him to set a very necessary example.

But a doctor who keeps himself going with tea, coffee, alcohol, or drugs, who is shaky from cigarette smoking, obese from over-eating, lean from under-eating and dyspepsia, who forgets or does not know that he is playing with an antagonist who gives and takes no quarter—how can he be fit for his great charge? And why should we trust him?

I will only note one point in the letter of "General Practitioner's Wife." This lady observes—"What of the thousands and thousands of true wives and helpmeets who, whatever they know and hear, always remember the old Spartan proverb, 'Nothing said in here goes out there.'"

So in thousands and thousands of medical homes our cases are discussed with the wives and helpmeets! These ladies will not

tell. Perhaps. I like not the security. I am brutal enough to contend that they should not even know. The secrecy of the doctor is more important than that of the telegraph operator or any man living—excepting possibly the lawyer. Life and death, shame and terror hang upon it. It must not be risked.

Dr. Mallin's defence of the medical language was spirited. But he mistook my point. His critic possesses some scraps of Latin and rather more Greek, and finds it difficult to believe that such a ghastly hybrid as, let us say, *ophthalmia neonatorum* can be necessary to any human speech. I have often shed the tear of sensibility over many of the mermaid (not siren) compounds which adorn your pages, and surely can scarcely subscribe international good feeling. But my attack was not on this medical Volapük, but on the use of terms which darken counsel and confuse issues, which satisfy by a fine full-flavoured sound and leave the matter there.

Let us take a very simple one—*neuralgia*. Has the word any real meaning? Does it really define a condition? One use of language in scientific matters is to define conditions in terms of precision, and if it does not do this it often acts as a deterrent to research. How many pains are comfortably classed as neuralgia, and dismissed with one of the many drugs which seem to exist for the purpose of nullifying the danger signals of nature?

Dr. Percival White suggests unkindly that my Christian name (surely a paradox) must be Ananias, because I seem to be grievously misinformed. I had thought the tendency of Ananias was to misinform others. But let that pass. For Dr. Percival White contributed (in my opinion) the wisest remark of all to our discussion, namely, that the public also needs education. So it does! *Shahash!* But who is to educate us if not your profession, and (in this case) should not he who drives fat oxen himself be fat? We have reached the stage of desiring light—more light, but you cannot give us what you yourselves do not possess. Pray draw the obvious deduction.

I need not concern myself with his defence of the health of the nurses at one institution, and during one week. If anyone will seriously advance evidence that nurses as a whole do not constrict their waists, are not nourished largely upon tea, do not neglect some of the fundamental rules of health, I shall be glad to hear it.

Some of the letters of my friendly critics touched me, for they set forth the undeniable cares and hardships of a doctor's life with truth and simplicity. Personally I believe that these difficulties will tend to increase and become more unbearable, for many signs of this are visible already.

The remedy for these grievances and many of the lay grievances also is, as I suggest, that medicine should be a State-paid profession, a vast and magnificently organised Public Health Department with a Cabinet Minister at its head. But this is another story.

I thank my critics for their enlightening remarks in a very useful discussion.

And remain,

Yours faithfully,

A. LAYMAN.

THE TREATMENT OF RHEUMATOID ARTHRITIS.

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

SIR,—I have read with much interest Dr. Herringham's account of a case of Rheumatoid Arthritis in the *St. Bartholomew's Hospital Journal*, November, 1909.

It raises many important points. He mentions the fact that the patient had suffered from Malaria, but prefers to think that the enlarged spleen, glands, and joints were due to Rheumatoid Arthritis.

The question of Rheumatoid Arthritis as an entity is by no means proved.

On the other hand, it has been proved beyond a shadow of doubt that almost any known acute infection can set up arthritis, and that this may pass on to a chronic stage.

I prefer to speak of cerebro-spinal toxicæmia, with arthritic manifestations, following Malaria, Typhoid, Influenza, etc.

The ingenious suggestion is made by some that these pave the way and Rheumatoid Arthritis is grafted on.

I always think of an impairment of the nervous system, ductless glands, and the digestive functions in cases of this disease.

It seems to be the almost universal custom among medical men to give some form of gony or rheumatic remedy, and Dr. Herringham has proved no exception.

I know it is argued that these drugs are given for their pain relieving or alterative qualities.

The stings were applied to the joints. If in addition they had been applied on each side of the lumbar and cervical enlargements of the spinal cord, I am convinced greater benefits would have followed.

It is possible profoundly to influence joints for good by such counter-irritation in these regions without any application to the joints whatever.

Probably the most powerful and efficacious method of counter-irritation is that recommended by Dr. P. W. Latham—blisters followed by savin ointment. After nine years of careful observation of this treatment I am convinced that it may be looked on as a specific in Rheumatoid Arthritis and many cases of Osteo-arthritis.

Nearly all the cases I have undertaken have undergone prolonged and careful treatment elsewhere. I have succeeded in improving their condition beyond anything they had previously hoped for.

Treatment must be prolonged and thorough. For some reason that I cannot understand this valuable procedure has not met with much favour in London. I am quite sure this has led to the perpetuation of much suffering. I have for a long time put forward the following suggestions to explain the manner in which it acts:

- (1) Congestion in the spinal cord is relieved.
- (2) The cells of the cord are stimulated.
- (3) Germs and toxins flow freely through the breaches in the skin made by the blisters and savin.
- (4) Substances are formed in the raw surfaces which stimulate the formation of antibodies in the system.

Apologising for the length of my letter,

I am, sir,

Yours faithfully,

W. S. MIDDLTON.

72, Charminster Road,
Bournemouth.

Books received for Review.

Soured Milk and Pure Cultures of Lactic Acid Bacilli in the Treatment of Disease. By George Herschell, M.D. 2nd Edition. (H. J. Glazier.) 2s. 6d.

Surgical Anatomy. By J. A. McEwen. (Baillière, Tindall & Cox.) 7s. 6d.

Medical Examination Questions (Edinburgh and Glasgow). (John Currie, Edinburgh.) 1s. 6d.

Constipation and Allied Intestinal Diseases. By A. F. Hertz, M.D. (Oxon.) (Oxford Medical Publications, Frowde and Hodder and Stoughton.) 10s. 6d.

Aids to Microscopical Diagnosis. By E. D. Knox, R.A.M.C. (Baillière, Tindall & Cox.) 2s. 6d.

The Care of Children from Babyhood to Adolescence. By B. Myers, M.D. (Hy. Kimpton.) 1s. 6d. and 2s. 6d.

Essentials of Chemical Physiology. By W. D. Halliburton, M.D., F.R.S. New Edition. (Longmans, Green & Co.) 4s. 6d.

Practical Guide to the Administration of Anæsthetics. By R. J. Probyn-Williams, M.D. 2nd Edition. (Longmans, Green and Co.) 4s. 6d.

Hypnotism and Treatment by Suggestion. By J. Milne Bramwell, M.B., C.M. (Cassell and Co.) 5s.

Serums, Vaccines, and Toxins in Treatment and Diagnosis. By W. C. Bosanquet, M.D., F.R.C.P., and J. W. H. Eyre, M.D. 2nd Edition. (Cassell and Co.) 7s. 6d.

Syphilis. By Sir Jonathan Hutchinson, F.R.S. New Edition. (Cassell and Co.) 10s. 6d.

Lectures on Surgical Nursing. By E. Stanmore Rishop, F.R.C.S. 1st Edition. (J. Wright and Sons.) 2s. 6d.

A Short Handbook of Cosmetics. By Max Joseph, M.D. (Berlin). 3rd Edition. (Rebman, Ltd.)

Recent Papers by St. Bartholomew's Men.

Cambridge, P. J., M.D. (Lond.). "Observations on the Urine in Chronic Disease of the Pancreas." (*Proceedings of the Royal Society*, B, vol. 81, 1909.)

Maidlow, W. H., M.D. "Literature." (Read before Ilminster Literary Society.)

Indian Medical Service.

Major E. V. Hugo, M.D., F.R.C.S., is confirmed in the appointment of Professor of Surgery, Medical College, Lahore, with effect from 14th June, 1909.

Major B. C. Oldham, Civil Surgeon of Patna, is appointed, with effect from 8th June, 1909, to officiate as Civil Surgeon of the 1st Class.

Lieutenants to be Captains:—Kanwar Shumshire Singh, Herbert Badley Scott.

Major C. R. Stevens, M.D., F.R.C.S., Professor of Anatomy, Medical College, Calcutta, and Surgeon to the College Hospital, is allowed privilege leave for fourteen days.

Captain F. P. Connor, F.R.C.S., Officiating Resident Surgeon, Medical College Hospital, Calcutta, is appointed to act for Major C. R. Stevens in the above capacities, in addition to his own duties, during his absence on leave, or until further orders.

Examinations.

UNIVERSITY OF LONDON.

Final M.B., B.S. Examination (October, 1909).

Pass List.—B. Biggar, H. D. Clement-Smith, C. R. Huskyn, J. S. New, F. C. Searle, J. R. H. Turton, R. T. Williams.
Supplementary List (Group II).—J. R. B. Dobson.

M.D. Examination.

Pass List. Branch I (Medicine).—A. C. Gurney, J. Ramsay, B.S., A. C. Woodwarck, B.S.

Branch IV (Midwifery and Diseases of Women).—P. L. Guiseppi, B.S.

Branch VI (Tropical Medicine).—R. A. Lloyd.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Final Fellowship Examination (November, 1909).

The following satisfied the Examiners:—W. S. Edmond, J. E. H. Roberts, A. S. Worton.

Appointments.

BELL, J. A., M.B., B.S. (Durh.), M.R.C.S., L.R.C.P., appointed House Physician to Bethlem Hospital.

ROBERTS, C. HUBERT, M.D. (Lond.), F.R.C.S., M.R.C.P., appointed Physician to In-patients, Queen Charlotte's Hospital, London.

SEARLE, F. C., M.B., L.R.C.P., posted to Haslar Hospital, to date December 1st, and later for special service with Mediterranean Fleet.

WILLIAMSON, W. TREVOR, M.R.C.S., L.R.C.P., appointed Senior Resident Surgeon to the Nottingham General Dispensary.

WILLIS BOND, H., M.R.C.S., L.R.C.P., appointed Surgeon to P. and O. ss. "India."

WOLFFSTAN, K., M.R.C.S., L.R.C.P., appointed House Physician to the General Infirmary, Worcester.

New Addresses.

BARBER, A., Park House, Swindon, Wilts.

BATT, B. E. A., 6, Angel Hill, Dury St. Edmunds.

BELL, J. A., Bethlem Hospital, St. George's Road, S.E.

BURROUGHS, H. N., 35A, Hertford Street, Mayfair, W. (Telephone: Mayfair 2905.)

COCHRANE, A., Major, I.M.S., Agra, N.P. India.

DAILY, J. P. II., 11, Devonshire Street, Portland Place, W. (Telephone: Mayfair 951.)

DAVIS, NEWTON, 36, Chowringhee, Calcutta.

HAYES, A. H., Capt. R.A.M.C., 35, Primrose Mansions, Battersea Park, S.W.

KENDREW, A. J., 3, Newport Terrace, Barnstable, N. Devon. (Telephone: 133 Barnstable.)

MORRIS, E., Donnington, Spalding, Lincs.

O'HEA, J., Staff-Surg. R.N., H.M.S. "Powerful," Australia.

PANCE, A. S., Fleet-Surg. R.N., Donemack, Bantry, Co. Cork.

ROBERTS, W. E., Casualty Officer, Royal Infirmary, Hull.

TRAPNELL, F. C., "Haddon," Beckenham. (Telephone: 1228 Bromley.)

WILLIAMSON, W. TREVOR, Nottingham General Dispensary.

WOLFERSTAN, K., General Infirmary, Worcester.

WROUGHTON, A. O. B., Capt. R.A.M.C., c/o Messrs. Holt and Co., 3, Whitehall Place, S.W.

Births.

GODSALVE WARD.—On the 30th November, at The Tiled House, West Byfleet, Surrey, the wife of V. Godsalve Ward, M.D. Lond., of a son.

GOSSE.—On the 28th November, at Curtlemead, Beaulieu, Hants, the wife of Philip Gosse, of a daughter.

HOTCHKIS.—On the 20th December, at Mid-Dykebar, Paisley, the wife of Robert Dunmore Hotchkis, M.D., of a son.

KEMP.—On the 19th December, at Wellington, New Zealand, the wife (née Dorothy Hunt) of J. Harold Kemp, M.B. (Cantab.), of a daughter. (By cable.)

LEE.—On December 9th, at 45, Muswell Rise, N., the wife of William Edward Lee, M.D. Lond., F.R.C.S. Eng., of a son (Harold Burton). Indian papers please copy.

MARLIN.—On October 31st, at 109, Prince's Avenue, Hull, the wife of Edward L. Marlin, M.D., of a son.

WARREN.—On the 20th November, at 15, Lansdowne Crescent, W., the wife of Alfred C. Warren, M.D. Cantab., of a daughter.

WILSON.—On the 21st November, at Dharmasa, Punjab, India, to Capt. Norman Methven Wilson, I.M.S., and Mrs. Wilson (née Sarah Dalrymple)—a son. (By cable.)

Marriages.

BATT—DIXON.—On the 24th November, at St. Mary's Church, Ecclesfield, Yorks, by the Very Rev. Canon Chorlton, assisted by the Rev. F. W. Pawson, Vicar, Dr. Bernard Edward Augustine Batt, eldest son of Charles Dorrington Batt, J.P., of The Hill, Wilney, Oxon, and grandson of the late Bernard Wake, of Abbeyfield, Sheffield, to Aline, youngest daughter of J. Willis Dixon, of Shire House, Ecclesfield, Yorks.

DUDLEY—GILES.—On the 8th December, at Baldock Parish Church, Herts, by the Rev. Canon Nalrn, Vicar of Baldow, Edward Percy Hughes Dudley, M.R.C.S., L.R.C.P., of Caxton, Cambs, son of the late Edward Dudley, Surgeon, of Yardley-Hastings, Northants, to Ethel Mary Giles, eldest daughter of the late John Giles, Surgeon, of Caxton, Cambs.

HAILSTONE—CLARANCE.—On the 25th November, at Jinja, Uganda Protectorate, by the Ven. Archbishop Buckley and the Rev. J. E. M. Hannington, John Edward Hailstone, M.R.C.S., L.R.C.P., Colonial Medical Service, eldest son of Commander Walter Hailstone, R.N., of Cheltenham, to Harriet Emily (Birdle) Clarence, eldest daughter of Charles Clarence, of Saffron Walden. (By cable.)

ORMEROD—OTLEY.—On the 6th December, at Christ Church, Mhow, C.I. by the Rev. H. Martin, Capt. George Milner Ormerod, Royal Field Artillery, eldest son of J. A. Ormerod, M.D., F.R.C.P., of 25, Upper Wimpole Street, London, W., and Greenhill, Hants,

to Mildred Grace, younger daughter of the late Drewry Gifford Otley, Esq., of Cartoune House, Ireland, and step-daughter of Lieut.-Col. S. Westcott, C.M.G., R.A.M.C.

SILVER WEDDING.

WOMACK—CHRISTMAS.—On the 18th December, 1884, at St. Mary's, Kilburn, by the Rev. Borradale Savory, M.A., of St. George's, Hanover Square, Frederick Womack, M.B., B.Sc. Lond., second son of James Womack, of Abbey Road, N.W., to Ada, only daughter of Walter Christmas, of Mowbray Road, Brondesbury, N.W.

Deaths.

ARMITAGE.—On the 9th December, suddenly, at Staveley, near Chesterfield, Dr. Richard Armitage (late of Cheltenham), aged 37 years.

KEETLEY.—On the 4th December, suddenly, at Brighton, Charles Robert Bell Keetley, F.R.C.S., Senior Surgeon to the West London Hospital, of 56, Grosvenor Street, London, W., aged 61.

LOYD.—On the 10th December, at Mackay, Queensland, George Tyndale Lloyd, M.A., M.B., B.C. (Camb.), only son of the late Rev. Thos. Lloyd and Mrs. Lloyd, of Stepe Hall, St. Ives, Hunts., aged 45.

TAYLER.—On the 17th December, suddenly, at Taihoku, Formosa, G. P. Taylor, M.B. (Lond.), aged 35. (By cable.)

WILSON.—On the 19th November, at The Elms, Harpenden, John Wilson, M.D.

Territorial Force.

1ST WESSEX FIELD AMBULANCE.

Lieut. L. R. Tosswill to be Captain, dated September 24th, 1909.

Acknowledgments.

The Student (2), *Guy's Hospital Gazette* (3), *The "Wellcome" Photographic Exposure Record and Diary*, 1910, *Medical Review, Practitioner, Nursing Times* (4), *British Journal of Nursing* (3), *The Middlesex Hospital Journal, L'Echo Médicale du Nord* (2), *The Union Magazine, St. Thomas's Hospital Gazette* (2), *London Hospital Gazette, La Confession Mentale, La Démence, et les Psychoses toxiques par Dr. Henri Damesco, L'Echo Médical du Nord, November, 1909*, *National Health, The Hospital, New York Journal of Medicine* (2), *The Eagle, St. Mary's Hospital Gazette, The Stethoscope.*

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, Smithfield, E.C. The Annual Subscription to the Journal is 5s., including postage. Subscriptions should be sent to the MANAGER, W. E. SARGANT, M.R.C.S., at the Hospital.

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

A Cover for bindings (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.

Special Review Supplement.

Reviews.

DISEASES OF THE ORGANS OF RESPIRATION. By S. WEST, M.A., M.D., F.R.C.P. 2 vols. 36s. net. (Chas. Griffin and Co., Exeter Street, Strand.)

The publication of a second edition of the *Diseases of the Organs of Respiration* has provided the author with an opportunity to bring the work thoroughly up to date, without alteration of its general character. The book remains largely a record of personal opinions, but the mass of valuable clinical experience here recorded cannot fail to carry great weight. All the good qualities of the first edition are retained, but the book has been considerably improved, notably by the inclusion of a number of excellent diagrams and photographs. The sections on Broncho-pneumonia and Pneumothorax still remain, in our opinion, the most valuable in the book, and both are worthy of the closest attention.

The main alterations in the present edition have been necessitated by the large amount of new work that has been done in connection with Tuberculosis, and by the development of the Röntgen rays as an aid in examination of the chest.

In its most recent form Dr. West's book is a comprehensive and thoroughly competent account of the branch of Medicine with which it deals.

A SYSTEM OF CLINICAL MEDICINE. By T. D. SAVILL, M.D. (Lond.), 2nd Edition. (Edward Arnold.) Pp. xxviii + 964, with a plates and 172 illustrations in the text. 25s. net.

We welcome gladly the appearance of a second edition of Dr. Savill's most valuable and original work first published nearly seven years ago.

The publication of this edition has been undertaken by Mr. Edward Arnold, and considerable changes in form introduced. The book is now presented in one large volume, which is, on the whole, an advantage; and we notice a marked improvement by the replacement of the non-parallel type of parts of the first edition by brevier type.

In spite of these changes, the total bulk of the work is slightly reduced, and the whole forms a handsome volume.

The general plan and scope of the book remains unchanged, nor would we wish it otherwise. The author has brought every part thoroughly up to date, and gives many useful references.

Clinical pathological methods receive the attention which is their due, while, as one would expect from so eminent an authority as Dr. Savill, the chapters on the skin and the nervous system are particularly well done.

We cannot enter here into a discussion of the pros and cons of the study of disease from the standpoint of diagnosis and treatment as opposed to the standpoint of systemic medicine; but probably most of us, whatever our position be upon this academic subject, will be ready to utilise this compendium of information as a valuable assistance in our practical work as medical men.

A MANUAL OF MINOR SURGERY AND BANDAGING (HEATH). For the use of House Surgeons, Dressers, and Junior Practitioners. 14th Edition. By HILTON POLLARD, F.R.C.S. (J. and A. Churchill.) 7s. 6d. net.

The title of this book hardly conveys to our mind an adequate notion of its contents. This, however, is due to the great advances made in the domain of surgery since the first issue of this volume by Heath in 1861.

Undoubtedly the author has done well in maintaining the original purpose of the book as a manual for house surgeons, dressers, and junior practitioners. While retraining from encroachment on the fields of systematic and of detailed operative surgery, so fully occupied by other treatises both large and numerous, he has succeeded in presenting in comparatively small space a fund of valuable information on general practical surgery, which cannot fail to prove extremely useful to those for whom it has been prepared.

PRACTICAL MICROSCOPY. By F. SHILLINGTON SCALES, M.A., B.C. (Baillière, Tindall and Cox.) Second edition, crown 8vo, pp. xvi + 334. 5s. net.

We are glad to welcome under the above title the second edition of *Elementary Microscopy*, which first appeared four years ago. The work is enlarged by paragraphs on the newer microscopical accessories, by a chapter on Photomicrography, and by a much longer chapter on section-cutting, staining, and mounting.

Though primarily intended for the beginner and amateur, there is much in the book which we heartily commend to medical students, and more particularly to their lecturers and demonstrators whose duty it is, or ought to be, to impart instruction in the use of such a valuable and delicate instrument of biological and medical research as the microscope. It is a common sight in every laboratory to see workers and attendants lifting microscopes by means of the fine adjustment, and a rare one to see even acknowledged experts in histology and pathology using a properly focussed substage condenser.

In the chapter on the choice of a microscope the author's criticisms of the various patterns are very valuable, yet we feel that his reiterated condemnation of the continental stand savours of insular prejudice.

The chapters on the practical optics and manipulation of the microscope and its accessories are excellent. The author realises that mathematical discussions would be out of place in what is essentially a practical manual, and his treatment of the matter is simple, readable, and convincing; his explanation of the distinction between resolution and mere magnification is particularly valuable, and the achievements of the ultra-microscope are briefly discussed. In view of their importance in connection with these matters we should like a fuller explanation of the terms "aperture" and "numerical aperture," which are not adequately treated in the paragraphs devoted to them.

The book contains numerous defects in English which cannot be attributed to printer's errors; we hope they will be removed in the future editions which the work deserves to attain.

ANATOMY, DESCRIPTIVE AND APPLIED. By HENRY GRAY, F.R.S. Sixteenth edition, edited by R. HOWDEN, M.A., M.B., C.M. (Longmans, Green & Co., 1909.) Pp. xiv + 1296. 32s. net.

Yet another edition has appeared of this well-known text-book of anatomy, which still retains its high place amongst the standard works on the subject. In this edition the sections on applied anatomy have been enlarged by the addition of matter of medical interest. The sections on Embryology, Angiology, etc., have been much improved and enriched by a large number of illustrations, for the most part new, though many have been borrowed from other standard works.

The printing, particularly of the coloured illustrations, is good; where any of the colours is out of register it is usually the red which is at fault. The paper is thin but strong and consequently the volume is not unduly thick. The book lies open easily, but we should have preferred a somewhat stouter binding for a volume of reference which it is to be in constant use.

TRANSACTIONS OF THE COLLEGE OF PHYSICIANS OF PHILADELPHIA. Third Series. Vol. xiii. 1908.

This volume contains twenty-three articles on various subjects by different authors, and closely resembles, in many ways, our own Hospital Reports.

Dr. Jopson reports cases of the Erysipeloid of Rosenbach, or, as Murrant Baker called it, Erythema Serpens, he having noticed the condition among the butchers of Smithfield in 1873. Drs. Anders and Mann describe a case of thoracic aneurysm successfully treated by wiring, and Dr. Hare gives an interesting summary of cases treated in this way. He finds that in sixty recorded cases no accident occurred at the time of operation, and in many of them life has been considerably prolonged.

The X-ray diagnosis of thoracic aneurysm is discussed by Dr. Pancoast. He advocates short exposures, and thinks that "there is reason to believe that increased experience and improvements in

methods and apparatus will render the X-ray examination for aneurysm still more accurate in the future," but does not mention any new method for bringing this highly desirable result about.

Dr. Macfarland narrates an interesting case in which digitalis was given because the heart's action was hurried, with the result that, after a few doses, the patient died. At the autopsy the pericardium was found distended with blood, and there was a rupture of the aorta above the aortic valve. The case is quoted as an illustration of the effect, on a normal aorta, of raising a blood pressure already high, but its value is rather spoiled by the absence of records of the blood pressure before the administration of the drug.

Dr. Norris contributes an excellent article on cardiac arrhythmia, and Drs. Nicholson and Evans have written an article on the bacteriology of the puerperal uterus, with a description of a simple and easily sterilisable apparatus for collecting material for examination.

Dr. Tucker describes a method of treatment of erysipelas by local applications of saturated magnesium sulphate solution. This is certainly new to this Hospital, and it is difficult to understand how the drug acts, but in view of the number of successful cases recorded by him, the method seems worthy of further investigation.

Dr. Silas Cohen gives a method for measuring the coagulation time of the blood, which is very simple, and apparently yields uniform results.

There are also interesting articles on non-tuberculous diseases of joints, colour photography, myositis ossificans, the treatment of congenital luxations of the hip, the treatment by trephining of papillo-œdema, and on tumours of the breast in childhood.

Dr. Leonard's paper on peristaltic movements of the stomach is illustrated by some excellent skiagrams, and Dr. Wood contributes an interesting account of pellagra, but we must confess to a feeling of apprehension at the thought of having possibly to meet one of the gentlemen described by him as "pellagologues."

The book is printed on good paper, is well illustrated, and singularly free from "Americanisms."

LECTURES ON THE USE OF MASSAGE AND EARLY MOVEMENTS IN RECENT FRACTURES AND OTHER COMMON SURGICAL INJURIES. By Sir W. H. BENNETT, K.C.V.O., F.R.C.S. 4th Edition. 23 Illustrations. Pp. 134 + x. 8vo. 6s.

Sir William Bennett, as is well known, is the advocate, in England, of the method of treatment of recent fractures which has been employed, with great success, by M. Lucie Championnière in France.

There can be no doubt that the present treatment of sprains and fractures is unsatisfactory, and the profession will surely welcome any method which will diminish the pain and stiffness, and often permanent disability, which so frequently follow this class of injury.

There appears to be nothing irrational in the method of treatment; the early massage, as one has learnt from the researches of Cornil, favours osteogenesis, and, at the same time, limits or prevents the formation of adhesions, which are so often a source of trouble after the present practice of immobilisation. The passive movement, too, assists the healing process by keeping up a healthy circulation in the injured limb, and thus shortening the time required before the patient can return to his usual occupation.

The book is well written, and contains many excellent illustrations. It should be read by all who are likely to have to treat the important conditions with which it deals.

A MANUAL OF OPERATIVE SURGERY. VOL. I. TREVES AND HUTCHINSON, 3rd Edition. (Cassell and Co.)

We welcome the first volume of the third edition of this well-known text-book. The work of revision has been ably carried out by Mr. Jonathan Hutchinson (jun.).

A considerable number of new illustrations have been added, and a series of coloured plates have been introduced to illustrate the anatomy of important operations.

The illustrations throughout are admirable, and the diagrams have the great charm of simplicity. The coloured anatomical plates illustrating the relations of the kidney are the best in the book. The volume is arranged in two parts:—(1) General principles; (2) Abdominal operations.

Part I opens with a valuable chapter on the condition of the patient as it affects the result of an operation. The advice of Sir James Paget is quoted, "Never decide upon an operation even of a trivial kind without first examining the patient as to the risks of his life. You should examine him with at least as much care as you would for a life insurance. It is surely at least as important that a

man should not die, or suffer serious damage, after an operation, as that his life should be safely insured for a few hundred pounds." Many surgeons can recall with regret cases where neglect of this advice has been followed by disaster.

There is a good chapter on the operator, from which we quote the following, "A shakiness of the hand may be some bar to the operation, but he of a shaky mind is hopeless. It is during the most perplexing stages of an operation, and when things are going ill, that the indifferent operator finds that knives will not cut, that forceps will not hold, and that the clumsiness of assistants is beyond the limits of human belief."

The preparation of an operating theatre, the methods of sterilisation are fully described and well illustrated.

Part 2 deals with operations on the abdomen, and includes operations on the genito-urinary tract. It is not too much to say that the description of the surgery of the abdomen leaves nothing to be desired. It is thoroughly up to date, and admirably illustrated. An excellent feature in each chapter is a paragraph on the results of the various operations, and the after-treatment is always given. The last chapter deals with operations on the rectum, and we think that more space might have been given to the abdomino-perineal method of excision and its various modifications. Considerable advance has been made in this direction since the method described by Miss Aldrich Blake in 1903, which the authors quote. The combined sacro-perineal method of Wallis also certainly merits description.

The type is excellent, and the sub-headings in large print, so that reference is made easy.

We strongly recommend this work to advanced students, and to all surgeons.

EXPERIMENTAL PHYSIOLOGY. By N. H. ALCOCK, M.D., D.Sc., and F. O'R. ELLISON, M.D., with a preface by E. H. STARLING, M.D., F.R.C.P. (London: J. & A. Churchill.) 5s.

This work is little more than a list of experiments and demonstrations suitable for an elementary course of practical physiology. The directions and explanations given are in the main too short and incomplete to be of much use to students without considerable amplification by the demonstrator; the book is therefore likely to be of more use to the latter than to the former. It may suffice to mention two or three instances of these shortcomings taken at random. An insufficient explanation is given of the inequality of make-and-break induction shocks, and how these are equalised by Helmholtz's slide wire. The use of pole testing paper is alluded to without any directions as to procedure or what to expect. Two pages only are devoted to experiments on nerves, and the greater part of this space is taken up with a description of Pfliiger's experiment of more use to the frog's vagus the alternative easier and probably (still dignified with the title of "law" in this book). In describing the dissection of the frog's vagus the nerve from the floor of the mouth as it issues from the skull is omitted. Holmgren's test for colour-blindness rightly comes in for criticism, but this might have been more convincing had it been in better taste. It might have been well, in view of the prejudice which exists in certain quarters against experiments on animals, to make it clear that some of the demonstrations require a licence and certificate C. The chapters on respiration and blood gases are good, and the diagrams throughout are excellent, but these are not sufficient grounds for advising the student to burden himself with yet another book.

MEDICAL INSPECTION OF SCHOOLS. By A. H. HOGARTH, M.B., B.Ch., Oxon., D.P.H. (Oxford Medical Publications.)

Dr. Hogarth in this volume has shown how far from the ideal is our educational system. As the reader, as yet uninitiated into the possibilities of this branch of the profession, progresses steadily through the book, the new light that is shed on the subject fills him with interest—with enthusiasm. One feels that here of all places is where disease and its ally crime enter the young of the nation, and here the place where we, the medical profession, can by keen and systematic work lay the foundation of a nation with perfect health.

The difficulties besetting the school doctor we knew were great, but how great Dr. Hogarth shows in no uncertain way. He makes us long for a Government that will make an authority and give that authority a free hand. It is clear from the book that we are, as in many other things, far behind the other great nations; yet one feels that the force of the medical profession backed by an awakened public could put our medical inspection of schools beyond reproach.

A MANUAL FOR STUDENTS OF MASSAGE. By MARY ANNA ELLISON, Member of the Incorporated Society of Trained Masseuses. Third edition. (London: Baillière, Tindall and Cox.) 5s. net.

We cannot congratulate the authoress of this book upon the result of her efforts. It is likely that better success would have resulted if the work had been devoted more entirely to an exposition of the practical side of Massage. As a matter of fact, more than two thirds of the book is given up to Anatomy and Physiology. The sixty pages which are devoted to practical Massage are for the most part good; they include descriptions of Fränkel's treatment of locomotor ataxia, and of the Weir-Mitchell treatment.

With regard to the Anatomy, we will only say that, in our opinion, it is needlessly elaborate—of what advantage can it be, for example, to the masseuse to know the articulations of the palate bone?—and that it is not always correct, instance the statement that Brunner's glands are found along the whole of the intestine.

The Physiological teaching is, to say the least of it, unusual; the "secretion" of the spleen, we are told, prevents the formation of gall-stones, while the second lumbar vertebra is the chief nerve centre of defecation. But the most extraordinary statements are made concerning "duteless glands;" it is stated that the pituitary body is of more importance than the brain itself, for when the cerebral hemispheres are removed, none of the bodily functions are impaired; but if the pituitary is removed, they cease, and death ensues. Discussing the question in more detail, we find that the anterior lobe of the pituitary controls the functions of the adrenal and thyroid glands, while the posterior lobe, in addition to receiving all emotions and all impressions of ordinary sensibility, is also the sleep centre! For a last extract we quote the statement that "the secretions of the thyroids and parathyroids form Wright's sponsons and the agglutinins." We think that the anatomical and physiological portion of the book should be revised and curtailed in future editions.

MATERIA MEDICA, PHARMACY, PHARMACOLOGY, AND THERAPEUTICS. By W. HALE WHITE, M.D., Lond., M.D., Dub. (1100.). Eleventh edition. (London: J. & A. Churchill.) 6s. 6d. net.

The mere fact that this well-known book has seen eleven editions since its first appearance in 1892 is sufficient evidence of its popularity; that popularity has been well deserved, for the very practical nature of the book makes it eminently suitable for general use among medical students. The pure pharmacologist, no doubt, would have numerous faults to find, but the book is written not for the pure pharmacologist, but for those who will make Practical Medicine the business of their lives; and we are glad to see that the section on the therapeutics of a drug often exceeds in length the description of the drug's action on the organs and tissues of the body.

No striking alterations have been made in the present edition; we note chiefly the more extended reference to vaccines and sera, especially of the antistreptococcal class; the mention of the use of soured milk (which might have been more fully described); the note on the use of nuclein before abdominal operations likely to lead to soiling of the peritonæum with intestinal contents; and the scant enthusiasm shown in the mention of the use of atoxyl in the treatment of syphilis. We heartily recommend the book to all who are yet unacquainted with it.

CONSTIPATION AND ALLIED INTESTINAL DISORDERS. By ARTHUR F. HERTZ, M.D., M.R.C.P. Pp. 335 and illustrations. (Henry Frowde and Hodder and Stoughton.) Price 10s. 6d. net.

This volume, which is a valuable addition to the well-known Oxford Medical Publications, embodies the result of the author's recent original work together with a summary of English and foreign literature on the subject. The book, which is well and clearly written, is divided into five parts dealing respectively with the physiology of intestinal movements, the causes, symptoms, treatment of constipation, and the constitution of infants, with an appendix in which the various salts of bismuth are discussed in connection with skiagraphic examination of the alimentary canal.

The section on symptoms is perhaps somewhat overdrawn, and assigns to constipation a very large share of the ills to which flesh is heir, while the treatment of so important a subject as colitis is, in comparison, briefly dealt with.

The book, which is singularly free from errors, should prove of great use to practitioners, and will doubtless command a wide circulation.

PLANT GALLS OF GREAT BRITAIN. By E. T. CONNOLD, F.Z.S., F.E.S. First edition. (Adlard and Son.) 3s. 6d. net.

We hope that this little volume on plant galls will receive attention, not only from the student of biology, but also from those who have advanced to the study of pathology and clinical medicine. Setting aside the question of the necessity of a hobby for the medical man, the study of plant pathology cannot fail to be of use to the student of medicine, from the insight which its comparatively simple problems afford into those much more complex phenomena which are investigated in human diseases. Yet much caution has to be exercised in the comparison; it has been argued, for instance, that because plant galls are parasitic in origin, therefore cancerous tumours, which bear a superficial resemblance to galls, must also be caused by parasites. Galls might be more justly compared to the infective granulomata, from which, however, they differ in important particulars.

The book begins with a general account of the nature of galls, and of the parasites which cause their formation; then follow exhaustive accounts of a large number of galls, each description being beautifully illustrated by a photograph.

In spite of some minor inaccuracies, such as the statement, on p. 23, that 500 gall mites, each 20 mm. long, when placed head to tail, would just reach across a halfpenny, the author has obviously bestowed great care upon the book, which will be of much use to all who are interested in the subject.

THE MATERNITY NURSE'S DAILY GUIDE. By GERTRUDE C. MARKS 1st Edition. 112 pages. (Baillière, Tindall and Cox.) 1s. 6d. net.

This pocket book of reference is replete with concise directions to maternity nurses, admirably classified and set forth in clear language. A study of it will be of great advantage both to nurses and students.

Books of this character are apt to be purely dogmatic in form. The authoress, however, so far as is possible within the scope of the book, has avoided this defect, so rendering the advice offered acceptable to those who like to know "the why and wherefore" of the instructions they are required to carry out.

THE AWFUL AND ETHICAL ALLEGORY OF DEUTERONOMY SMITH. By A STUDENT OF MEDICINE. (E. and S. Livingstone) 1s.

The author seeks to portray in the style and language of the Old Testament the career of a medical student who, having spent some years in disipation, becomes enamoured of a maiden, and forthwith abandons his waywardness and becomes exceedingly diligent in his studies in order that he may win her hand. The narrative is none the more readable for the strained manner in which the author "Perverts the Prophecy and purloins the Psalms."

AIDS TO MICROSCOPIC DIAGNOSIS (BACTERIAL AND PARASITIC DISEASES). By E. B. KNOW, M.D. (Dubl.), R.A.M.C. 1st edition. (Baillière, Tindall & Cox.) 2s. 6d. cloth, 2s. paper.

The author of this latest addition to the "aids" series has contrived to amass within 150 pages the outlines of the practical methods at present in use for the clinical pathological investigation of all the commoner recognised bacterial and parasitic diseases.

To those who contemplate the acquirement of knowledge, even superficial, of the subjects in question we would strongly recommend a preliminary study of a larger text-book before they attempt to ingest the concentrated meal presented in this book.

Its use is almost entirely for the examinee who having already a fair knowledge desires to make a rapid revision of the main details of the subject before facing his "tormentors." Granted that "cramp-books" of this type are in real demand we congratulate the publishers upon their author, for his capable concentration of notes is collected from the laboratories of eminent teachers, and is commendably up to date.

THE "WELLCOME" PHOTOGRAPHIC EXPOSURE RECORD AND DIARY 1910. (Burroughs, Wellcome and Co.) 1s.

Photographers will find this little pocket book most useful during the coming year. The enterprising publishers are to be congratulated on the ingenious and serviceable arrangement of the Diary, which is replete with information.

Books added to the Library.

The following were presented by Miss Grace N. Smith from the Library of the late Sir Thomas Smith, Bart., K.C.V.O., F.R.C.S.:
 Allbutt, Sir T. Clifford, K.C.B., and Teale T. Priglin, F.R.C.S. Clinical Lectures on Scrofulous Neck and on the Surgery of Scrofulous Glands. London, 1885.
 Battle, William Henry, F.R.C.S., and Corner, Edred M., M.B., F.R.C.S. The Surgery of the Diseases of the Appendix Vermiformis and their Complications. London, 1904.
 Bennett, William H., F.R.C.S. The Present Position of the Treatment of Simple Fractures of the Limbs, to which is appended a Summary of the Opinions and Practice of about 300 Surgeons. London, 1900.
 Bigelow, Henry J., M.D. Litholapaxy or Rapid Lithotrity with Evacuation. Boston, 1878.
 — The Mechanism of Dislocation and Fracture of the Hip, with the Reduction of the Dislocations by the Flexion Method. Illustrated. Philadelphia, 1860.
 Brodie, Sir Benjamin C., Bart. V.P.R.S. Pathological and Surgical Observations on the Diseases of the Joints. 5th Edition, with Alterations and Additions. London, 1850.
 Brown-Séquard, E., M.D. (Paris). Experimental Researches Applied to Physiology and Pathology. New York, 1904.
 Bryant, Thomas, F.R.C.S. The Bradshaw Lecture on Colotomy, Lumbar and Iliac, with special reference to the choice of Operations. 1889. London, 1890.
 — Hunterian Lectures on Tension, as met with in Surgical Practice, Inflammation of Bone, and on Cranial and Intra-cranial Injuries. 1888. London, 1888.
 Brunton, Sir Lauder, Bart., M.D. Collected papers on Circulation and Respiration. 1st Series, chiefly containing Laboratory Researches.
 Cheyne, Sir W. Watson, Bart., C.B., F.R.C.S. The Objects and Limits of Operations for Cancer, with special reference to Cancer of the Breast, Mouth and Throat, and Intestinal Tract. Being the Lettsomian Lectures for 1890. London, 1890.
 — The Defensive Arrangements of the Body as illustrated by the Incidence of Disease in Children and Adults. The Wightman Lecture for 1908. London, 1908.
 — Manual of the Antiseptic Treatment of Wounds. For Students and Practitioners. Illustrated. London, 1885.
 Clarke, W. Bruce, M.A., F.R.C.S. The Diagnosis and Treatment of Diseases of the Kidney amenable to Direct Surgical Interference. Illustrated. London, 1886.
 Coles, Oakley. Deformities of the Mouth, Congenital and Acquired, with their Mechanical Treatment. 3rd Edition. London, 1881.
 Cooper, Sir Alfred, F.R.C.S., and Edwards, F. Swinford, F.R.C.S. Diseases of the Rectum and Anus. 2nd Edition. Illustrated and much enlarged. London, 1892.
 Cooper, Sir Alfred, F.R.C.S. Syphilis and Pseudo-Syphilis. London, 1884.
 Eccles, A. Symons, M.B. Difficult Digestion due to Displacements. London, 1890.
 Ehrmann, J. Des Opérations Plastiques sur le Palais chez l'enfant, Leurs Resultats Eloignés. Paris, 1880.
 — Etude sur L'Uranoplastie dans ses applications aux Divisions Congenitales de la Voute Palatine. Paris, 1869.
 Ernst, A. Gustav. Orthopædic Apparatus. London, 1885.
 Fenwick, Samuel, M.D. Clinical Lectures on some Obscure Diseases of the Abdomen. London, 1889.
 Guersant, M. P. Special Diseases of Infants and Children. Translated from the French by Richard J. Dunglison, M.D. London, 1873.
 Guérin, Alphonse. Éléments des Chirurgie Operatoire on Traité Pratique des opérations. Avec 285 figures intercalés dans le texte. Paris, 1855.
 Harrison, Reginald, F.R.C.S. Lecture on the Surgical Disorders of the Urinary Organs. 3rd Edition, re-written and enlarged. London, 1889.
 — Venuotomy relative to Prostatic Disorders and Catheter Life, and Report to the Thirteenth International Congress of Medicine (Paris, 1900) on Urethro-Stenosis. London, 1900.
 Heath, Christopher, F.R.C.S. Clinical Lectures on Surgical Subjects. London, 1891.
 Holland, Henry, M.D. Medical Notes and Reflections. 2nd Edition. London, 1840.

Holmes, T., F.R.C.S. Introductory Address delivered at St George's Hospital, October 2nd, 1893, on the Centenary of John Hunter's Death. London, 1893.
 — Thérapeutique des Maladies Chirurgicales des Enfants. Ouvrage traduit sur la seconde édition et annoté, sous les yeux de l'auteur par Le Dr. O. Larcher. Paris, 1870.
 Humphry, George Murray, M.D., F.R.C.S. Old Age, and Changes incidental to it. Cambridge, 1885.
 Jamain, M. A. Manuel de Petite Chirurgie Contenant Les Pansements, les Bandages, les Appareils de Fractures, les Pessaires, les Bandages Hémiarres, les Punctions, la Vaccination, les Incisions, la Saignée, les Ventouses, le Phlegmon, les Abcès, les Plaies, les Brulures, les Ulcères, le Cathétérisme, l'Extraction des Dents, les Agents Anesthésiques &c. Seconde Edition Entièrement refondue avec 189 figures intercalées dans le texte. Paris, 1853.
 Krauer, Dr. W. The Aural Surgery of the Present Day. With 2 Tables and 9 Woodcuts. Translated by Henry Power, F.R.C.S., with Corrections and Numerous Additions by the Author. (New Sydenham Society.) London, 1863.
 Lownc, Benjamin Thomas, M.R.C.S.Eng. The Anatomy and Physiology of the Blow-Fly. A Monograph illustrated with ten Plates. London, 1870.
 Lund, Edward, F.R.C.S. The Present Aspect of the Antiseptic Question, being the Substance of the Oration for the year 1883 delivered before the Medical Society of London. Manchester, 1883.
 Macnamara, N. C., F.R.C.S. The Hunterian Oration delivered on Thursday, February 14th, 1901. London, 1901.
 MacCormac, Sir William, Bart., K.C.V.O. Antiseptic Surgery. An address delivered at St. Thomas's Hospital with the subsequent Debate, to which are added a short statement of the theory of the Antiseptic Method, a Description of the Materials employed in carrying it out, and some applications of the Method to Operations and Injuries in different Regions of the Body, and to Wounds received in War. London, 1880.
 — The Hunterian Oration, delivered on Tuesday, February 14th, 1890, at the Royal College of Surgeons of England in presence of H.R.H. the Prince of Wales, K.G. London, 1890.
 Maunder, C. E. Operative Surgery adapted to the Living and Dead Subject. 2nd edition. London, 1877.
 Marshall, John, F.R.C.S. The Hunterian Oration delivered at the Royal College of Surgeons of England, 14th February, 1885. London, 1885.
 Morris, Henry, F.R.C.S. On the Origin and Progress of Renal Surgery, with special reference to Stone in the Kidney and Ureter, and to the Surgical Treatment of Calculous Anuria. Being the Hunterian Lectures for 1868. Together with a critical examination of Subparietal Injuries of the Ureter. London, 1868.
 Norman, David, M.D. Renal Cases, a series of Selected Clinical Reports and Surgical Studies. Glasgow, 1899.
 — The Diagnosis of Diseases of the Kidney amenable to Surgical Treatment. Glasgow, 1902.
 Neale, Richard, M.D. The Medical Digest, or Busy Practitioner's Vade Mecum, being a means of readily acquiring information upon the Principal Contributions to Medical Science during the last Thirty-five Years. 2nd edition. London, 1882.
 Parker, Robert William. Tracheotomy in Laryngeal Diphtheria (Membranous Croup), with special reference to after-treatment, to which are added a few general Remarks on Diphtheria and its earlier treatment. London, 1880.
 Poore, George Vivian, M.D. Nervous Affections of the Hand and other Clinical Studies. London, 1897.
 Ramsay, Robert, and Cotes, James Oakley. The Mechanical Treatment of Deformities of the Mouth, Congenital and Accidental. London, 1868.
 Robson, A. W. Mayo, F.R.C.S. Diseases of the Gall-Bladder and Bile-Ducts. London, 1897.
 Roese, Robson, M.D. Gout: and its Relations to Diseases of the Liver and Kidneys. 3rd edition. London, 1887.
 Stearnson, W. E., M.D. The uses of Electrolysis in Surgery. London, 1890.
 Shuttleworth, G. E., M.D. Mentally-Deficient Children, their Treatment and Training. 2nd edition. London, 1900.
 Turner, A. Logan, M.D. (Edin.), F.R.C.S. (Edin.). The Accessory Sinuses of the Nose, their Surgical Anatomy, and the Diagnosis and Treatment of their Inflammatory Affections. With 40 Plates and 81 figures. Edinburgh, 1901.
 Walsham, Hugh, M.D. The Channels of Infection in Tuberculosis, together with the conditions, original or acquired, which render the different tissues vulnerable. Being the Weber-Parkes Prize Essay, 1903. London, 1904.

Printed by Adlard & Son, London and Dorling.

St. Bartholomew's Hospital



JOURNAL.

VOL. XVII.—No. 5.]

FEBRUARY, 1910.

[PRICE SIXPENCE.

St. Bartholomew's Hospital Journal,

FEBRUARY 1st, 1910.

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

Calendar.

- Tues., Feb. 1.—Dr. Herringham and Mr. D'Arcy Power on duty.
- Wed., " 2.—Clinical Lecture. 12.45 p.m. Mr. Bruce Clarke.
- Thurs., " 3.—Abernethian Society. 8.30 p.m. Mr. D. W. Hume. "Tuberculin."
- Fri., " 4.—Clinical Lecture. 12.45 p.m. Dr. Ormerod. Dr. Tooth and Mr. Waring on duty.
- Mon., " 7.—Special Lecture. 1 p.m. Dr. Garrod.
- Tues., " 8.—Dr. Norman Moore and Mr. Bruce Clarke on duty.
- Wed., " 9.—Clinical Lecture. 12.45 p.m. Mr. Bruce Clarke.
- Thurs., " 10.—Abernethian Society. 8.30 p.m. Mr. W. Girling Ball. "Diagnosis and Treatment of Acute Streptococcal Infections."
- Fri., " 11.—Clinical Lecture. 12.45 p.m. Dr. Tooth. Dr. West and Mr. Bowly on duty.
- Mon., " 14.—Special Lecture. 1 p.m. Mr. Eccles.
- Tues., " 15.—Dr. Ormerod and Mr. Lockwood on duty.
- Wed., " 16.—Clinical Lecture. 12.45 p.m. Mr. Bruce Clarke.
- Thurs., " 17.—Abernethian Society. 8.30 p.m. Mr. S. Dixon.
- Fri., " 18.—Clinical Lecture. 12.45 p.m. Dr. Norman Moore. Dr. Herringham and Mr. D'Arcy Power on duty.
- Mon., " 21.—Special Lecture. 1 p.m. Mr. Harmer.
- Tues., " 22.—Dr. Tooth and Mr. Waring on duty.
- Wed., " 23.—Clinical Lecture. 12.45 p.m. Mr. Lockwood.
- Thurs., " 24.—Abernethian Society. 8.30 p.m. Clinical Evening.
- Fri., " 25.—Clinical Lecture. 12.45 p.m. Dr. West. Dr. Norman Moore and Mr. Bruce Clarke on duty.
- Mon., " 28.—Special Lecture. 1 p.m. Dr. Morley Fletcher.
- Tues., Mar. 1.—Hichens Prize. Applications for Luther Holden Scholarship to be sent in.
 Dr. West and Mr. Bowly on duty.
- Wed., " 2.—Clinical Lecture. 12.45 p.m. Mr. Lockwood.
- Thurs., " 3.—Abernethian Society. 8.30 p.m. Mr. C. R. Hoskyn.
- Fri., " 4.—Clinical Lecture. 12.45 p.m. Dr. Ormerod. Dr. Ormerod and Mr. Lockwood on duty.
- Mon., " 7.—Special Lecture. 1 p.m. Mr. Harmer.

Editorial Notes.

EVEN an amateur journalist cannot hope to escape an echo of the political noise which is at present so prevalent in the Press of this country, and we cannot introduce our February number to our readers without a passing reference to the General Election.

"I have no politics," says one of Oscar Wilde's heroes, questioned as to his political views; "I am a Liberal-Unionist!" In the same way the JOURNAL must not, of course, express any partisanship, but we feel sure that all St. Bartholomew's men irrespective of party will unite with us in congratulating Hoxton on its new representative in the House of Commons. Dr. Addison, who is now the Liberal member for this constituency, has won a very hardly contested fight in which much of his opponents' election "banter" was not always in the best of taste, and on the ground of undoubted personal merit we may be allowed to congratulate the successful candidate very heartily on his splendid victory. He will be a worthy addition to the small group of medical men at St. Stephen's, and his own hospital will watch his Parliamentary career with great interest. He may be trusted to bring nothing but credit on the name of St. Bartholomew's, and he will doubtless find time, despite the stirring times ahead of his party in the next Parliament, to devote himself to some of the many reforms which are non-controversial, and to which the attention of the medical profession ought especially to be directed.

FOREMOST amongst such problems are those connected with school hygiene. The Imperial Parliament has made a good start in attacking this question, and it now remains for the local authorities to do their best with the new powers and new officials with which they have been entrusted. The detection and prevention of disease amongst school-children is obviously a matter of vital national importance, and this country is only just beginning to be awake to the vast

amount of work there is to be done in this and closely allied fields. In this work our Hospital should take a leading part, and it was therefore with much pleasure that we were able recently to announce that a new review, dealing with this subject, was about to be inaugurated by three Bart.'s men.

The first number of *School Hygiene* now lies before us, and we must congratulate the editors on an extremely attractive magazine. "We intend," they say, "whilst being rigidly scientific in our thoroughness, to be popular in form; to present the case, that is to say, in such a way as to make clear to any well-instructed person the necessity for this alliance between the professions of teaching and medicine"—an aim which the present issue is well fitted in character and interest to achieve. Practically all the contributors are acknowledged experts on their respective subjects, and there is scarcely an article which does not raise some point of exceptional interest. This inaugural number is no doubt in some respects a special one, but if its successors are only half as good there is no doubt that a long career of usefulness lies before our new contemporary. We wish every success to those concerned in its production.

THIS Hospital has once more its full complement of surgeons by the appointment, on January 10th, of Mr. Gordon Watson to be an Assistant Surgeon. Mr. Watson has long ago won his spurs if a rather inappropriate metaphor is admissible—as a surgeon at the Metropolitan Hospital, and he was of course one of the small party from this Hospital who did such good work with the British Army in South Africa. He is an excellent sportsman, and deservedly popular with men of all years up at the Hospital. His excellent service to the Hospital, both as Demonstrator of Anatomy and Surgical Registrar, made his appointment as Assistant Surgeon almost a matter of course as soon as there should be a vacancy, and we very heartily congratulate him on this upward step.

Another very popular appointment will be that of Mr. Etherington Smith, who was elected Surgical Registrar on the 13th ult. The identity of "Ethel Smith" would need no explanation to any English-speaking audience, but, apart from his wide fame as an athlete, we know him at this Hospital as a successful surgeon and anatomist, and a Warden of the College whose popularity is as undoubted as it is well merited. To him, too, we offer our best felicitations on his new appointment.

THE early and sudden death of Stanley B. Atkinson has removed from our midst, while still in the prime of a life devoted to public service, a man not only of distinguished attainments, but of remarkable integrity and force of character. He might undoubtedly have made his mark either in his profession of barrister or as a medical man,

but he chose to devote his talents to municipal work, and became a member of one of the East End Boards of Guardians when these bodies were rather under a cloud, and distinctly in need of men of high character and unimpeachable honesty. His untimely death has unfortunately cut short an unostentatious but extremely valuable career of social reform. It is not long since Atkinson was amongst us at the Hospital. All those with whom he worked speak in the highest terms both of his ability and of his innate good nature and kindness of heart. Personal acquaintance with him makes us the more deeply sensible of his loss, and we are glad of this opportunity of adding our tribute to his memory and extending our sincere sympathy to his relatives in their bereavement.

IN connection with the University of London extension scheme, an excellent course of lectures on the Plays of Shakespeare is being given on Wednesday evenings at 8 p.m., by Mr. W. H. Hudson, in the Anatomical Theatre during the Lent term. Three lectures have already been delivered, and proved extremely interesting. Those who are interested in the subject, but have not heard of the lectures, will be glad to know that there remain ten more before the series is complete. Members of the staff, students or nurses of St. Bartholomew's Hospital may obtain tickets for the course at half price, *i. e.* 6s. 3d.

Other University extension lectures, to which the same statement applies, are also being given at the Birkbeck College by Mr. Allen S. Walker, on "The History of London," and at the City of London College, Moorfields, by Mr. K. H. Vickers, M.A., on "Medieval Europe."

IN addition to the loss of Sister President which we had to record last month, the Hospital will this month be the poorer for the resignation of the sisters of Mary, Harley, Casualty, and Radcliffe Wards. These departures will be regretted by everyone at Bart.'s, but especially by those who have had the privilege of being associated with these ladies in their work in the wards. We are sure they will all take with them pleasant memories of the times spent "Round the Fountain" (which is of course the Hub of the Universe), and every one of them has our best wishes for the future.

THE result of the Staff *v.* Students shooting match comes to hand as we go to press. The Students were successful, with an aggregate of 583 points to their opponents' 519. The Students' average total is thus 07'1, while that of the Staff is 86'3. The superiority of the Students' team's marksmanship seems to have been evident at each range. We regret that we are unable to find room or the detailed scores, which will be published next month, together with a short article calling attention to the present neglect of the rifle range by such a large proportion of the students.

Reminiscence of St. Bartholomew's Hospital in the Middle Fifties of the Nineteenth Century.

By A. F. BRADSHAW, C.B., M.A. (N. C.), Oxon, M.R.C.P. Lond., etc.

Surgeon-Major General, A.M.S. (retired); Hon. Physician to H.M. the King; Consulting Physician to the Queen Alexandra Military Hospital, Millbank, London.

IT was on October 1st, 1853, that I entered the Hospital as a student; on September 6th, 1856, I passed the Hall, on February 4th, 1857, the College, and on May 27th, 1857, into the Medical Department of the Army.

The approach to the main gate was beset on market days with no small risk, so numerous were the heavy drays and so great the crowds of horned and frightened beasts driven by the roughest of men; crossing the road called for much quickness and circumspection. On one occasion when passing a stationary waggon I was intercepted so closely by another advancing that to save myself I had to spring on to a hub of the former, and narrowly escaped the full pressure of a rim of the latter; just as I felt as though my pelvis was about to be crushed the pressure glided away and I was spared to walk through the Hospital gate as a student instead of being carried as a patient.

The ceremony of initiation into studentship appeared to consist in attendance at the introductory address. One soon fell into the routine of lectures, demonstrations, and hospital practice, and the social student life speedily became attractive. It is often alleged that the days of one's childhood were the happiest, but I think my three years at Bart.'s were more enjoyable, the only cloud being the impending ordeals of the College of Surgeons and Apothecaries' Hall.

Across the stage of my memory pass the figures of the many Gamaliels at whose feet I sat absorbing the systematic and clinical instruction they were so well qualified for giving. Dr. Clement Ince, tall, burly, and a non-contributor to medical literature; Dr. Roupell, short, slender, humorous, and the author in 1839 of an able treatise on typhus fever; Dr. Burrows, the lecturer on medicine, tall, well-favoured, and with excellent delivery; Patrick Black, the warden of the Residential College, tall, and with air of refinement and culture; Kirkes, short, slender, keen-faced, and a book authority on physiology; Baly, the doctor of the Millbank Prison, plump and smooth-cheeked; West, the lecturer on midwifery, of middle height, fair, and whiskered, and facing with manliness a temporary unpopularity; Frederick Farr, whose subject was *materia medica*.

Heading the Surgical Staff was Lawrence, a fine hand-

some man with large, blue myopic eyes; he lectured on surgery and without notes; Stanley, short, sturdy, with genial manner and cheery face, and great on the bones; Skey, eager, frank, and a careless lecturer on anatomy; Lloyd, able, thoughtful, and successful in the taxis of hernia; Holden, notable for his manual of dissections and illustrated book on human osteology; Wormald, bluff, substantial, and in speech bucolic; Paget, tall, gaunt, grave, with black hair closely clinging to a small head, orbits cavernous, in which glowed large, dark, and thoughtful eyes, an ideal lecturer, expounding physiology in smoothly fluent, lucid, polished language; Holmes Coote, unkempt in appearance, and a writer of books, including one on the archetype skeleton; Savory, who began to "hang on" to the hospital, an appointment—that of tutor—having been made for him; he was tall and well-looking, and impressed one with the belief that his career would be distinguished. Stenhouse was the professor of chemistry, a man of animation, and well assisted by Abel. I remember an amusing joke of the professor's: he got some members of his class to inhale laughing gas, and the one student who was particularly demonstrative of its effects was much laughed at by the others when informed that his share of the gas was atmospheric air only! The apothecary of the Hospital was Mr. Wood. The librarian was Godart, the clever artist who drew on stone the illustrations—and very faithful drawings, they were—for Holden's volume on the bones. Mr. Bentley was the treasurer of the Hospital, and not very popular with the students. The dissecting room was in the charge of a man named Smith (I believe); he had a pleasant face, and neither in his appearance nor manner could any trace be perceived of his gruesome employment.

When on May 19th, 1881, I re-visited the Hospital for the first time since my student days (1853-7), I found myself entirely belonging to the past generation. All the old medical college buildings had been pulled down and replaced by others of different plan and grouping. All the old faces, with one exception, were gone. I strolled into the library, and there at his desk saw Godart; walking up I asked if he knew me; he gazed intently and then pronounced my name—twenty-four years having elapsed since he saw me last! We chatted about bygone days, and he said that were I to come to-morrow he would not be found in his old place, that very day being the end of his long service in the library. I went into the wards in which I had been dresser or clinical clerk, and dead, dead, was the answer to all my inquiries respecting well-remembered sisters.

I left the Hospital thinking sadly of the changes of persons and buildings which Time had brought about in a quarter of a century. Often and often during the long period of my absence in India, recollections of the Hospital lecturers and other staff, and of student friends, vividly returned to me; and I fear there may not be now even one

remaining. I was present last year in the fine old Hall of the Hospital at the Annual Dinner of the Old Students, and the only contemporary I could find was Sir Thomas Smith, and he, too, has departed.

Of late I have collected around me many of the volumes which were in general acceptance as students' text-books in the days of my professional youth, and am taking profound interest in comparing the dicta of theory and practice interspersed therein with those esteemed at the present time as having authority. Truly the medical mind has become largely emancipated from the trammels of old tradition and unreasoned prejudice, and the benefit to the art of healing of that release is displayed in the results, now so widely known, of calm and methodic research in the nature and causation of disease. It is not only in medicine and surgery that advance in knowledge is chronicled. The sciences auxiliary to those great divisions have progressed, and intellectual effort, based upon and corrected by experiment, has had its scope extended through mathematical aid and revelations of the microscope.

Reflecting on the expansion during the nineteenth century of the world's stock of general knowledge it becomes seductive to prophesy that the twentieth, now in its infancy, will see further great developments in the study of Nature. The career of man in intellectual conquest must ultimately receive a check, for it is not imaginable that a Creator would endow a created being with a brain of such potential force as to be able to surmise even the extent of Omniscient Wisdom. Nevertheless, the evidences of it which the Lord of all Power and Might has permitted man gradually to perceive, encourage the hope that the ultimate limit of human intelligence may be deemed very far distant still.

As regards medicine and surgery, I think that St. Bart.'s may be held to have been in the past always to the forefront, if not the actual pioneer, of progress; and also I hold as being free from any scintilla of doubt that the Hospital of Rahere will ever continue to lead the way.

Books received for Review.

- Hygiene of School Life.* By R. H. Crowley, M.D. M.R.C.P. (Methuen.) 3s. 6d. net.
Some Common Remedies. By Eustace Smith, M.D. (H. K. Lewis.) 3s. net.
Harvian Oration—Experimental Psychology and Hypnotism. By G. H. Savage, M.D., F.R.C.P. (H. Frowde, Oxford University Press.) 1s. net.
Manual of Midwifery. By H. Jellott, M.D. (Dubl.), F.R.C.P.I. Second Edition. (Baillière, Tindall & Cox.) 21s. net.
Diseases of the Ear. By K. Lake, F.R.C.S. Third Edition. (Baillière, Tindall & Cox.) 7s. 6d. net.
The Practice of Surgery. (Tenth Edition of Walsham's *Surgery*.) By W. G. Spencer, M.S., F.R.C.S., and G. E. Gask, F.R.C.S. (J. & A. Churchill.) 22s. net.

The Diagnosis and Treatment of Gonorrhœa.

By J. E. R. McDONAGH, F.R.C.S., and E. W. LOWRY, M.R.C.S., L.R.C.P.

MAN is an animal who lives in the present, and finds it only too easy to "take no thought for the morrow." Gonorrhœa, therefore, is regarded as a disease of to-day, and of its sequelæ—glect and sterility—no thought is taken. This neglect is all the more regrettable when we remember how completely sequelæ can be prevented by common sense treatment. It is the object of this paper to prove that gonorrhœa is worth common-sense treatment. Now, that treatment may be common sense, diagnosis must be early and certain. Let us consider the symptoms and diagnosis first; the treatment second.

Anatomy.—The male urethra is divided into pendulous, bulbous, membranous, and prostatic portions. Of these the two anterior—which lie in front of the triangular ligament—are surrounded by cavernous tissue; the two latter—which lie behind that ligament by muscular tissue. The membranous portion is surrounded by muscle fibres, contraction of which compresses its lumen, and so causes that retention and straining which is typical of a posterior infection. Since the two anterior portions of the urethra are surrounded by cavernous and the two posterior by muscular tissue, we can make a clinico-anatomical distinction and assert that an anterior urethritis is an inflammation of cavernous tissue while a posterior urethritis is an inflammation of muscular tissue, the triangular ligament being the anatomical demarcation between the two clinical types.

Symptoms.—An infectious disease must have an incubation period, and that of gonorrhœa is from two to four days. The earlier symptoms appear the more acute the infection. In subsequent attacks incubation takes longer. The first signs noted are that a few hours after passing water the urethra contains a greyish white viscid fluid, its meatus is reddened and swollen, but the urine is clear. A few days later the secretion thickens and is stained with green, or blackish from hæmorrhage of the inflamed mucous membrane. It forms a "bead" over the orifice in the morning. The passage of urine causes that burning sensation described by a coxer as "like passing red hot pins and needles." At night erections are frequent, and excruciatingly painful.

The inflammation, which begins at the orifice, now extends backward along the penile portion; the danger and severity of the attack depend upon the extent of spreading. The patient now runs an evening temperature, and cannot sleep on account of painful erections.

By the end of the second week the infection has travelled backward as far as the bulbo-membranous junction. The

bulbous portion being inflamed, pressure on the perinæum causes pain. The tenderness or non-tenderness of the perinæum gives a useful key to the extent of the inflammatory process.

At this stage two courses are possible. Either the inflammation is localised to the penile and bulbous portions in front of the triangular ligament, and constitutes an anterior urethritis only; or it may spread back to the membranous and prostatic portions, constituting a posterior urethritis.

In anterior urethritis the symptoms begin to subside at the end of the third week, and have, with the exception of a slight tingling sensation on micturition, disappeared by the end of the fifth. The discharge is less in amount, thinner, and whiter than that of a posterior urethritis. So long as there is discharge the urine appears turbid when passed; but it forms a deposit on standing. The discharge consists of epithelial and pus cells, which take the form of threads and flakes on account of the acidity of the urine. About three quarters of gonorrhœa patients get a posterior urethritis. The symptoms which distinguish a posterior from an anterior infection are frequency of micturition during working hours, but not at night. This frequency is accompanied by strangury—a spasm of the sphincter which causes either complete retention or the passage of urine in drops after long straining. Hæmaturia is common, the blood appearing with the last drops of urine. Generally the patient complains of a burning or tickling sensation about the rectum and anus.

Diagnosis.—The discharge both stiffens and stains linen; but so does the pus from a balanitis, so that if the glans penis be inflamed the patient must draw back the foreskin and wipe the meatus before micturition, or the usual "two glass test" will be useless. The "two glass test" should be carried out in every case. The patient, whose bladder must be nearly full, is made to micturate into two test glasses, and the contents compared. Into the first he passes two or three ounces, into the second the remainder. If the contents of the first glass be thick he has an acute anterior urethritis; if of the second then a posterior.

The finding of the gonococcus is of course a positive sign, but is not necessary unless one is dealing with a chronic or long treated case, and the patient wishes to know definitely whether he is cured. The Pappenheim stain (pyronin and methyl green), Unna's modification, is the easiest. Stain for five minutes, wash, and dry. On examination the cocci are stained red, the cells blue. Leczevinsky's stain is, according to its author, almost specific, and gives a pretty and well contrasted picture. The film is best made on a cover slip, dried, and stained for one minute in the following solution:

R.	Sol. satur. aq. thionini,	10 parts.
	Aq. dest.	88 "
	Acid. Carb. liq.	2 "

Wash in water and place for one minute in—

R.	Sol. sat. aq. acidi picrici	} aa aeq. partes.
	Sol. aq. pot. hydrat. o. r. per cent.	

Then absolute alcohol five seconds, dry quickly, mount in balsam. The intracellular cocci are deep brown, nucleus rose, and protoplasm clear yellow. The gonococcus does not stain by Gram.

A case should not be diagnosed from the presence of extracellular diplococci alone, because the extracellular life of the gonococcus is a short one, and even in a gram negative examination one cannot be sure whether they be gonococci or not. The intracellular life is peculiar to the gonococcus, which increases without apparent detriment to the cell, instead of being eaten up by it, as is usual,—in other words it becomes a "saprophyte."

One meets with two kinds of threads in urine; those containing pus cells and those consisting of desquamated epithelium. The former being heavier, sink quickly to the bottom of the glass.

Are these threads diagnostic of gonorrhœa? For all practical purposes—yes.

The finding of gonococci would of course clinch the diagnosis, but unfortunately one cannot always find them, and one is driven to make cultures, which is often, in old cases, difficult, since gonococci have the power of taking acid from the cell in which they grow, and this acidity prevents them from growing on ordinary media. If cultures are to be made urine must be fresh, since the cocci soon die, not living longer than twelve hours in urine which has been passed. The expressed secretion from the prostate affords the best material for culture.

The pus of anterior "cavernous" urethritis, having nothing to keep it back, discharges freely at the meatus, while any that remains in the canal will be flushed out by the first flow of urine. That first portion of urine must therefore be clouded, while the remainder may be clear. On the contrary the pus of a posterior "muscular" urethritis is shut in, between the sphincter prostatico on the one hand and the compressor urethrae on the other.

When urine has not been passed for some hours, the amount of pus secreted becomes greater than the space can contain. It must then go in the direction of least resistance, which is through the prostatic sphincter into the bladder, clouding the urine therein. If water be now passed into two glasses, both will be thick but the former the more so, as it contains also that pus which was left in the urethra. Should the quantity of pus formed be not greater than the urethra can accommodate there will be no regurgitation, and the second glass will be quite clear.

The morning urine is the best on which to try this test as, owing to the longer retention of urine, more pus is formed, and therefore regurgitation is more likely. Some points about morning urine should be noted. Pus dissolves in urine owing to a trace of pepsin. Hence should

the morning urine be first examined in the afternoon a wrong idea may be formed. The presence of pepsin also accounts for the occasional loss of an albumen reaction in cases of slight nephritis, being present one day and absent the next, and also for the disappearance of casts. Pus dissolves more quickly in morning than day, warm than cold, acid than alkaline, urines. *Bacillus coli communis* is said to have the power of dissolving albumen.

In cystitis both urines are thick, but the second thicker than the first, because the pus produced in the bladder settles to the bottom thereof, and is passed last. Cystitis may be diagnosed from posterior urethritis, when both do not occur together, by the urine being usually alkaline in cystitis, acid in urethritis. Microscopically one finds the typical transitional bladder epithelial cells in cystitis, in which, too, pain in the small of the back is common.

Two pitfalls wait for him who would diagnose posterior urethritis—

a. The thickness of urine may be due to phosphates, which clear on adding dilute acetic acid.

b. It is difficult to get patients to do the two glass test carefully. If you suspect the patient of carelessness ask him how often he gets up at night to pass water. Nocturnal frequency is usual in posterior urethritis and cystitis; not so in anterior urethritis.

Acute and chronic urethritis.—The characteristic picture of chronic urethritis is—morning discharge, sticking together of the lips of the urethral orifice, cloudiness of, or threads in, the urine, but one must remember that there are patients who show all these features and yet have not got gonorrhoea, but only its after effects. After chronic urethritis, there occurs a collection of flat epithelial cells in the recently diseased areas, and these cells desquamate to such an extent as to produce a milky discharge and threads. The differential diagnosis lies in the fact that, microscopically, these threads show only flat epithelial cells and no pus cells.

There is one great difference between acute and chronic gonorrhoea. In acute the inflammation is diffuse and spread over the greater part of the urethral mucous membrane. In chronic it affects limited areas. There are two stages in chronic gonorrhoea. One in which there is a connective tissue hyperplasia with hyperæmia, swelling of mucous membrane, catarrhal desquamation of epithelium, especially of Littre's glands. The other in which connective tissue is covered by an overgrowth of flat epithelial cells.

The first stage might be called subacute urethritis, and is not limited to definite areas. The two stages admit of differentiation since, in the former the catarrh of mucous membrane clouds the urine, whereas in the chronic form it is clear and contains threads only.

Inflammation may spread under the mucous membrane

and produce, if it spread forwards, peri-urethritis or "cavernitis"; or, if it spread backwards, prostatitis. The diagnosis between superficial anterior chronic urethritis and the deep must be made with Otis' urethrometer or a Bougie à Boule. Superficial inflammation causes no stricture; but the deep, which affects cavernous tissue, quickly reduces elasticity and dilatability, and so causes broad strictures. In chronic urethritis posterior the prostate is frequently affected, and causes spermatorrhoea, painful ejaculations, partial erections and impotence.

Pressure upon the prostate, by the finger in the rectum, produces secretion, which can be passed along the urethra into a watch-glass, and contains pus cells. Endoscopic examination shows enlargement and inflammation of the caput gallinigenis. Prostatitis, with pus, can be diagnosed when, in the two glass test, the second glass is thick, the first clear. It must be remembered that when epididymitis occurs the urine often becomes clear, and remains so until the acute symptoms subside.

Is chronic urethritis infectious? Infection depends upon the presence of cocci; and the question can, therefore, only be answered definitely upon their being found. To find them in threads is so difficult that it is quite impracticable; but, since they have been found on several occasions, we can only answer that chronic urethritis can be infectious, but is not necessarily so. Professor Finger lays down the rule that, so long as pus cells are found, the patient is infectious, and should be advised not to marry.

TREATMENT.

Prophylaxis.—Malthusian appliances, washing with soap and water, and micturating immediately after coitus are useful. On the Continent the application of antiseptics to the urethra is practised, generally in the form of a protargol bougie, or injection. Innumerable lines of treatment have been tried, with varying success. It is our object to outline the lines adopted in Vienna and Breslau. Owing to the belief that stricture is apt to follow treatment by injections many have fallen back on internal remedies only. Stricture can follow injection, but only when the injection was too strong. In Finger's clinic in Vienna more than 200 cases receive injections daily, and stricture is seldom seen. Finger's experiments in treating with balsams alone led to failure. As cocci have been grown on santal urine agar, and from the urine of a patient taking gonoson, the failure can be understood. The bactericidal power of balsams is practically nil, and their chief use is in moderating symptoms. Astringents, such as zinc sulphate, having a purely astringent and non-bactericidal action, are useless; but astringents, such as zinc sulphocarbolate, which have some disinfectant action, are more useful. Neisser, after laborious bacteriological experiments, found that silver had the quickest and surest action upon the gonococcus. Lohmstein then set to work to discover how deeply the silver

salts penetrated into the periurethral tissue. He found that the organic preparations did not penetrate so deeply as the inorganic, especially silver nitrate. He found also that silver nitrate led, if its use were prolonged, to epithelial proliferation. Albargin, he found, produces no proliferation and, in the anterior parts of the urethra penetrates deeply, hence its good results in anterior cases. Protargol has practically no penetrating action. Ichthargan penetrates deeply; but, in the posterior part, causes much proliferation.

Treatment of acute urethritis may be considered under three heads—

1. *Hygienic.*—First of all rest, both to the part—by wearing a suspensory bandage—and to the person. Bed is seldom necessary, but active exercise must be forbidden. Alcohol must be avoided and milk and water substituted. If the patient has been used to much alcohol it is unwise to knock it off suddenly, but one should gradually get him accustomed to further dilution with water. All hot foods and condiments—mustard, pepper, sauces—must not be taken.

2. *Symptomatic.*—Pain can generally be diminished by diluting the urine by giving more milk and water; but this must not be overdone, as increased bulk of urine means increased frequency of micturition, and therefore increased irritation of membrane. Decreasing the acidity of urine, by drinking lime water, often affords relief. For the acute pain caused by spasm of the compressor muscle, nothing is better than a warm hip bath, since this often relieves the retention. If narcotics be required use suppositories of belladonna or opium. To prevent erections the bromides are useful. In hæmaturia *ergot* or *liq. ferri perchlor.* should be given internally, with morphia subcutaneously, which by stopping spasm acts as a styptic.

3. *Local.*—Treatment aims at the destruction of the coccus. Two routes have been tried; giving, by mouth, such drugs as are excreted through the urethra; and direct application of drugs to the urethra itself. The drugs usually given internally are resins and balsams like cubeba, copaiba, turpentine, and sandal-wood oil. Of these, sandal-wood oil is the best, but all of them have the disadvantage of upsetting digestion and causing rash. To get over these defects sandal-wood oil has been put up in capsules (*Savaressés*), the membrane of which is not digested until the pancreatic juice is reached, so that no oil gets loose in the stomach, eructation and vomiting being thus avoided. Balsams irritate the kidneys, and must therefore be avoided when there is any suspicion of nephritis. Sodium salicylate is always a useful adjunct. The innumerable patent drugs, gonorrhol, gonoson, salosantal, etc., are too expensive for general use, and have had but little trial.

For direct application to the urethra, two groups of drugs have, as noted above, to be considered, the pure antiseptics, like protargol and albargin, and the antiseptic

astringents, silver nitrate, argentamin, and ichthargan. Pure antiseptics should be used in the early, astringents in the later, stages of the disease.

Technique of injection.—First decide whether your case is one of anterior or posterior urethritis.

a. *Anterior.*—Injection should not be commenced so long as there is any swelling of glans, œdema of prepuce, phimosis, dorsal lymphangitis, blood in secretion, or painful erections. The only aim at this stage should be to allay the inflammation by such simple means as *Lotio plumbi* & opio and, internally, hyoscyamus and sandal-wood oil.

When inflammation has subsided pure antiseptic injections such as protargol or argonin should be commenced. An initial strength of $\frac{1}{2}$ per cent. must be gradually increased to 1 per cent. The patient should inject himself three times in every twenty-four hours, at as nearly as possible eight-hour intervals. He should, by holding his finger over the meatus, retain a protargol injection fifteen minutes, but an argonin one only five, owing to its more rapid penetration. The bulk of each injection should be about three teaspoonfuls, so that the whole of the diseased membrane shall be under its influence at the same time. The exact amount should always be given, and for this purpose a 12 c.c. syringe, with a conical end, over which the orifice of the urethra passes, should be used. Inject very slowly and use but slight pressure; for, if injected too quickly, the muscles come into action and the whole is ejected.

In a few days the secretion should contain threads only, leaving the urine almost clear. As these threads disappear the number and strength of the injections can be diminished.

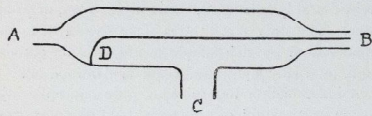
Towards the end of an attack a catarrh of mucous membrane sometimes occurs which may go on to subacute or chronic urethritis. Should this occur, cocci can be found. Relief can be given to simple cases by two daily injections of subnitrate of bismuth 2 per cent. retained in the urethra about five minutes.

Before injecting the patient must pass water, and so flush out his urethra as much as possible.

β. *Posterior.*—No local treatment must be started until the subjective symptoms have disappeared. Hip baths, sodium salicylate, and sandal-wood oil must be employed until subjective symptoms are over, then injection should be started as above, and either Diday's irrigation or instillation by Guyon's catheter employed by the medical man. The difference between the two lies in the fact that in the former diluted solutions in large quantity, and in the latter concentrated solutions in small quantity, are employed. The former is the milder and better to start with. The patient must have a full bladder, but should pass a little urine to clean the urethra. In Diday's method a soft catheter is passed until urine just begins to come out; its eye must then be in the bladder. The moment urine appears draw the catheter back, say half an inch, until no more comes; its eye must then be in the prostatic

portion. Then inject very slowly and gently, withdrawing the catheter as you inject. The solutions most used are protargol 1—2 per cent., potassium permanganate .02 per cent., zinc sulphocarbolate, a silver nitrate .2 per cent., and 1 c.c. of them should be used daily.

Instead of using a catheter, the same effect can be obtained by use of Nobl's glass tube.



A is fixed by means of an indiarubber tube to an irrigator, which can be fixed on to the wall two feet above the patient.

B has a rubber end fixed on which fits into the urethral meatus. When fluid is passed through A B it enters the urethra, causes contraction of the compressor urethra, and is returned without going into the bladder along D and out at C.

Used in this way we have an excellent means of diagnosing chronic anterior and posterior urethritis.

The stream washing out all the chronic inflammatory debris, if present, from the anterior portion of the urethra, then, when the patient micturates into one glass, whatever threads, etc., are present must come from either the posterior portion of the urethra or the bladder.

When used for irrigation C is stopped up, so the fluid passes on into the bladder. If the fluid injected is warm the compressor urethra does not contract so readily.

After a few daily irrigations the secretion diminishes, the urine is not so thick; now start instillation. Use a metal catheter, made not to reach beyond the prostate—curved at its lower end, and of a very fine bore—with a 1 c.c. syringe.

Instillation of $\frac{1}{4}$ per cent. silver nitrate gradually increasing to 2 per cent. as the condition gets better, is used every second day.

During injection of posterior cases examine the urine for increase of threads or the presence of mucus; for these may be due to catarrh from injection, and would disappear if injections were suspended; while, on the other hand, the case may be lapsing into the chronic state.

A patient may still have cocci pent up in glands and follicles. These are always ready to start a fresh attack. He must, therefore, be watched for some time, and re-injected the moment threads reappear.

Chronic anterior urethritis.—In the subacute stage, while the catarrh is yet diffuse and not localised, the injection treatment outlined above should be tried. When it is localised stronger astringents as albargin or ichthærgan up to 1 per cent.

If the disease be proved, on endoscopic examination, to

be localised to quite small areas, these can be treated by bougies of zinc sulphate 2 gr., copper sulphate 1 gr., or silver nitrate $\frac{1}{2}$ gr. made up with gelatine.

Chronic posterior urethritis must obviously be attacked by injections, can be made up either with glycerine or lanolin ointment, 95 per cent. lanolin to 5 per cent. olive oil, and applied through Guyon's syringe. Silver nitrate up to 2 per cent. is the best for new cases, copper sulphate up to .25 per cent. for old should be used. It is wise to insert a finger *per rectum* and massage the prostate before injecting so as to drive out accumulated pus and open up follicles, which, being emptied, act as a sponge and suck the injection in. In very old chronic cases an occasional injection of resorcin glycerine 25 per cent. is often beneficial.

Submucous cases, that is those in which there is much cavernitis or prostatitis, benefit by the use of Otis sound, an instrument of larger calibre being passed at each sitting. The sound has one drawback, that the largest size which can pass the orifice is not of sufficient calibre to stretch the rest of the urethra. For this reason it is better either to nick the meatus or use a urethrometer, which can be opened up after it has passed it. After it has been retained for twenty minutes, an injection of silver nitrate is made with Guyon's catheter syringe. The urethrometer is useful in that it detects and dilates early strictures before they become hard and fibrous.

Gonorrhœa in women is a much more serious disease than it is in men, owing to the genital organs never escaping infection.

Acute and chronic urethritis, with pain on micturition, etc., occur as in men, but the chronic type is very much more difficult to cure. The treatment is, in the main, the same as lined out above. Chronic urethritis is best treated by painting the urethra with increasing strengths of silver nitrate and copper sulphate solutions—best applied by covering the end of a probe with some cotton wool soaked in the solution to be used.

Infection of the generative organs is characterised by a vaginal discharge, the vagina itself being red and swollen,—making examination extremely painful. Erosions of the vaginal mucous membrane not uncommonly occur.

The vaginitis is quite secondary in importance to the infection of the cervix and endometrium of the uterus—shown by a constant discharge of pus from the cervical canal.

Endometritis gives rise to a dull dragging pain in the lower part of the abdomen, small of the back and spreading down the thighs,—pain always increased at the periods.

The inflammation of the interior of the uterus may spread and cause parametritis, salpingitis, and oöphoritis, and, owing to the communication which the Fallopian tube has with the general peritoneal cavity, a fatal peritonitis may occur.

Treatment.—When acute, rest, regulation of the bowels, hip baths, and cold compresses to the genitalia and perineum.

When the acute stage is over and a speculum can be inserted into the vagina without causing pain, the vagina should be cleaned with a tampon and syringed out with solutions of potassium permanganate, $\frac{1}{4}$ — $\frac{1}{2}$ per cent., or sublimate, 1—500, dried, and a tampon soaked in 2—5 per cent. protargol glycerine solution left in. This should be repeated daily.

In the chronic cases the vagina should be painted every three days with tincture of iodine, washed out with 1—500 sublimate solution, dried, and a protargol tampon left in.

All accretion from the cervix should be wiped away, and the canal painted with increasing strengths of silver nitrate and copper sulphate solutions.

The results are extremely unsatisfactory, owing to menstruation being a bar to carrying on the treatment. The blood forming an excellent medium for the organisms to grow on.

Gonococci again get pent up in Bartholin's gland, producing either an acute Bartholinitis with abscess formation or a chronic Bartholinitis, which can go on for years, the woman being infectious all the time.

When an abscess is present it should be opened and well syringed out. In the chronic cases, usually accompanied by cysts, these should be opened and the wall well cauterised, or, what is more satisfactory, excised when possible.

Round the Mountain.

Aviation at St. Bartholomew's.
House physician.—“What brought you up to the Hospital?”
Dyspeptic lady.—“Wind!”

“A babbled o' green twigs.”
Mother of small boy.—“I brought 'im up here last Tuesday, sir; and the doctor said as 'ow 'e'd broke the green twig of his clavicle.”

Dispensing with a crowd.
Dispenser.—“Whose paper is this?”
Very small boy.—“My muvver's.”
Disp.—“When did she get it?”
V.S.B.—“This morning.”
Disp.—“Why didn't she come and get her medicine at the proper time, instead of waiting till seven o'clock this evening?”
V.S.B.—“'Cause there was such a crowd, so she went home.”
Disp.—“Yes, but what do you suppose would happen if everyone did that?”
V.S.B.—“My muvver would be able to get her medicine in the morning.” [He got his medicine.]

Try it for your D. and V.
Absent-minded house physician.—“And you must feed the child on equal parts of milk and cow's water.”

We understand that the use of “Spirone” has been attended with much success in some of the wards, and many patients who came to cough have remained to spray. [Not an advt.—Ed.]

The Christmas Entertainment.

THE Dramatic Club found itself this year in a new home, and, moreover, in one which has many points in its favour. It is to be regretted that the traditions of the past had to be broken through, and that this year's entertainment could not be held in the stately surroundings of the Great Hall, amongst the portraits of our worthies. But the safety of the audience must be our first thought, and as the exits from the hall are undoubtedly quite insufficient, we must only consider ourselves to be congratulated upon having so excellent a venue as the old surgery available. As far as the actors were concerned the change was an advantage, the stage being larger and the dressing-room accommodation better, whilst the installation of electric light proved a very great improvement. Thanks to the great care made in the fitting of the hall and entrances, the audience, which was larger than ever, was at least as comfortable as usual, and if the applause is a fair indication, enjoyed itself immensely.

Coming to the actual entertainment, there is one very grave cause for complaint. For the first time, we believe, the Musical Society failed to provide an orchestra. Who is actually to blame for this we know not, but it is inconceivable that there are not at least a few men about the Hospital who could get together a small orchestra. The real fact appears to be that for several years the Musical Society has been too ambitious. Year by year they have essayed more and more difficult items, and have called in more and more professional assistance, until at last, because they find themselves unable to keep up the level, they withdraw altogether. Let us assure the musicians of the Hospital that the audience at this Christmas entertainment would far rather listen to an unambitious programme by their own men than call in the assistance of professionals.

The Dramatic Club might take warning by this, lest the same fate befall them. For their first piece this year they chose “A Regular Fix,” an old-fashioned farce full of puns and of humour of the rather boisterous order, a play belonging to a bygone time, scarcely appreciated now as it was some twenty years since. As was to be expected under Mr. Stephen Townsend's guidance, it was admirably staged and admirably interpreted, and went with a swing from start to finish. Yet it had a fault. The Hugh de Brass of Mr. Townsend, played with a thorough knowledge of the technique of the stage, contrasted too greatly with the methods of the other performers. The same may be said of Miss Gertrude Nettleville's interpretation of Mrs. Surplus, and it is evidently unfair to contrast these two with the rest of the company. In comparatively minor parts Messrs. Strahan, Sladden, and Lindsey did very well, the latter

particularly showing a great advance on his previous work. Mcars, Twigg and Gordon had to do little but look their parts, and looked them to perfection, whilst Miss Mary Strahan and Miss Dorothy Foster, who have become, we might almost say, regular members of the club, filled their small spheres in the excellent and picturesque way to which we have become accustomed.

The second piece, "Vice Versâ," was admirably chosen. It has been played before by the club, and we hope that in years to come it will be played again. The crowd of school-boys is a perennial source of amusement. Led on this occasion by Mr. A. W. Stott as Tipping, simply bursting with pride in his position as head of the school, backed up by the equally admirable sneak, Chawner, of Mr. Strahan, and by Biddlecombe, Coggs, Coker, and the rest, everyone looked and acted the boy to perfection. Perhaps of this number, too numerous to mention in detail, Messrs. Phillips and Fisher might be singled out as of superlative excellence, the eating and subsequent ejection of a peppermint by the former proving quite one of the tit-bits of the evening. Here amongst her boys we should mention Dulcie (Miss Phyllis Mackenzie), the Doctor's daughter, and naturally, one realised after seeing her, the sweetheart of the entire school. With Mr. Blossome's Dick we have no fault to find; he started as the boy, he became most naturally the old man disguised, and with the assistance of Mr. Scawen, as the boy in his father's body, the illusion was complete. The latter was at his best in the school scene, digging the boys in the ribs, sitting on the Doctor's desk eating peppermints, and generally behaving with a captivating lack of dignity. In the smaller parts Mr. Lindsey's Dr. Grimstone was adequate, Mr. Pringle proved a good, if somewhat nervous, Shellack, and Mr. Sladden's cabman was most realistic. Last, but by no means least, Miss Heald, in the small part of Eliza, gave one of the most perfect renderings of the evening, looking and acting as a most excellent housemaid.

The staging of the piece was sufficiently good, and was assisted considerably by the new installation of electric light. Altogether the Club are to be congratulated not only on the excellence of the performance, but also on the discovery of much valuable new blood—a happy augury for future years.

The Clubs.

SPORTS NOTES.

Our prospects in the Cup-tie competition form the chief topic of interest in the Hospital rugby circles.

The draw shows that in the first round we are due to play St. Mary's.

On form we should win, but Cup ties are notorious

levellers of form, and we have had some hard games against St. Mary's in the past.

The team is playing together much better this season than it has for the past season or so; this, perhaps, is due to the fact that we have been able to turn out almost the same XV match after match.

Dive is playing well at full back. The three-quarters play nicely together, as our aggregate of points shows. At present we are not quite sure whether Oulton will be here to assist us. We sincerely hope that he will be with us, as otherwise our strongest link in defence will be missing. We think Robbins, our latest recruit, will prove an efficient partner at the base of the scrum for Coombs.

The forwards are doing well in the scrum, the line-out, and in loose footwork. Some of them have improved immensely since last season, and we hope this will continue.

Compared with last year the A.F.C. prospects for the two Cups in which they are entered, viz. London University Cup and the Inter-Hospital Cup, are decidedly more hopeful. We are the holders of the former, and should keep it again this season provided our men come up to the scratch, a very necessary condition if we are to beat University College, who appear to be very strong this year. Compared with last season's line our forwards are decidedly stronger and show more combination, but by no means too much. Waugh, in the centre, is very reliable, and Norman at outside right has strengthened the line considerably. However, more "dash" is still wanted, and the motto "straight for the goal" is not always in the minds of some. Our defence is to all appearances sound, especially that of the backs, who understand one another admirably. The halves are not quite sufficiently "hustlers," and must not forget to feed their forwards as much as possible. Provided there is more enthusiasm about Cup ties among students than there has been hitherto, and if they will come and do a little more shouting, it will add considerably to the dash of the team.

We have not had the Inter-Hospital Cup for many years now, and with our present team we have prospects of rendering a good account of ourselves and helping to strengthen the position of "Bart.'s" in the athletic world.

We wish the XI every success in their coming ventures.

RUGBY FOOTBALL CLUB.

ST. BART.'S v. OLD MILLHILLIANS.

On January 22nd at Winchmore Hill. Owing to the hardness of the ground, due to the prevailing frost, neither side took many risks. The game for some time proved very even, when from a scrum our forwards heeled cleanly, Robbins sent out quickly to Coombs, who, running on, timed his pass to Richards to a nicety and enabled the latter to score wide out. Then the visitors took a turn at attacking, and, after some footwork on the right wing combined with a little weakness in our defence, the ball was crossed over to the left, and a score resulted. Play was then taken near the visitors' line, and from a line out Binney obtained possession and forced himself over with a fine try, half-time arriving with a lead for Bart.'s of 2 tries to 1.

In the second half our forwards took command, and for the rest of the game our opponents were chiefly on the defensive. A break-away by Neal on the left wing took him up to the full back, and, punting

over the latter's head, the ball bounced favourably and enabled Neal to regain possession and score behind the posts. Then play veered over to the right wing, and Bridgman receiving, beat three or four opponents and scored wide out. Before the end, a clean lead by the forwards resulted in Coombs getting away and giving Neal a chance, of which he availed himself, the final score reading: Bart.'s 1 goal 4 tries (17 points); Old Millhillians, 1 try (3 points).

ST. BART.'S v. LENNOX.

Commencing uphill, no progress was made in the scoring line till after a quarter of an hour's play, when the ball travelled along to the left wing and some reverse passing ended in Richards crossing culminated in a try. Then we pressed again, and Brewitt scored with a fine individual effort. Just before half-time, after some dribbling on their part, Lennox again succeeded in crossing our line, half-time arriving with scores 8 points each.

In the second half there was only one team in it. Playne, picking up in the loose, scored after running half the length of the field. Next Binney broke away from a line-out, and, nearing the full-back, passed to Brewitt, who scored. Then Lennox were awarded a penalty near the posts, of which they made full use. Further tries were scored for us by Evans, With, and Richards (2), the final score reading: Bart.'s 5 goals 3 tries (34 points), Lennox 2 goals 1 try (11 points).

ASSOCIATION FOOTBALL CLUB.

ST. BART.'S HOSPITAL v. BARNET OLD ELIZABETHANS.

This match, played at Winchmore Hill on Saturday, January 13th, resulted in a win for Bart.'s by 8 goals to nil. The Old Boys turned up short, but reserves were forthcoming, and play commenced on a very muddy ground, the worst we have played on so far this season, foothold being almost impossible. Norman was again at outside right, and was very useful as a means for scoring several goals. Waugh put in some telling shots, and had bad luck in not getting more points. Barrow and Dale also scored several points with good shots. The halves gave the opposing forwards very little chance, and Bart.'s were hardly ever pressed. There was more combination on the part of the forwards in this game than there has been this season, and if this is improved upon they should prove a very sound line during the rest of the term. Team:

Brook (goal); Rimington and Stretton (backs); Taylor, Cumming, and Woodruff (halves); Dale, Barrow, Waugh, With, and Norman (forwards).

HOCKEY CLUB.

ST. BART.'S v. R.N.C. GREENWICH.

We took down a fairly strong team to Greenwich on January 19th, and succeeded in drawing with them, the score being 6 goals all. The game was, as usual, very fast from start to finish, and had we been a little stronger in the back division we might have beaten them. H. E. Robinson was away, but T. E. Osmond replacing him at centre forward played a very good game. Vivian and Scott combined well together on the right wing. With a little more practice together we ought to do well in the Cup Tie.

Goals were scored by Sylvester (2), Scott (2), Barnes (1), Osmond (1). Team:

F. Anderson, H. Harris, and A. N. Othor (backs); F. L. Canning ham, J. E. Hepper, and R. Ward (halves); R. T. Vivian, H. W. Scott, T. E. Osmond, C. K. Sylvester (capt.), and H. Barnes (forwards).

ST. BART.'S v. OLD AUGUSTINIANS.

We lost this match on January 22nd by 6 goals to 1, although we had a good share of the game. The ground was frozen hard, and very bumpy. We started off well, and though we were in our opponents' circle most of the first half we failed to score. The condition of the ground made passing difficult, and the winners probably owed their success to playing the "hit and run" game, which our side seemed unable to adopt. C. K. Sylvester scored our solitary goal. Team:

H. K. Griffith (goal); H. Harris, J. Nicholson (backs); R. Ward, J. E. Hepper, G. N. Stathers (halves); R. T. Vivian, H. W. Scott, H. E. Robinson, C. K. Sylvester (capt.), and F. Anderson (forwards).

Obituary.

S. B. ATKINSON, M.A., LL.M.(CANTAB.), M.B., B.S., B.Sc.(LOND.).

It is with deep regret that we announce the death of Stanley Bean Atkinson, of Mile End Road, E., at the early age of 36.

The son of the Rev. J. W. Atkinson, of Stepney, he received his early education at Caterham School, Surrey, which he entered in 1885. He subsequently entered Cambridge University, and became connected with this Hospital in 1892, when he gained a junior entrance scholarship, followed by a junior scholarship in anatomy and physiology the next year. He was called at the Inner Temple in 1899, and became a member of the Royal College of Surgeons in 1902.

Being in possession of independent means he did not practise medicine, but devoted his energies and talents to public work, and was a member of the Stepney Borough Council and the Mile End Board of Guardians, representing the latter body on the Metropolitan Asylums Board. He was on the Commission of the Peace, and was to have stood for Mile End as a Progressive candidate at the forthcoming County Council election. His early death is attributed largely to his strenuous work on behalf of the Liberal candidate for Mile End, which brought on acute dilatation of the heart. His death took place, while the votes were being counted, at Mile End on Tuesday, January 18th.

Atkinson was a member of a number of learned societies, and was the author of *Golden Rules of Medical Evidence*, published in 1906, *The Law in General Practice*, 1908, and other works. One of his contemporaries at the Hospital writes of him in the following terms:

"Stanley Atkinson was an unusual type of man, whose influence at Bart.'s on the men of his time was considerable. Self-denying, clear-sighted, public-spirited, and intent of purpose, he saw certain lines of work to which he could best bring his experience and his gifts. His wide knowledge of the life of the poor, and his deep sympathy with them, led him into public work at an early age, and he soon began to make his mark. Had he been spared he might have become one of our foremost social reformers. It is enough for us that he saw the duty that lay to his hand, and that he did it. Bart.'s has lost a loyal son, but in his day his life was a fine influence, and he has added to the roll of the School an example of public service, which we may do well to imitate."

His body, in accordance with his expressed desire, was cremated at Ilford Cemetery on Tuesday, January 25th, and a memorial service was held the same day at Latimer Chapel, Stepney.

Henry Jeaffreson: A Memoir.

HENRY Jeaffreson Exhibition will always—as was the intention of it—help to keep green the memory of that good physician Henry Jeaffreson, but it may interest many past and present students of St. Bartholomew's Hospital and the numerous readers of its JOURNAL to know that January 24th, 1910, was the 100th anniversary of his birth.

He was the second son of John Jeaffreson, a good stamp of the old general practitioner, who for years did a large practice in Islington, and whom, if my memory serves me, I once saw described in print as "a genial doctor, fond of his jokes and fond of his snuff." His son also thoroughly enjoyed a good joke.

For years Dr. Henry Jeaffreson was one of the physicians to St. Bartholomew's Hospital, where his unvarying kindness to the patients won for him their great affection. A stethoscope of his now in my possession was turned by one of his patients out of a piece of solid rosewood and given him as a token of his gratitude.

As a teacher, his clinical experience and soundness were much valued, many who worked under his care afterwards holding prominent positions in the Hospital and away from it.

He was always kind, but strict, especially as to the punctuality of his clinical clerks. His time for going round the wards was 8 a.m., and we were expected to be there to meet him. He was always in time.

It is probable that few physicians who never appeared in print have enjoyed so largely the confidence of general medical practitioners as their consultant as Henry Jeaffreson.

While still comparatively young and in active practice he unfortunately caught typhus from a medical student whom he was attending. He died in December, 1866, after a few days' illness.

The gloom his death cast round Finsbury Square—not then as now—was truly speaking evidence of the death of one beloved by all.

ONE OF HIS CLINICAL CLERKS.

Union Medical College, Peking.

THE year 1909 is the fourth since the College was opened, so that there is but one more to elapse before our first class of students can qualify.

During the past year an effort has been made to give systematic clinical teaching to the senior men. Although the Hospital work is small—at present not more than an average of about sixty in-patients—it has been possible by dividing up the men to arrange appointments for ward dressing, etc., on the same lines as at home, and it has been of much interest to notice how the practical ward work can be carried out with Chinese dressers and Chinese patients. As at home, we have a "Dresser's Board," and cases are allotted to the dressers in order of admission. Thus each student has his own cases to dress and for whom to write notes, and is

responsible for knowing all about his own cases—progress, medicine, operation, etc.

One need hardly say that it is not done nearly as thoroughly yet as at Bart's.

It is curious in more ways than one to hear the "histories" read out in Chinese, and amusing to notice how often an "explosion of temper" is stated by a patient to have been the cause of his disease.

With regard to surgical technique, we have attempted to follow the lines made familiar to some of us by Mr. Lockwood. Next year we hope to follow more closely by also introducing the taking of cultures at operations.

Our clinical material, though not large, has been varied and of much interest.

Among the medical cases in hospital there have been acute cerebro-spinal meningitis, enteric, sub-tertian malaria, pyo-pneumothorax, aortic aneurysm, mitral and aortic disease, and every kind of tubercle and syphilis.

Among surgical cases malignant tumours are numerous, and bone gland and joint tuberculosis is exceedingly common. We have also had various fractures, cases of mastoid disease, vesical calculus, stricture, hernia, appendicitis, peritonitis, etc.

Our staff is steadily increasing in number and in its ability to make itself understood in Chinese. Now that Dr. and Mrs. Hill are with us in addition to Dr. and Mrs. Gibb, Bart's is getting well represented, and we hope that the "ancient and royal hospital" will more than ever help on this first attempt at a complete medical course through the medium of the Chinese language.

The Union Medical College may become the gate by which Western medical science enters the vast territory of China, and is made accessible to her millions of people, and such an enterprise is worthy of the whole-hearted support and sympathy of Bart's men.

From the standpoint of Christian missions this work is of special value and helpfulness, and our hope is that it will, in a double sense, bring "light to those that sit in darkness"—a light which China still very sorely needs.

Will friends at Bart's help us in every way they can? for the difficulties of initial work in China are very great indeed. We lately had the pleasure of a visit from Dr. A. E. Stanfield, and hope that others from Bart's will follow his example and come and see Peking for themselves.

Our fifth class of men is due to enter in February, 1910, and we should then have a total of about 100 students in the College.

The Chinese Government is now helping us with an annual grant, and has promised to recognise our degrees at the end of the five years' course, while the British and other ministers in Peking have shown hearty sympathy with the work. Thus we have every reason for encouragement and prospects of increasing usefulness.

In conclusion, we should like to thank very heartily all the friends at Bart's who have helped us in many ways, and who so often remember the work of our far-eastern medical school.

H. V. WENHAM.

R. A. P. HILL.

J. G. GIBB.

Correspondence.

THE RELATION OF THE LAYMAN TO THE MEDICAL PROFESSION.

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

SIR.—It is some years now since I presumed to bother the *Bart's Journal* with a letter. Indeed, I do not remember having done so since, while in the exuberance of youth, I took upon myself to contribute some remarks bearing a little heavily perhaps upon the apparel of certain students, more particularly Mr. Langton's house-surgeons, and at least one of the assistant demonstrators of anatomy.

Possibly because I am older, less possibly because I am wiser, these initial efforts of mine have not been repeated.

But now let me at once confess "A Layman's" first letter provoked first a smile and then a wish to reply. It seemed to me that her critics had not done themselves justice, have not even yet "laid her out" with that accuracy one likes to observe in scientific men.

Only my modesty saved your postbag, Mr. Editor, from an

increase of matter. But "A Layman's" second and even more offensive epistle has removed my modesty, will increase the weight of your postbag, and I trust help to disinfest your pages by removing the septic pestilence of her ignorant abuse.

I wish to be studiously offensive. Females like "A Layman" are an increasing nuisance in life. They pervade my consulting rooms, they deluge me with scrip; and, curiously enough, all of them refer sooner or later to purin bodies. I admit it does little or no good to "call names," but really when one comes across an undoubted fool there is some gratification in saying so as boldly as possible.

"A Layman" cannot with justice complain. She, I think, began it—she calls us all fools, she calls us even worse; and *inter alia* impeaches our honour, our wives' honour, and the good names of our comrades in the great battle, the Nurses. It is a well-recognised habit of the insane to describe themselves as normal and all the rest as raving lunatics. But although "A Layman" is diseased mentally, she is probably not yet mad. Probably she wavers in and out of that nebulous borderland inhabited by cranks and faddists. I expect she is a vegetarian wearing feathers in her hat, a suspicion of lentil soup on her chin, and a potato in her pocket to ward off rheumatism. Her complexion is fairly certain to be faulty, the result of her diet; we may even assume that a faintly powdered nose adds sensibly to her attractions. She is probably thin, below the normal in stature, without corsets, suffering from chilblains and chronic mental dyspepsia.

That is the picture of her I have in my own mind—I admit I may be wrong, I am almost hope I am, but that is just the sort of person whom my experience tells me would be likely to hold the opinion of "A Layman" and to express it whenever and wherever she obtains the opportunity.

Such people are usually talkative, in many cases positively garrulous; but I am glad to say that while they are very often mean and stuffed with petty ideas they are rarely intentionally malignant. Strict dieting, regulated exercise, massage, and carefully applied cold water are the best lines of treatment to follow. I do, however, admit that cases vary enormously, and it would be perhaps wiser if "A Layman" came personally to see me, in which case I would only charge her a half fee and avoid all reference to raspberry jam. You will be thinking that if "A Layman" is really a victim of disease, and undoubtedly she is, it is rather hard lines to abuse her. I disagree with you. These cases require abuse, and lots of it; not mark you from their husbands and relatives which they commonly get, but good, sound, well-regulated abuse from a sensible physician capable of giving it and not afraid to do so.

Consider for a moment her reference to purin bodies, low proteid diets, and the rest of it. There you have the whole of her in a nutshell, and a very appropriate place too for a vegetarian.

If you asked her she would tell you that she perfectly understood these things, or she would perhaps tell you that a doctor—Doctor Haig, for instance—had explained the matter thoroughly to her in, say, half an hour. She would know nothing of Van Noorden and his brain-stretching work, nothing of metabolism, nothing of immunity, nothing even of the mysteries of bodily physics; and yet she would perfectly understand, and be more than ready to impose her ignorance upon unfortunate acquaintances she might meet at her next cauliflower tea.

The little she knows about the human body and disease is matched by the little she apparently knows about its professors. It is, perhaps, hardly worth replying to her criticisms of us as doctors—we have so many more interesting things to do. But I would like to say a word about her attack on our nurses. These parts of her letters are at any rate low. One is tempted to ask what business it is of hers, and yet I suppose she does bear some relationship to nurses, in fact, just as much as any other lay person who may one day be acutely ill and require their services. Only I would ask her to leave the care of nurses to the nurses themselves and to us. Their experience of disease is greater than "A Layman's"; the effects of tight lacing are constantly before them; "A Layman" can teach them nothing on these matters. But let me ask "A Layman" to take the full nursing course, and then let me offer her a patient to nurse I will be quite fair. I will give her a dirty, semi-mental case. The patient will be too poor to afford more than one nurse; she will be on duty practically all day in a small, ill-ventilated room during high summer. Her nights will be disturbed, there will be smells galore, and finally, after long weeks of struggle, the patient of "A Layman's" will die and "A Layman" will be free. It is true that "A Layman" will also be nasty, her nerves will be toneless, and her whole aspect jaded. And then, perhaps, she will pick up her *Bart's Journal*, and will read there some such twaddle as "A Layman's"

own letter of to-day, and because her nerves are toneless and she is very tired, she may even cry a little because it is so hard to try, and receive only this in return.

Truly, Madam! You make me weary, but come and see me, and I promise that although I am only a very ordinary doctor I will cure you if I can.

Meanwhile, go and learn a little more; but first of all learn the meaning of a kindly mind.

"LINCOLN CRANDORNE."

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

SIR,—May I trespass further on your kindness, and state in reply to "Layman" that I did not say doctors discussed their patients with their wives. I said, "whatever they know and hear," and I meant from the patients themselves, chiefly among the poorer classes. If the doctor is not at home when such patients call they often ask to see me, pour out their complaints, ask me to tell the doctor, and thank me for my kindness in listening to them. But this is not confined to the poorer classes, for it often happens ladies will ask to speak to me, and then tell me about themselves or their children, and finish by saying, "Oh, I am so glad I saw you; you always do me so much good. I feel better already, and to tell you seems almost like telling the doctor." That was what I meant when I spoke of the doctor's wife being a true helpmate, and I am only sorry I did not express my meaning more clearly.

Yours sincerely,

"GENERAL PRACTITIONER'S WIFE."

THE RELATIONSHIP OF THE CONSULTANT TO THE GENERAL PRACTITIONER.

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

ALBURY, CLARENCE ROAD,
ST. ALBANS.

SIR,—The letters which have appeared in the JOURNAL in regard to the etiquette between consultants and general practitioners have been very interesting.

What I looked for, but failed to find in any letter, was a definition of the term "consultant," and also the principles of a consulting practice.

May I suggest that the Abernethian Society might have a meeting to discuss the whole question?

The subject is an important one, and I am sure there would be a representative attendance.

I remain,

Yours truly,
J. W. CLEVELAND.

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

4, WARDROBE PLACE,
DOCTORS COMMONS, E.C. 1.
14th February, 1910.

DEAR SIR,—I think that it should be known that the real consultant in the eyes of many general practitioners is one who does not visit a patient at the patient's house apart from another medical practitioner, and who also (and here is the crux) does not see a patient at his consulting rooms without a personal or letter introduction from another doctor. There are a few consultants who maintain this high standard, and they are the ones to whom most practitioners prefer to send, and to call in for their patients.

Details like these are important, as the relation of the consultant and of the general practitioner to the layman are being much discussed at the present time.

A. WITHERS GREEN.

Reviews.

MANUAL OF OPERATIVE SURGERY. By JOHN FAIRBAIRN BINNIE, A.M., C.M. (Aberd.). Vol. I. Operations on the Head, Neck, Nerves, Trunk, Genito-Urinary System. 4th Edition. (London: H. K. Lewis.) 44s. net.

This work differs from many of the extant publications on operative surgery in its essentially practical character. It is intended "to describe operative procedures as they are done on the living subject, instead of on the normal cadaver." The book has another peculiarity; the author has directed his attention especially to operations which receive inadequate description in the common text-books, while many of the better-known procedures have been given a very brief notice or passed over in silence.

It is evident, therefore, that the book will not be of use in a class of operative surgery; nor is it to be recommended to students who are preparing for a qualifying examination. But to a young surgeon who wishes to enlarge his experience of operative measures, or to those presenting themselves for the higher examinations in surgery, the work should be of much value. It has been enlarged and brought thoroughly up-to-date; while every part of the book is good, the chapters devoted to operations on the kidneys and ureters, and those dealing with plastic operations on various parts of the body, are specially deserving of praise.

The book is well printed, and profusely and beautifully illustrated. The least satisfactory part is the binding, which is too light and perishable for a work of this size.

IMMUNITY AND SPECIFIC THERAPY. By W. D'ESTE EMERY, M.D. B.S. 1st edition. (London: H. K. Lewis.)

This volume is of the utmost importance to all scientific students of the problems of immunity, not because it promulgates any new theory, or throws any vivid light upon the problem, but because Dr. Emery has set himself the task of summarising for the benefit of himself and other students the immense amount of work accomplished in this wide field during the last ten years.

Before we analyse briefly the excellent work which Dr. Emery has produced, he will, we hope, allow us the reviewer's privilege of grumbling. It is a small matter, which does not impair the usefulness or the scientific value of the volume, but does to us at least, offer considerable impediment to its rapid and easy intelligibility. We refer to the fact that Dr. Emery has allowed in too many places misprints to pass, which impair the meaning of his sentences, and compel the attentive reader to pull up short, and to read the paragraph to ascertain the meaning of the author. A good specimen of the slight blot we are referring to is found on p. 337, where "old specimens of staphylococci pus-free cocci in all stages" is certainly meant to be "old specimens of staphylococcus—pus free cocci in all stages." Such corrections have to be made too frequently by the reader in a perusal of a work devoted to a subject which is sufficiently abstruse to require all his attention. Another similar error occurs at p. 14, where the sentence which begins "The number of bacteria" is, as it stands, absolutely unintelligible.

Another small grievance is Dr. Emery's nomenclature, for which, however, we dare say, he is not wholly responsible. But we do not think he can justify both "staphylolysis" and "streptococlysis"; the latter is surely an impossible barbarism. Similarly the spelling "leucopænia" would seem to indicate that Dr. Emery, or the author from whom he took that form, has no idea of the meaning of the word.

We have used the reviewer's privilege freely, because we wished to say at once the worst that could be said of the book, and because we feel that the removal of these blemishes will in the second edition greatly increase the number of readers.

Now to turn to a more pleasant task. The introductory chapter, which states some of the problems which are awaiting solution, and reviews in general terms some of the earlier work on immunity, is written in a clear and orderly exposition, which leaves nothing to be desired, and to the reader who desires to know something of the methods by which the solution is sought, and to be in a position to understand the general questions involved, may be heartily recommended. With the following chapters on the nature of Toxins, the phenomena of antitoxin formation, and the interactions of Toxin and Antitoxin we are plunged straight into some of the most abstruse and complex researches which modern pathology embraces.

The reader will find, *inter alia*, a good account of Ehrlich's side-chain theory, and also of the various criticisms which have been made on it. Dr. Emery, we observe, holds that Ehrlich's views, while in some respects open to damaging criticism, on the whole offer a more complete explanation of the facts than any other theory advanced, and are capable of adaptation to the new facts which are being established. Ehrlich's views have in fact undergone considerable changes since their first promulgation.

After the consideration of these complex phenomena it seems almost simple to turn to the consideration of bacteriolysis, agglutinins, and precipitins, but Dr. Emery quickly convinces the reader that these are merely but portions of the general problem, and that their study throws some light on the more apparently complex questions, but leaves their essential nature still quite unknown.

A section of great practical interest is that which deals with the therapeutic action of bactericidal sera, and after reading it, the old adage of the physician and the drugs recurs very forcibly to the mind.

To notice all the subjects with which Dr. Emery occupies the remainder of his book would make this review much too long. The chapter to which the clinical physician or surgeon will turn most eagerly, is that devoted to the practical application of the theories reviewed in the earlier chapters. In this chapter Dr. Emery takes one by one the various infections, and discusses the best and most successful means of combating them in the light of our present knowledge. Briefly our therapeutic measures are prophylactic or curative, and prophylaxis in nearly all cases implies vaccination with the organism causing the disease, in diphteria of course protection is conferred, to a certain extent at least, by the injection of an antitoxic serum. For curative proceedings when the disease is already established, theoretically we have a choice between an antitoxic serum, a bacteriolytic serum, and a vaccine; it may be that we can again theoretically use all three. Practically antitoxic sera of proved value are extremely rare; bacteriolytic sera, with perhaps one or two exceptions, are of more than doubtful value; and vaccines remain as our best and most reliable means of counteracting infection; but a perusal of the chapter of Dr. Emery's book will convey to the reader what comparatively small results have been attained even in this branch of therapy; results which we have no wish to deny, which are in fact magnificent, and hold out promise of still better results in future, yet still touch but a small part of the realm of Immunity. We hope that Dr. Emery will before long take up again this fascinating subject, and give us further guidance in a region where the guideless explorer is quickly lost.

ESSENTIALS OF CHEMICAL PHYSIOLOGY. By W. D. HALLIBURTON, M.D., F.R.S. (Longmans, Green & Co.) Seventh edition. Pp. xi + 280. 4s. 6d. net.

This edition has been thoroughly revised and brought up to date, and a new chapter on certain typical organic compounds has been added, but the bulk of the volume has not been materially increased. The whole of the subject available for class work is adequately treated, and valuable explanations are given. In the second section the analytical methods in common use are well described, the modifications recommended being those which are found to be most simple and at the same time reliable for routine work. This is a most useful book.

SURGICAL ANATOMY. By JOHN A. C. MACEWEN, B.Sc., M.B., C.M. (Baillière, Tindall & Cox.) Demy 8vo. Pp. xiv + 478. Sixty-one illustrations. Price 7s. 6d. net.

The author aims at presenting a connected account of the anatomy of the body with reference to its surgical importance, and has succeeded in producing a very readable book. The descriptions on the whole are good, particularly those of the hernie. In criticism we may point to the omission of diagrams of trephine points and of surface markings, and to a certain looseness of expression which is out of place in a text-book however convenient it may be in the lecture theatre. Thus one frequently meets such expressions as "abscesses . . . may burst above Poupart." In view of their importance, a truer description of the lymphatics of the viscera is desirable. This addition to the number of works on surgical anatomy will be appreciated by many.

HANDBOOK OF THE DISEASES OF THE EAR. By RICHARD LAKE, F.R.C.S. (Baillière, Tindall & Cox.) Price 7s. 6d. net.

The author has in this, the third edition, revised the text and added several illustrations. The book as formerly is a most excellent elementary treatise on the diseases of the ear. The arrangement of the headings into which this work is divided assists the author in his admirably clear treatment of each sub-division. The simple and straightforward discussion of the anatomy of and the operations on the ear guide the reader to a clear understanding of these complicated subjects. The book is in fact a simple statement of the better known facts of the diseases of the ear, illuminated by the writer's large personal experience.

Books added to the Library during January.

Adami, J. George, M.A., and Nicholls, Albert G., M.A., M.D. The Principles of Pathology.

Vol. II. Systematic Pathology, with 310 Engravings and 15 Plates. Roy. 8vo. Lond. 1910.

Keen, William Williams, M.D., LL.D., and Da Costa, John Chalmers, M.D. Editors of Surgery: its Principles and Practice, by various authors.

Vol. V. With 550 Illustrations, 45 of them in colours.

Vascular—Gynaecology—Anæsthesia—X-Rays—Operative and Plastic Infections—Legal Pathologic Relations—Hospital Organisation. Roy. 8vo. Philadelphia and Lond. 1909.

Watson, Francis S., M.D., assisted by Cunningham, John H., Jun., M.D. Diseases and Surgery of the Genito-Urinary System.

Vol. I. With 339 Engravings and 23 coloured Plates. The External Genitals—The Prostate and Bladder. Large 8vo. Lond. 1909.

Vol. II. With 115 Engravings and 24 coloured Plates.

The Kidneys and Ureters. Large 8vo. Lond. 1909.

The following was presented by the Authors:

Spencer, Walter George, M.S., M.B. (Lond.), F.R.C.S. (Eng.), and Gask, George Ernest, F.R.C.S. (Eng.). The Practice of Surgery. (Tenth Edition of Walsham's Surgery.) With 20 coloured Plates, 28 skiagram Plates, and 707 black and white Illustrations. Roy. 8vo. Lond. 1910.

Presented by the St. Bartholomew's Hospital Journal (by request of the author).

Diseases of the Organs of Respiration. By S. West, M.A., M.D., F.R.C.P. 2 vols. 2nd edition. With numerous diagrams and illustrations.

Royal Naval Medical Service.

The following appointments have been notified since December 20th, 1909.

Staff Surgeons J. Boyan and A. R. Skey, and Surgeon W. C. B. Smith, to the "President," for three months' study at a London Hospital, to date 4th January, 1910.

Staff Surgeon W. J. Codrington to the "Cornwall," to date 11th January, 1910.

Staff Surgeon W. F. Dyer to the "Edgar," for medical charge on voyage home from China: undated.

Surgeon A. C. Wilbur to the "Andromeda," for voyage out, and to H.M.S. "Munmouth" on recommissioning at Colombo, to date 13th January, 1910.

Surgeon L. Murphy to the "Commonwealth," to date 15th January, 1910.

Surgeon H. Kellond-Knight has been granted permission to study foreign languages (German) abroad, on full pay, dating from 5th September, 1909.

Royal Army Medical Corps.

Col. T. M. Corker has been appointed P.M.O. British Forces in Egypt.

Lt.-Col. J. More-Reid has been selected for increased pay. On return from Hong Kong he is employed on recruiting duties in London.

Major H. E. Winter has arrived from India.

Major E. M. Hassard has embarked for India.

H.M. the King of Italy has conferred the Order of the Crown of Italy on Captain P. A. Lloyd-Jones for services in connection with the earthquake at Messina.

Indian Medical Service.

Capt. A. E. J. Lister, F.R.C.S., is appointed Staff Surgeon, Army Headquarters, with effect from about January 6th, 1910.

Capt. H. M. H. Melhuish, Assistant Plague Medical Officer, Punjab, is posted to Amritsar, with effect from 21st August, 1909.

Major F. A. Smith (Bombay), an Agency Surgeon of the second class, is posted as Civil Surgeon, Quetta, with effect from 17th September, 1909. He will hold charge of the current duties of the office of Agency Surgeon and Administrative Medical Officer, Baluchistan, in addition to his own duties.

Lt.-Col. W. A. Sykes, D.S.O., Agency Surgeon and Administrative Medical Officer in Baluchistan, is granted privilege leave from August 22nd to October 1st, 1909.

The services of Capt. W. H. Cazaly, M.B., are replaced at the disposal of His Excellency the Commander-in-Chief in India.

Capt. W. G. Hamilton, Officiating Superintendent, Central Jail, Bhagalpur, is appointed substantively to fill the vacancy in the Jail Department in Bengal, with effect from 16th January, 1908.

Capt. E. C. Hepper, an officiating Agency Surgeon of the second class, was posted, on return from privilege leave, as Plague Medical Officer, Peshawar, with effect from 30th August, 1909.

The services of Capt. K. S. Singh are placed temporarily at the disposal of the Government of the Punjab for employment on plague duty.

Examinations.

UNIVERSITY OF CAMBRIDGE.

Part II of 3rd Examination for M.B., B.C.

The following have passed in Medicine, Surgery, and Midwifery: A. Abrahams, C. W. Archer, H. T. H. Butt, A. J. Clark, R. T. Crawford, B. Haigh, N. G. Horner, E. D. Whitehead Reid, H. S. C. Starkey, G. H. Waylen.

UNIVERSITY OF LONDON.

H. W. Wilson, F.R.C.S., has obtained the degree of M.S.

CONJOINT BOARD.

Anatomy and Physiology, January, 1910.

The following have satisfied the Examiners.—J. Dotto, P. Dookhrin, F. R. Longstaff, S. G. Papadopoulos, G. B. Richardson, M. A. K. Wood.

his as he enters the wards. Tales are told, too, of hall papers at home that have been ruined by the chalking on them of the habitual HS/D as the occupant goes out for his daily constitutional. It is a melancholy theme. We will not pursue it, but will turn to a brighter side of the picture.

It is with pleasure that we congratulate the following gentlemen, who have been nominated as Resident Medical Officers for the ensuing year :

Dr. NORMAN MOORE	April	G. H. Waylen.
Dr. WEST	April	J. A. Noble.
Dr. ORMEROD	April	A. E. Stansfeld.
	October	P. C. V. Jones.
Dr. HERRINGHAM	April	E. F. Cumberbatch.
	October	A. J. Clark.
Dr. TOOTH	April	G. Viner.
	October	A. W. Stutt.
HOUSE-SURGEON TO MR. WARNING—	April	B. Biggar.
INTERN MIDWIFERY ASSISTANT—	April	A. C. Sturdy.
EXTERN MIDWIFERY ASSISTANT—	April	C. N. Binney.
	October	G. Graham.
OPHTHALMIC HOUSE-SURGEON—	April	S. Dixon.
HOUSE-SURGEON TO EAR, THROAT, AND NOSE DEPARTMENT—	April	K. Pretty.

The staff of the Hospital has been increased by the addition of a second Surgical Registrar. The election of Mr. Elmslie to this post on February 10th is a matter for sincere congratulation, both to Mr. Elmslie on a well-merited promotion, and to the Hospital, which thus retains the services of a surgeon and pathologist of exceptional ability.

The JOURNAL may be forgiven for being particularly pleased with this announcement, and we may perhaps justly be proud of the fact that no less than three of the present four registrars of the Hospital have at some time sat in the editorial chair. It gives an almost allegorical significance to the lift that ascends from the JOURNAL Office to the top floor of the Pathological Block. We hasten to add, to prevent misunderstanding, that we have ourselves no aspirations in the direction of becoming the presiding officer at the examinations which are conducted there.

THERE is really nothing to add to the appeal which is made in another column this month for the Rifle Range. We feel convinced that the present apathy of men arises from ignorance of the financial position of the Rifle Club, and that the facts have only to be set before our readers to ensure a more satisfactory attendance. The closing of the range would be a disgrace to students of this Hospital, and when we consider the small amount of support which is needed to make the range a success, we have every confidence in the success of Mr. Rawling's appeal. Inexperience in shooting should deter no one from a visit, for the attendant is always ready to instruct, and will make a good shot of the veriest infant in arms.

THE result of the match with Mary's in the Inter-Hospital Rugby Cup Competition was eminently satisfactory, though a noticeable fact about the game was the number of points lost by failure to convert tries. The London Hospital, however, have proved more formidable opponents, and in the semi-final our team was beaten after a very even game by one goal.

Meanwhile the Association team seems to be exceptionally strong, and it is having something like a triumphal progress in the competitions both for the University Cup and the Hospital Cup. We hope to see both these trophies safely lodged in the Library.

IN *The Asylum News* of January 15th there is an interesting account of the career of Sir William Collins by another Bart.'s man, Dr. Robert Jones. It is a career in which this Hospital may feel a legitimate pride, and this well-written biographical notice, recalling as it does such incidents as the installation of the first telephone at St. Bartholomew's by Sir William himself, then Intern Midwifery Assistant, will be of especial interest to our readers.

WE are asked to state that the following books are missing from the Pathological Library, and cannot be traced :

Journal of Infectious Diseases, vol. vi, No. 1.

Journal of Hygiene, vol. vi.

Annales de l'Institut Pasteur, vol. xxiii, No. 8.

Biochemical Journal, vol. iii, Nos. 6, 7, 8.

Zeitschrift für Hygiene, vol. lxi, Heft 1.

The Librarian will be glad to receive any information as to their whereabouts.

WHEN we state that the posts of Editor and Assistant-Editor to the JOURNAL are vacant we hope that no sinister significance will be given to the announcement. No would-be contributor, smarting under the indignity of a rejected article, has taken the law into his own hands; no infuriated author has penetrated the editorial sanctum to avenge a slating review. The resignations have followed naturally on the completion of a year's office. We leave the JOURNAL with regret—our last word an apology. We are afraid that our efforts to produce our last number punctually have been unavailing, and that by the time these words appear we shall be "the late editor" in more senses than one. For this, and all previous shortcomings, our apologies; to the contributors who have supported us so ably and willingly during the year, our sincerest thanks.



ST. BARTHOLOMEW. (MARC D'AGRATE.)

Adlard & Son, Imps.

St. Bartholomew.

PATRON SAINT OF ST. BARTHOLOMEW'S HOSPITAL, LONDON.

By J. B. CHRISTOPHERSON, M.A., M.D.(Cantab.),
F.R.C.S.(Eng.), M.R.C.P.(Lond.),
Director of Hospitals, Khartoum and Omdurman, Sudan.

WHILST returning to England in January, 1909, by way of Milan and visiting the Cathedral, my attention was directed to the well-known sculptured figure of St. Bartholomew, apostle, martyr, and Patron Saint of St. Bartholomew's Hospital, London, and other Hospitals.

To the average first year student, probably, the Hospital and the Saint stand in much the same relation to each other as the ordinary church and a Saint's name. The older alumni of St. Bart.'s know that this is not the case, and I send a photograph of the marble statue and an account of St. Bartholomew in the hope that they may be thought worthy of reproduction in the Hospital JOURNAL for the benefit of the recently joined members of the Hospital. The original is a fine work in marble, and arrests the attention partly on account of the disgusting story which it illustrates with anatomical precision and horrible detail, and partly on account of the striking inscription on its base warning the reader, with triumphant conceit, not to mistake it for the work of Praxiteles, the renowned Greek sculptor, for Marc D'Agrate was the author—"Non me Praxiteles sed Marc finxit Agrate." One statue at least of the celebrated Praxiteles has been found, but I do not know whether it compares favourably with the work of Marc del D'Agrate!

Certain feeble-bellied critics, appalled and disgusted, have said that the statue has been overpraised, and is fitter for the anatomy room than the Cathedral.

It depicts St. Bartholomew carrying like a mantle his own flayed-off skin, and is not anatomically above criticism.

Dr. Moore has already with his interesting pen written on the subject of St. Bartholomew and his connection with the Hospital, and I would refer to his book students who have not already read it; they should procure a copy and absorb its contents. It will reveal to them their heritage—"Citizens of no mean city."*

Some of the information which follows is obtained from Baring Gould's *Lives of the Saints*, and from various miscellaneous sources and Dr. Moore's work. St. Bartholomew is mentioned by St. Matthew (Matt. x, 3), St. Mark (Mark iii, 18), and St. Luke (Luke vi, 14) in the list of the apostles, and he is the sixth mentioned apostle in each case.

* A Brief Relation of the Past and Present State of the Royal and Religious Foundation of St. Bartholomew's Hospital. Norman Moore M.D. Printed by Adlard and Son, 1895.

St. John mentions no Bartholomew, but he gives the sixth place to Nathaniel Bar Tolmai, and further, he mentions him on two other occasions:—(1) His first meeting with Christ when the latter said of him "Behold an Israelite indeed in whom is no guile" (John i, 45, 47), and (2) on the occasion of the miracle of the fishes (John xxi, 2). St. Bartholomew is again mentioned in the New Testament (Acts i, 13) in a list of the eleven Apostles assembled, in the upper room after the Ascension, for the purpose of electing an Apostle in the place of the late Judas Iscariot. Nathaniel is not mentioned in the Acts at all. Of St. Bartholomew's subsequent history little is authentic excepting that he was martyred. There is a tradition that he travelled to India preaching the Gospel, and gained a reputation for healing—a tradition itself alone justifying a celebrated Hospital regarding him as Patron Saint. But there are other and better reasons for the association of St. Bartholomew with the Hospital.

Probably India had not the same geographical boundaries in those days, but it is regarded as almost certain that he wandered East after the Ascension, through Syria and Armenia as far as the Persian Gulf. The scene of his martyrdom was Derbend, on the Caspian Sea—a carpet-making centre now, but in those days an outpost on the Persian Frontier.

He is said to have converted to Christianity the Prince's daughter, and on this account he suffered a particularly cruel death, being flayed alive and crucified head downwards, and left exposed to sun and flies to die.

The next portion of the story is still more open to criticism. The Prince, in order to prevent the body falling into the hands of the Christians, had it enclosed in a leaden coffin and thrown into the Caspian Sea. By a miracle the coffin floated, and was washed up on the Island of Lipari, one of the Stromboli group, north of Sicily (though it would require a second miracle to bring it from the Caspian to the Mediterranean Sea), where it remained until 839 A.D., when it was translated to Benevento, where the bones repose in the high altar to this day.

Another account is as follows:—That the martyrdom occurred at Albanopolis, a city of Armenia, that about 507 A.D. the Emperor Anastasius gave the body to the city of Darus in Mesopotamia. Before the end of the sixth century it was translated to Lipari. In 809 A.D. the relics were transferred to Benevento.

In 1000 A.D. the Emperor Otho (Ortho) III insisted on having the body of St. Bartholomew, and that of St. Paulinus was given him as the genuine body, taken to Rome from Benevento and deposited in the church of St. Bartholomew situated on an island on the Tiber. Finally, it is maintained that in 983 A.D. the bones of St. Bartholomew himself were taken from Benevento to Rome, where they lie beneath the high altar in the church of St. Bartholomew in the Tiber.

The Bishop of Beneventu had presented the bones of an arm, said to be those of St. Bartholomew, to Emma, Queen of Cnut, who probably deposited them in Canterbury Cathedral. In 1120 A.D., when Rahere, Founder of St. Bartholomew's, was stricken ill with malaria during his pilgrimage to Rome, it is probable that he was cared for during his illness on the island of St. Bartholomew, which had been associated with medicine since the days of the Roman Republic (Moore). During his convalescence St. Bartholomew appeared to him in a dream, and Rahere vowed that he would found a hospital on his return to London. He founded the Priory of St. Bartholomew, to which was attached the Hospital.

In confirmation of the claims of the church at Beneventu to the possession of the genuine bones of the Saint, it produces Bulls from Leo IX, Stephen IX, Bunda XII, Clement VI, Boniface IX, Urban V. Whereas the church at Rome can produce evidence of equal weight to affirm that the body at Rome is the genuine body of St. Bartholomew. Numerous other relics of the Saint exist. No less than three other heads exist at Naples, Toulouse, and Kiechenau, besides the heads on the bodies at Rome and Beneventu, also two crowns of heads at Prague and Frankfort, and so on.

St. Bartholomew is also represented at Milan in Leonardo da Vinci's celebrated fresco "The Last Supper," at the left end of the table with a fair beard. There is no guile about him here—his serious determined face anxiously protesting, Is it I? Baring Gould mentions a British St. Bartholomew, but he had nothing to do with our Hospital, and lived as late as 1182 A.D. (sixty years after Bart.'s was founded). A Yorkshireman by birth, he retired to Lindesfarne, in Northumberland. He appears to have been a somewhat quarrelsome recluse, and lived for forty-two years on Farne Island, "which he rendered fragrant with his virtues," a quality which was somewhat neutralised by his habits, for his garment was black with sweat and dirt, it being of sheepskin and never changed. He lived, no doubt, in the "odor of sanctity," and when remonstrated with on account of his dirty habits, he said "the dirtier the body the cleaner the soul" (Baring Gould). There is nothing whatever to associate him with St. Bartholomew's Hospital.

Dr. Moore states that many hospitals were dedicated to St. Bartholomew in the eleventh and twelfth centuries, the earliest being at *Chatham* in 1087; that is before our own foundation, 1120, public attention having been drawn to the Saint in about 1020—1035, in the reign of King Cnut, by the Bishop of Beneventu, who brought over the bones of the Saint's arm which were given to Queen Emma and deposited in Canterbury Cathedral.

"This," writes Dr. Moore, "accounts for the spread of the knowledge of the legend throughout England, and was one cause of the numerous dedications to the Saint." The reason of the association of this Hospital with the Saint is the much more particular one which I have recounted.

Between Two Cyclones—October 22-26, 1909.

THE rapidity of atmospheric disturbances is more marked during the winter than the summer months, so when making passages at that time of year it behoves one to keep a sharp look out for any signs of a change of weather. Gales are apt to spring up at short notice. Forecasts when once under way are not procurable, and even these are not always to be relied upon, so the only means of telling the future is by close observation of the aneroid and the general appearance of the sky.

The following account of a passage made in the late autumn in a small craft shows how two of us fared at the hands of Davy Jones.

The ship's company consisted of myself, accustomed to work both as sailorman and engineer, and a friend who is a good engineer, but neither a sailor nor a seaman. The packet we used has been described in former numbers of the *Yachting Weekly*, under the name of "Amphibian"; she is a converted National Institute Lifeboat, 31 ft. over all and about 7 tons, ketch-rigged. She has recently had a 24 h.p. petrol motor installed. This motor works well, giving the boat a speed of about $7\frac{1}{2}$ to 8 knots in smooth water on a consumption of $1\frac{1}{4}$ gallons per hour.

On Friday afternoon, October 22nd, 1909, we joined the boat at Bursledon, where she had been lying idle for some weeks. The rest of the day was spent in provisioning and preparing for sea.

Saturday morning came in with a S.W. gale, a low glass, and drizzling rain. Although sheltered under the lee of Bursledon we were struck by several heavy squalls.

We turned in three reefs one by one into the mainsail, got up the anchor, and made for Calshot Castle under power. Here we shut off the petrol and proceeded under the reefed main and whole staysail to Portsmouth, which we reached at 1.45 p.m. By 2 p.m. we had hooked one of the large buoys off Gosport near the "Mercury."

The south cone was hoisted on the signal tower and the aneroid was falling, so the prospects of continuing our voyage were not good. On the way we had seen only one vessel under sail—a fishing craft.

Our berth became uncomfortable as the tide rose, so we shifted higher up the harbour to Hardway. Here we seriously talked of leaving the boat and coming down another week-end, but eventually we decided to start on Monday provided—the south cone was hauled down and no other hoisted.

That evening, the wind dropping slightly, we again shifted berth to the same buoy at Gosport to be ready for the start next morning.

The alarm awoke me at 6 a.m. My first thoughts were

of the weather. Yes! the glass had risen to 29.8, and the cone was down. The sky still looked windy, but was not overcast. We did not decide at once to start, thinking it would be better to wait and see if the glass remained steady.

It was 9.45 a.m. when we petrolled out of Portsmouth and through the Dolphins, with the aneroid at 29.9 and a steady wind from W.S.W.

When clear of the Dolphins (these mark the gap through the wall which runs from east of South Parade Pier, Southsea to Horse Fort) we shut off the power and set the whole main and staysail.

The wind had increased to a No. 6, and the sea was out of proportion to the wind owing to the gales of the last three or four days, and was so awkward that it was necessary to put the ship end on to avoid taking water on board.

We had some difficulty in spotting the buoy that marks the Looe channel, but the Mixon Beacon, which we saw long before the buoy, acted as a good guide. When in the smooth water to the eastward of the Looe we heve-to to get our pram dinghy on board, it being full of water. After lashing the dinghy, as we had done the rest of the deck hamper before leaving port, we laid a course for Beachy Head under power and sail.

Newhaven was reached by dusk with the wind dying away; it was no stronger than a light breeze. It had followed the sun round to a slight extent, being west, and with the aneroid at 29.95 everything seemed all right.

When approaching Beachy the light played a prank with us and disappeared. It was a good half hour before it blazed forth again like a searchlight and lit up our sails.

An oily swell was all that was left of the wind and sea at 10 o'clock, but what struck us more at that time was the scarcity of petrol—only two gallons!

A brilliant idea of using a gallon of paraffin mixed with petrol solved our trouble temporarily—and the engine digested the mixture.

The boat progressed to within one and a half miles off Dungeness, when more misfiring told its own tale. There was too much water to anchor in, so in went our riding light oil and on went the engine.

"By the deep eight"—that was more than I should have chosen, but, with no more paraffin left, overboard went the anchor and thirty fathoms of chain.

It was 1 a.m. when we turned in, feeling weary. Before doing so I made a note of the aneroid reading—"30.0 and steady." There was no wind, only a very light air from N.E. The alarm was set for 6 a.m.

I was awakened by the elements at 4.30 a.m., and tumbled out of my bunk in a hurry, to find the same aneroid registering 29.4. Was I mistaken?—another look—No! "Up you get," I shouted to my mate (asleep as usual), "we have got to shift out of this, and sharp too!" He replied with a grunt or two and came on deck, sleepily.

The wind was piping up in a marvellous manner, each puff was stronger and lasted longer than its predecessor. It came from S.S.W., but was not true, veering W.S.W. to S. The sky was overcast and there was a fine rain, mixed with driving spray.

That thirty fathoms of chain nigh broke our backs, and if we hadn't used the motion of the sea I doubt if we should have raised it. On getting the anchor short up I hoisted the staysail and then the whole mainsail. Reefing was not to be thought of till we were clear of the Ness, as our boat requires a lot to drive her in such a broken sea.

To clear the Ness meant close hauling, which under these circumstances meant within about six points.

We had been under way about an hour when the wind, which was a No. 6 in the intervals and 7 or 8 in the squalls, backed to S.S.E. I was afraid we should not clear the Ness. Beating to windward in such a sea and tide meant going to leeward for our craft. I was hesitating what to do when the wind dropped away to a No. 4, backed again to S.E.—blew stronger, backed again to E.—died away nearly completely came up from N.W., and finally settled down to S.W. and blew harder than ever—an experience not to be forgotten for many a day.

Twice during that freak of the wind I jibed the "Amphibian" in an endeavour to keep seawards. We had made so much leeway that we could distinguish the shingle on the beach.

Several pilot schooners and two tugs were to be seen in the East Roads, the forming ratching in and out under two or three reefed main and fore.

The swell was from a southerly direction, and in order to avoid broaching-to I had to run the "Amphibian" before the seas. This I saw would end in our becoming a wreck between Folkestone and Dover. I therefore headed the craft out into the Channel as often as I dared. Once or twice I misjudged the size of the waves, with the result that we were laid on our side and the water broke over us.

On arriving off Dover I hesitated to enter the Harbour, as I had been through the race off the Admiralty Pier before. I was not long in making up my mind when I considered; the next port was Ramsgate, the wind and sea were still rising, and both of us tired and hungry.

The crew joined me in the cockpit before jibing for the Eastern entrance. I told him to hold on hard as we were likely to get shaken a bit.

I jibed in a smooth, and, allowing for the five knot tide, made for the East end of the breakwater.

We came into the broken water as the Pier Works Lightship was passed. The sea was from every imaginable direction and increasing in size and height. I had my work cut out in keeping her on our course. The tops of the waves were continuously breaking on deck from all quarters. We buried our bowsprit up to the bits several times, and the water gathered there would come rushing aft as our stern

dipped. Most went over the sides, but some came streaming into the cock-pit, wetting us on its way. We were, in fact, never free from water on the deck during the short passage to the entrance.

We had considerable difficulty once or twice in keeping our seats even while holding on to the rigging. That part of our anatomy on which we sit was in the water on these occasions, and it was only by bending forward that our backs were not likewise submerged.

One particularly friendly wave, as it were, picked us up and with great speed rushed with the lot of us straight for the bell buoy. At one time I thought nothing would save skewering its framework with our bowsprit. Just in the nick of time a wave rose up from apparently nowhere in front of us with which we collided. This slewed us clear of the buoy and brought us parallel to the breakwater. We must have jibed, for I found the boom to port.

We had hardly recovered our breath when I saw several bigger seas than usual approaching the "Amphibian" from all sides. I was not clear what happened, but it must have been something like this: The waves met somewhere under the ship, raising her up and up till I distinctly remember seeing smooth water in the harbour over the detached mole. Then, unable to support us any longer, we sank and they tumbled over on our decks till we were literally sitting in the sea up to our waists. Nothing of the boat could be seen but masts and rigging; even the dinghy stowed on deck was under water. The next thing I remember seeing was the water pouring off our decks like a circular waterfall. The whole time we were on an even keel.

We did not care what happened. I had little control over the boat, so we left ourselves in the hands of Providence.

Somehow or other we got nearer and nearer to the entrance—still well to the West side of it. When we reached the eddy tide which runs across the Eastern entrance, and for some way along the breakwater, we were blanketed under the latter structure. The tide setting us on to it stern first I saw visions of a capsizing, when Providence, in the form of a hard gust, drove us right between the pier heads.

What a relief it was! It seemed a lifetime since we passed the Pier Works Lightship, yet it could not have been more than fifteen minutes.

One hears people saying how they enjoy being out in a rough sea. Do they enjoy it at the time or afterwards?

Some of the local fishermen with whom I got into conversation, when we landed, said that the race off Dover at certain states of wind and tide was as bad as the well-known Portland race. I have not been through the latter, but I can conceive nothing worse for a small boat than being off Dover breakwater in a gale. I know from my own personal experience of Dover and its entrance for over

fifteen years that it was not nearly so bad before the new harbour was built.

I see clearly now my sins of commission and omission, in fact, several ways to have made Dover before, and not during the gale.

One was not to have used petrol and sail together. With sail we were doing five knots, with sail and power seven. If we had used up all the wind on Monday we could have reached Newhaven by 9 p.m. We would then have reached Dover easily under power by 5 a.m.

The second is to have had more petrol.

Another alternative was to go on to Ramsgate and so avoid Dover Race.

The latter was what I should have done when I "hesitated" off Dover—"He who hesitates is lost."

* * * * *

As far as meteorology is concerned, what happened was this. A cyclonic disturbance passed across England on October 22nd and 24th. We were to the south of the centre of the disturbance, and therefore had the wind in regular sequence from S.W. strong, from W. strong, and finally dying out at N.W. with fine weather. Following this with the glass high and steady there seemed some chance of a short, fine spell; but while we took a short nap off Dungeness the glass fell suddenly, showing that another important depression was upon us. As with this depression too we had the first of the wind from the southward, it was reasonable to suppose that the cyclone was following roughly in the path of its predecessor. But it was not, though we had no information by which we might decide upon the point till after we were into Dover. This second depression passed along the north coast of France, and therefore on the English coast the wind shifted presently from the southward to the eastward, and remained in that quarter, blowing strong, for some days. Obviously, if we had known what to expect and been able to hold on with the southerly wind as far as Ramsgate, we would have had the chance of a fair wind, if it did not overblow, up the river. Situated as we were we could in no case make use of the east wind.

I do not think that any blame attaches to us for not knowing where the centre of this disturbance was.

D. M. S.

An Appeal for our Miniature Rifle Range.



HAVE been asked to draw the attention of our students to the financial position of our Miniature Rifle Range. When the new Out-patient Block was in process of erection it was suggested that one of the basements would form a convenient and safe rifle range. Application was made to the then Treasurer, Lord Ludlow, and the requisite sanction obtained. The necessary alterations and fixings were carried out, "arms" supplied by means of private donations, and a paid attendant engaged, whose duties should consist of looking after the range, and teaching the novice how to handle a rifle and how to shoot. I believe that I am correct in stating that we are the only Hospital possessing a miniature rifle range situated on the premises of the Hospital. In any case we have one of the best miniature ranges in London.

The range was opened by Lord and Lady Ludlow, our then Treasurer firing the first shot—a bull's eye. At first the popularity of the range was so great that we were enabled, during the first few months of our infancy, to lay by a small sum for a possible rainy day. That day has come; our profits are long since exhausted, and prospects at the present time are gloomy in the extreme. The attendance has fallen off, the receipts have correspondingly diminished, and, unless matters improve in the near future, the range will have to be closed down.

We are in some senses a private company; we stand on our own legs, but owing to lack of support we are now running the range at a dead loss, and it is obvious that such a condition of affairs cannot be allowed to go on indefinitely.

I cannot help thinking that some of our men are unaware of the existence of the club or of the conditions under which it is managed. There may be some also who are so afflicted with that retiring disposition characteristic of St. Bartholomew's men that they do not care about exhibiting their skill, or want of the same, in public. As regards those who would like to learn but whose courage fails, it should be made known that the attendant, Rose, is there to assist and advise.

There may be others also who do not appreciate how greatly they can improve their shooting powers by constant practice. No one can hope to be a respectable shot without frequent visits to the range; my own personal experience fully bears out that statement. My first efforts were nothing less than despicable; my targets were not exposed to the vulgar gaze. My more recent attempts, though not equal to those of our crack shots, Mr. Spencer Phillips, Mr. Nash-Worham, and others, have been occasionally of such a nature that one target—in the Staff v. Students Match of this last year was published in the JOURNAL,

and I live in hopes that another—a "possible" at the 500 yd. range—may also see the light of day. This is human vanity, no doubt, but it fully exemplifies the degree of improvement that may be expected after constant practice.

The Range is open every day in the week, except Saturday, from 12 to 2 and from 4 to 6 in the afternoon; on Saturdays from 12 to 2 only. The Club is open to all members of the Hospital; guests may be invited. There is sufficient room for four men to shoot at the same time, and rifles are supplied by the Club. Ammunition is the only expense—eight shots for threepence.

Last year it was sometimes stated that it became monotonous always to shoot at the same target. That reproach can no longer be levelled at us, for our attendant has arranged variations of moving targets. Matches are arranged—Staff v. Students, inter departmental, monthly spoons, etc.—and when other hospitals have followed our example we shall no doubt have inter-Hospital matches, provided that our Club is still in existence.

The Committee will also readily discuss any measures suggested whereby the Club may benefit. Nothing, however, of this nature can be carried out at the present time unless the attendance improves, and failing such improvement the range will have to be closed down either at the end of this session or before the summer vacation.

I am writing this, therefore, with two main objects in view, first, to make known to all the financial position of the Club, and secondly, to appeal to all to do their utmost to support us. To close down a range that has been provided for us, that has been "armed" by private subscription, and that does not require a large weekly receipt for up-keep would not be creditable to the students of our Hospital.

During my frequent visits to the range I have been much struck with the fact that I nearly always meet the same men—a body about fifteen strong. A few others look in and go away. May I therefore again state that the Range is situated close to the dining-hall, that it is open to all Bartholomew's men, that guests may be invited, that all are welcome, and that the only expense incurred by the rifleman is threepence for eight shots.

I feel sure that it is only necessary to bring this matter before our men to obtain their more active support in the future.

L. BATHE RAWLING.

STAFF v. STUDENTS. January, 1910.

STAFF.		STUDENTS.	
Mr. Rawling	96	Mr. Dobson	103
" Gask	98	" Davies	101
" Elmslie	75	" Playne	100
" Wilson	75	" Nash-Worham	96
" Foster Moore	96	" Neal	95
" Howell	89	" Stone	88
Total	519	Total	583

Two Cases of Suppurative Phlephlebitis following Gangrene of the Appendix.

By W. J. JAGO, M.R.C.S., L.R.C.P.

THE two following cases, although they had no resemblance clinically, yet post mortem were very similar. They occurred at the two hospitals at which I was house surgeon:

CASE 1.—A farmer's boy, half witted, æt. 19. Brought to the hospital by his doctor, who gave the following history:—Fourteen days previously he saw the lad, who had complained for two or three days of pain in the abdomen. That was thought to be due to the eating of some raw turnip. Examination of the abdomen revealed nothing. Some medicine was given, together with instructions to call in the doctor if the patient did not get well after two days in bed. Nothing further was heard of the patient till fourteen days later, when he walked into the surgery and collapsed.

On admission to hospital patient was markedly jaundiced and cyanosed. Pulse 120, temp. 102. As he was almost an imbecile he could give no clear answers about himself. Chest: a good deal of bronchitis; mitral regurgitation. Abdomen moved well all over. Pain on pressure just above the pubes. No resistance or swelling felt in the appendix region either by the abdomen or *per rectum*. Liver could be felt one inch below costal margin, surface smooth, edge rounded; the gall bladder could not be felt. Urine passed frequently in small quantities, clear but dark coloured, acid smelling, acid, highly albuminous, containing also bile-salts and pigments. The liver continued to enlarge so that three days later it was felt at the umbilicus; otherwise the patient's condition was unchanged. His temperature varied between 101° and 104°, pulse between 110 and 140. Bowels acted only by enema. Laparotomy was not thought advisable owing to his general weak condition. On the fourth night he passed a pint of bright blood-clot *per rectum*.

On the fifth day laparotomy was performed in the middle line over the liver. This was found to be studded with small abscesses, but there was no free fluid or pus; a drainage-tube was inserted and dressings applied. Two days later the patient died suddenly.

Post mortem.—The appendix was gangrenous, the pelvic peritoneum matted with thick pus; there was septic portal thrombosis; a large abscess in the transverse fissure of the liver had burst into the peritoneal cavity, and the liver was full of various sized abscesses.

CASE 2.—A bank clerk, æt. 22. No history of any previous illness. (Old pleural adhesions on right side and vegetations on mitral valve were found post mortem.) Four days before admission the patient ate a hearty dinner, and immediately after cycled seven miles rapidly. In the evening he had acute pain in the abdomen, which lasted

two days. He was ordered fomentations by his doctor, and advised to come to the hospital.

On admission patient said he "felt quite well." Pulse 90, temp. 100°. Abdomen moved well; slight resistance on deep pressure in right iliac region; nothing felt *per rectum*. Temperature and pulse-rate came down on second day, but went up in the evening. During the second night patient was acutely maniacal, but became quiet towards morning. His pulse and temperature began to fluctuate.

On the sixth day a soft mitral obstructive murmur was heard for the first time. Leucocyte count 11,000. About the tenth day the conjunctivæ were slightly jaundiced, and patient had attacks of hiccough. The liver dullness was increased above, and the edge could be felt just below the ribs. The liver was explored with a needle in three places from behind, but no pus was found. Cammidge's reaction was positive on three occasions.

Laparotomy was performed in the middle line above; the liver was found to be enlarged; no abscess was seen; the pancreas did not feel enlarged. The appendix region was explored from above, but no pus was found, nor could the appendix be felt. For the next week the patient had obstinate constipation and hiccough. The temperature rose on nine occasions to 106°, and then fell suddenly, and for sixteen hours could not be registered. It then rose to 102° for two days, and then the patient died.

Post mortem.—The appendix was in the "retrocæcal pouch," gangrenous, a slight amount of pus around it shut off by adhesions. There was septic portal thrombosis; a small abscess in the transverse fissure of the liver, and three or four small ones in the liver substance itself.

Belinda Re-visits Bart's.

TWENTY so long ago I wrote down my impressions of a sort of Conversation which they had at Bart's when some new buildings were thrown open, and Reggie has never quite forgiven me for sending them to be printed in your JOURNAL without his consent. The Editor and lots of other people said the nicest things about them at the time, and I did so enjoy seeing my own words in print; but Reggie was simply horrid about it, and whenever we have mentioned the subject since then our engagement has had to be broken off. Poor dear boy, he may be quite clever with his hands (though they are so big and red), but he hasn't got one little scrap of the literary instinct. Otherwise he surely wouldn't have been ploughed over and over again in his exams, and made my life perfectly wretched with waiting and waiting for him, and writing him reams of sympathy on his failure every three months. Once he had to wait six months before being ploughed again, and I was even more encouraging than usual that time and wrote twice as much. But he is really quite qualified now you will be glad to hear, and so, perhaps, after all I may someday be a

doctor's wife. If Reggie is grown up by then I expect he won't mind my writing to the JOURNAL so much as he does now, since I hear that the most respectable married women are sending letters to it every month nowadays.

At the present moment all is over between Reggie and me again; and I hear from his mother (who is keeping house for him whilst he works up a tiny practice in Suffolk) that the poor old thing has taken to reckless driving in his little bath chair motor, and wears in all weathers a stern, sad, bitter smile, and a new green hat; and they say in the villages that he is very tender and sweet with children, and his golf handicap has been reduced again. Like so many of his hospital friends, he is a dear boy at heart, but much too solemn and theatrical over trifles; and, what's far worse, he thinks he understands women through and through, just because his business takes him into their bed-rooms when people know that they are looking their worst, and that to get their own way they are bound to flatter him. Perhaps he will be wiser some day. In the meanwhile I think I'll tell you what happened one afternoon some months ago, when he came up to London and showed me over Bart's.

Those were the happy, happy days of our fourth engagement, soon after Reggie's name first appeared in the *Medical Directory*, when he used to get up early to see how many circulars and samples had come by first post, and my Wimbledon aunts began sending me post-cards about the obligations and responsibilities of a physician's helpmeet, and marked copies of *Home Chat*.

I hadn't been to Bart's for over two years, and Reggie took me there in a taxi after such a nice lunch. I was so happy. His top hat made him feel very important and self-conscious and doctorish, and when some of his old friends grinned at him as we reached the Square he went quite pink and youthful, and talked to me about architecture. Two youngish doctors, without hats, who said that they had danced with me, came up just then from nowhere, and most kindly began to help Reggie show me over the Hospital. One of them was really quite amusing, and said the quaintest things in the most pathetic way; he had rough hair and purple open-work stockings and nice eyes. The other made me laugh too, but he was older and blacker and deeper altogether. They were both fond of Reggie I'm sure, and they seemed gladder to see him than he was to see them; but I don't think I've ever known him what I call really nice to his men friends, and that's just because he's shy.

It was a great help having these two when there was any explaining of the sights to be done, for they both knew lots more about the show things than Reggie—and what one didn't know the other filled in at once. They were at their best, I thought, when an elderly, important doctor suddenly dashed out of a front door with a horde of boys at his heels, and pounced upon Reggie and button-holed him tight for at least ten minutes. Then, whilst I sat in one of the summer-houses, they told me lots and lots about the inner history

of the place; what went on behind the scenes (or screens, I forget which); who was who among all the Dr. Jekylls and Mr. Hydes whom I saw flitting about; and what their motor-cars cost, and why. It was most amusing, like some of our old At Home days in the country, only more so, and I believed quite a lot of it, too. I always like to hear the exciting gossip bits about a place, which you can't find in *Baedeker* or the *Children's Encyclopædia*.

Poor Reggie was furious at being held up like that. I could see him scraping his hoofs with impatience, and I smiled to him with the corner of my eye every now and then, when I wasn't too absorbed in the droll tales which they kept whispering to me, one on each side, about dear, queer old Ray-somebody, who founded the Hospital in his sleep, and about the deliciously funny but extremely wicked View-Day frolics of the Victorian Era.

When at last Reggie joined us, quite foamy at the lips, we went up to see some of the wards, which are all so cosy and clean and cheerful, with the most charming Sisters imaginable, and all named after saints or sinners, like St. Lawrence, and President Roosevelt, and St. Sitwell—such a pretty idea. The huge red and white out-patient factory, with its tall chimney, which one sees from some of the ward windows, may be right up-to-date and beautifully septic and all that—I'm sure it cost enough—but I for one should prefer the comfortable old Elizabethan wards, if it came to choosing a bedroom, and I were so stupid as to be sick and poor the same day. It must be dreadfully uncomfortable for the casual patients to sleep on those narrow hard benches, and shamefully public, too, with glazed tiles and such immense windows, and absolutely no curtains. If I were a patient I should go to the prettily furnished flat on the ground floor of the Pathology place (I do like the automatic lift and the cold storage family vaults); or else to the Library, and sit and dream by the fire as the students do; or else to the Great Hall and feast my eyes on the illustrious frights. But, if I may say so, I think Dr. Hogarth was just a little—well, indelicate, to paint such things on the staircase walls, in full view of everybody; though I've always said that doctors are inclined to be coarse, and Mother quite agrees.

However, it was a very pleasant afternoon, even though Reggie really behaved quite absurdly about who should teach me how to hit the rifle range in the bull's eye, and who should show me the ins-and-outs of the X-ray dark-room. I fancy he went home in a sulk, but his mother has sent me no special details. I was sent home by friends.

BELINDA TREHERNE (N. G. H.)

"The Amputee": A Forecast. Circ. A.D. 1970.

The surgery was empty, and the dresser had begun To believe at last his arduous and daily task was done; When the gloomy portals opened and a case was carried in On a stretcher; and the porter woke the dresser with a pin.

Then they who bore the stretcher in the dresser thus addressed :

"Fell off, sir, of an aerobus as was a flyin' west
An' it a gyro-tram, sir, in the middle o' the Strand,
Wot sent 'im through a winder, an' we think 'e's 'urt 'is
'and." [stand.]

And the dresser answered, "That I can entirely under-
Examination showed a dislocated finger;— and
A fracture of the cranium, extending to the base
From the vertex, and complete obliteration of the face;
Embedded in the sternum were the patient's upper teeth,
And the lower jaw was afterwards discovered underneath:
One femur was impacted in the corresponding lung,
But was happily unbroken as the man was fairly young;
But the fact that struck the dressers was that several vertebrae
Were inextricably mingled with what once had been a kncc.
I should mention too in passing the aorta could be seen
At the bottom of a hollow where the stomach should have been;
The heart was palpitating with a diastolic "knock,"
And the patient was concluded to be suffering from shock
They summoned up in haste Sir John McHernia Perowne,
Who was readily accessible by wireless telephone.
(He had made his reputation on excision of the heart,
And on pons varoliotomy was first to make a start.)
The surgeon at this point arrived, the same Sir John
Perowne,

Whose skill and fame already I have partially shown;
So it took him little time to turn it over in his mind
And decide on amputation of a complicated kind.
On the details of this piccc of work I cannot enter now,
Nor the technical description of the "wherefore" and the
"how."

Six hours the operation took, the final stitch was sewn,
And he rested from his labour, did McHernia Perowne;
And the patient opened up the conversation with a groan.
Now amputations hitherto had left it fairly clear,
And to casual observers it must obvious appear
That it's easy to distinguish which is A, the patient, and
Which is B, the part removed from him, an arm, or leg, or
hand;

But a singular dilemma now confronted Dr. P.; [was B.
He was really not quite certain which was A and which
For B, or what he thought was B, had horrified Perowne
By indulging in a totally inexplicable groan; [die.
While A, or what he thought was A, seemed very like to
Its pulse was four a minute, and its temperature high,
Its breathing was a raucous gasp, that ended in a sigh.
Then said Sir John McHernia, the great Perowne quoth he,
"Please put the patient both to bed, and then, perhaps,
we'll see

Which is the amputated part and which the amputee."

* * * * *

Some say that A was first to die and some say it was B.

A. B. P. S.

The Clubs.

SPORTS NOTES.

We have been doing very well in Cup-ties so far, as will
be seen from the appended results.

Neal played an excellent game against St. Mary's in the
first Rugger Cup-tie.

Richards was not at his best as a goal-kicker in the same
match.

The hockey team played well and defeated University
Hospital in the first round of the Hockey Cup-ties, but
unfortunately went down to Guy's in the next round. The
latter are the holders.

In the Cup-tie against University (Soocer) Fergusson
made a very efficient substitute for Norman at outside right
and scored a good goal.

With also did a lot of hard bullocking work and scored
three goals.

Stretton as usual was very safe.

CUP-TIE RESULTS (RUGBY).

v. Mary's—Won 32—0

UNIVERSITY CUP (ASSOCIATION).

v. Regent's Park Poly. College—Won 12—0

Semi-final.

v. East London College—Won 5—0

HOSPITAL CUP.

v. University Hospital—Won 8—1

HOCKEY.

v. University—Won 6—0

v. Guy's—Lost 0—7

RUGBY FOOTBALL CLUB.

RUGBY CUP TIE.

ST. BART'S v. ST. MARY'S.

This tie was played at Richmond on February 14th, and ended in
an easy win for Bart's by 3 goals (1 dropped) and 6 tries (32 points)
to nil. Bart's won the toss and elected to play with the wind.
Galpin kicked off for Mary's. After some loose play in Mary's
territory, Dive, standing close up, obtained possession and dropped
a good goal from the 25-yard line (4 points to nil). Soon afterwards
Neal, receiving from Richards, scored between the posts, Richards
converting (6 points to nil). The next try was registered by
Bridgman, but was not converted, and although Mary's forwards
strove hard, they were unable to score, and half-time arrived with
Bart's leading by 12 points to nil. On resuming, Bart's at once
obtained the upper hand, and tries were scored at short intervals by
Coombs (2), Richards, Neal, Robbins and Beyers. Only one was
converted, and that by Richards. The most noticeable features of
the second half were a good attempt at a dropped goal by Evans, the
strenuous efforts of St. Mary's forwards towards the end, the excellent
tackling of St. Mary's full-back, who played a great game for his
side throughout the match, and a very good follow up and tackle by
von Braun on Mary's line, a try being scored from the effort.

Although the scoring was heavy, Bart's did not have matters all
their own way. St. Mary's played well in the first half, and towards
the end of the game they gave us some trouble. Their forwards

were much fitter than ours, several of whom were painfully unfit. If
we are to make any show against the London we must have forwards
who are fit, and who can follow up when necessary.

Coombs and Robbins at half were responsible for almost all the
scoring. Robbins got the ball out well to his partner—in fact, he is
one of the best scrum halves Bart's has had in the past few years.
Of the three-quarters Neal showed to advantage; he has only played
a few games, and with careful coaching he should make a good wing
three. Beyers tackled well, but his passing left much to be desired,
Richards did some good things, but he was not up to his usual form.
Dive at back was good, but he took too many risks by standing too
close up, in spite of the fact that he opened the score by a good
dropped goal. Of the forwards, Evans and Brewitt were the best.

ASSOCIATION FOOTBALL CLUB.

LONDON UNIVERSITY CUP

Semi-Final.

ST. BART'S v. EAST LONDON COLLEGE.

This match was played at Winchmore Hill on Saturday, January
29th, and resulted in a win for Bart's by 5 goals to 0. East London
College were our opponents in the final of this Cup last season, when
we managed to defeat them by the narrow margin of 1 goal to 0 on
St. Thomas' ground at Chiswick.

The ground was in a very muddy state owing to the recent frosts
and rain, and there was an awkward cross wind blowing. Norman
won the toss, and decided to defend the pavilion end. From the
start it was obvious that our halves and backs were holding the
East London forwards, and after being in our opponents' half for
some time, Waugh opened the scoring with a well-placed shot from
a centre by Norman. The game now got rather slow, till our
forwards at last got going again, and Barrow scored the second
goal. Half-time arrived with the score 2—0. East London
dribbled down from the kick-off, and Brock handled for the first
time. Bart's now began to get together better, and With scored the
third goal from a pass by Dale. From now onwards the ball was
seldom over the half-way line, and our forwards missed several
chances, and only two more goals were scored, the final score being
Bart's 5, East London 0. Team:

Brock (goal); Stretton and Rimington (backs); Woodruff, Dyas,
and Owen (halves); Dale, Barrow, Waugh, With, and Norman
(forwards).

ST. BART'S v. LANCING OLD BOYS.

This match was played at Winchmore Hill on Saturday, February
10th, Bart's winning by 5 goals to 0.

We played on our old pitch, which has been freshly drained and
levelled, but is still very soft, having hardly had time to settle down.
Lancing turned up one short, but a substitute was forthcoming and
play commenced, Bart's defending the Pavilion end. Our first goal
was scored, after some pretty even play, by Dale from a pass by
Barrow. Two more goals were added before half-time by Barrow
and Waugh. Half-time, Bart's 3, Lancing 0. In the second half
goals were scored by Dale and With, and Lancing scored 2 goals,
one from a well-placed corner and the other by the inside-right, who
got away from the half-way line and scored close in, giving Brock no
chance. Team:

Brock (goal); Rimington and Nash-Wortham (backs); Owen,
Dyas, Taylor (halves); Norman, With, Waugh, Barrow, and Dale.

HOCKEY CLUB.

HOCKEY CUP-TIE. FIRST ROUND.

ST. BART'S v. UNIVERSITY COLLEGE HOSPITAL.

This match was played on the mid-Surrey ground at Richmond,
on Monday, February 7th, and ended in a victory for us by 6 goals to
nil. For the first ten minutes of the game our opponents pressed
hard, and once or twice looked like scoring, but we gradually got
together and put on three goals in the first half. On changing ends
we had to play up the hill, but, having the wind with us, found it
easier. We had the best of it for the rest of the game, and getting
three more goals, the final result was as above. The ground was
very good, and the game fast throughout. Sylvester and Robinson

were prominent among the forwards, but there was rather too much
individual play and not enough combination between the forwards as
a whole. Stathers and Ward played a good game at half. The
backs were very safe, and Griffith, who played in goal, had hardly
anything to do. Team:

H. K. Griffith (goal); J. Nicholson, A. J. Turner (backs);
G. N. Stathers, J. E. Hepper, R. O. Ward (halves); T. Osmond,
C. K. Sylvester (capt.), H. E. Robinson, H. W. Scott, and R. T. Vivian
(forwards).

ST. BART'S v. WANSTEAD I.

This match was played on February 5th, and the score, which was
6 goals to nil against us, did not entirely represent the run of the
game. The ground was very heavy, and not at all to the liking of
our eleven. We had bad luck in our failure to score at all. Team:
R. Pacey-Smith (goal); A. J. Turner, H. K. Griffith (backs);
R. O. Ward, J. E. Hepper, H. Harris (halves); T. Osmond,
C. K. Sylvester, H. E. Robinson, H. Barnes, and P. U. Mawer
(forwards).

ST. BART'S v. BROXBORNE.

We lost this match by 6 goals to 3. We went down one short,
but Broxbourne very kindly lent us a man, who played goal. In the
first half they were "all over us" and scored three goals to our
nothing, but in the second half we pulled up and had more of the
game. We scored three goals each in this half, making the final
score 6—3. The ground was in fairly good condition, and we had a
pretty fast game. Team:
J. Nicholson, H. K. Griffith (backs); R. O. Ward, J. F. Hepper,
H. Harris (halves); P. U. Mawer, J. A. Noble, T. Osmond,
C. K. Sylvester, and H. Pearce (forwards).

BOXING CLUB.

The Annual Inter-Hospital Fencing and Boxing Competitions will
be held on Saturday, March 5th, in the London Scottish Drill Hall,
Westminster. The proceedings start at 8 p.m. It is hoped that this
year there will be a good muster of Bart's men to watch their repre-
sentatives. We are to send up a full team of boxers and two fencers.
Tickets are 5s., 2s. 6d., and 1s., and may be obtained from the
Secretary, R. E. S. Waddington.

Books received for Review.

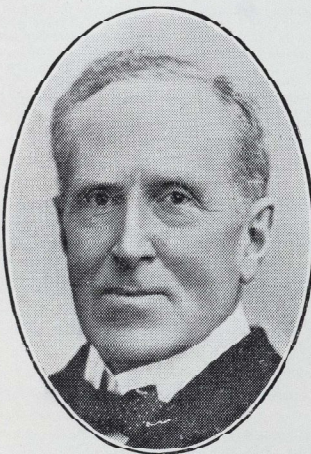
An English Handbook to the Paris Medical School (with map). By
A. A. Warden, M.D. 2nd Edition. (J. & A. Churchill.) 2s. net.
First Aid to the Injured and Sick. By F. J. Warwick, M.B. (Cantab.),
M.R.C.S., and A. C. Tunstall, M.D., F.R.C.S. (Edin.). 5th Edition.
(J. Wright & Sons.) Leather 2s. 6d., paper 1s.
The Nurse's Guide to Prescription Reading. (E. & S. Livingstone.)
1s. 6d. net.
A Synopsis of Surgery. E. W. Hey Groves, M.S., F.R.C.S. 2nd
Edition. (J. Wright & Sons.) 9s. 6d. net.
The Hospital Service Book. By Rev. C. P. Baxter, M.A. (Henry
Frowde.) 1s. net.
Emergencies of General Practice. By F. Sargent, F.R.C.S., and
A. E. Kusbell, F.R.C.P. (Oxford Medical Publications—Frowde
& Hodder and Stoughton.) 15s. net.
Rhinology—Text-book of Diseases of Nose and Accessory Sinuses.
By P. Watson Williams, M.D. (Lond.). (Longmans.) 15s. net.
(Without stereoscope 12s. 6d.)
St. Bartholomew's Hospital Reports, vol. xiv, 1909. Edited by
H. Morley Fletcher, M.D., F.R.C.P., and W. McAdam Eccles, M.S.,
F.R.C.S. (Smith, Elder & Co.) 6s. (After March 30th, 8s. 6d.)

Obituary.

MR. CONNELL WHIPPLE.

THE news of the death of Connell Whipple, which occurred at his residence, St. Andrew's Lodge, Plymouth, on January 21st, at the age of 67, caused a painful shock of surprise to his many friends. He was in good health and in full work until two days before his death, which was caused by pleurisy and heart failure.

The youngest son of an eminent surgeon, Mr. Whipple was educated at Bart's, became qualified in 1863, was Clinical Assistant at the Ophthalmic Hospital, Moorfields, and afterwards held the appointment of house-surgeon to Sir James Paget. About thirty-five years ago he succeeded to his father's practice, and soon made his mark as an



C. WHIPPLE, M.R.C.S., L.R.C.P.

(Black by "Western Morning News.")

operator, and was not long in winning his way to a leading position as a surgeon in the west of England. He was Surgeon to the South Devon and East Cornwall Hospital, retiring two years ago on reaching the age-limit of 65 years, when he was appointed Consulting Surgeon. He was also Consulting Surgeon to the Plymouth Dental Hospital, and took an interest in the Volunteer Force, serving until recently in the 3rd Battalion Devon Regiment, in which he held the rank of Surgeon Lieut.-Colonel. In politics he was a pronounced Conservative, and at the recent election was very active in helping that cause.

At Bart's Whipple was very popular, outspoken, and sincere, ardent and enthusiastic in everything he gave his

hand to, whether work or amusement. Endowed with quiet humour and a cheeriness which was infectious, he was one who warmed both hands at the fire of life, and had the happy gift not only of making but of keeping friends. He was fond of out-door sports, especially tennis, and loved the country—his own beloved Devonshire most of all. The writer remembers a delightful day's walk he had with him when both were in their student days, from Exeter to Plymouth, and recalls his intense enjoyment of the wild beauties of Dartmoor.

By the death of Connell Whipple many will feel that another link with their old School is severed. He will live in the memories of those who knew him as a warm-hearted friend, gifted with wonderful geniality, who worthily upheld the ideals and traditions of St. Bartholomew's.

Correspondence.

THE RELATION OF THE LAYMAN TO THE MEDICAL PROFESSION.

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

February 26th, 1910.

SIR,—I think all readers of ST. BART'S JOURNAL will regret that Mr. Lincoln Cranborne has been tempted for the second time in his life to contribute to its pages. In his first attempt he is rude (as he practically admits) to his own sex, by arrogating to himself the right to criticise adversely the wearing apparel of certain of his contemporaries and others at the Hospital. This is bad enough, but now, in his second attempt, he is grossly rude and insulting to a lady—for which there is no excuse. Whatever may be the faults of the lady in question, it is with sorrow one finds that a man with the splendid training of St. Bartholomew's at his back should so entirely forget that he is a gentleman, or, at any rate, has had the education of one. Doubtless the lady is perfectly capable of championing her own cause, and it is not so much on her account that I am now writing. But we are all proud of our JOURNAL, and I wish to enter a protest against the use of its pages for the purpose of such futile abuse and studied offensiveness as every student from Bart's must deprecate.

The letter itself is scarcely worth a criticism, and would have been more appropriately held over under the silly season. But why, may I ask, must a physician possess a bad complexion, red nose, and otherwise be unsightly to the eye? I have known and met many ladies, pronounced vegetarians, who have been quite the reverse. And no one, I think, will gainsay the fact that Eustace Miles is a fairly good specimen of an Englishman.

There is no fault to find with the latter end of the letter, where Mr. Cranborne describes himself as a "very ordinary doctor"—yes, very ordinary, if one may judge from his letter.

C. BUTLER.

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

SIR,—One does not answer such letters as that signed "Lincoln Cranborne." One suitor and sigils and passes on. The reference by name to a physician who has no concern with this controversy violates the fundamental rules of good manners and journalistic courtesy. It can only have been by an oversight that it was permitted to appear in your pages.

If any gentleman desires to oppose me on controversial points I shall, with your permission, be ready to cross swords with him.

Your obedient servant,

"A. LAYMAN."

[This correspondence is now closed.—Ed. S. B. H. J.]

THE CHRISTMAS ENTERTAINMENT.

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

SIR,—Kindly allow me, as a Vice-President of the Hospital Dramatic Club, to correct an impression likely to be caused by the critique of the Christmas Entertainment which appeared in your last issue.

Whatever may be the future "fate" of the Dramatic Club, it will not be due, as your representative suggests, to following the custom pursued by the Orchestral Society of calling in paid professional assistance.

The Club never has paid, and I may safely say never will pay, a penny piece to any player taking part in its performances. One and all have acted for their love of the art of acting. As lady students are not yet admitted to the Bart's Medical School the Club has had to find its female support outside the circle to which it exists, namely, those "who are or have been students of the Hospital," and it is true that amongst its female supporters there have been, from time to time, ladies who have had professional experience; but they have not been "called in" on that account, nor have they ever been paid.

Your critic complains that in "A Regular Fix" there was too great a contrast between the interpreters of the characters of Hugh de Brass and Mrs. Surplus and the rest of the performers. This he attributes to the professional experience of the former. Is he right? I venture to think not. For the part of Mrs. Carter, which is longer than that of Mrs. Surplus, was also played by a professional actress, and this happens to be the only part which entirely escapes his notice. In regard to Mr. Townsend, I played with him in "David Garrick" in 1888 when he had had no professional experience, and again in 1906, when he had practically retired from the stage, and I think those who were present at both productions will bear me out in saying that his performance in 1888 displayed the same finish and technique as his performance in 1906. It is more difficult to judge of one's own work, but I will venture to call upon the same witnesses to testify that they were as much, or as little, tempted to throw rotten eggs at me on the one occasion as on the other, in spite of my own considerable professional experience during the years between.

The fact of the matter is that the actor or actress is born—not made. There are many amateurs who are as good as good professionals, and many professionals who are as bad as bad amateurs. Homogeneity in a caste is desirable, but it is not everything.

In every game the man who wishes to improve will like to play with a player stronger than himself (if he can find one kind enough to oblige him), and the Dramatic Club is wise in availing itself of its strong hand and trying to play up to it, instead of seeking a more homogeneous mediocrity. Bread and butter are not altogether homogeneous, but audiences prefer bread and butter to dry bread.

Yours truly,

J. VALERIE.

Vice-President St. Bart's Hosp. A.D.C.

Reviews.

SOURD MILK AND PURE CULTURES OF LACTIC ACID BACILLI IN THE TREATMENT OF DISEASE. By GEORGE HERSCHELL, M.D.(Lond.). 2nd Edition. (London: Hy. J. Glaiser, 57, Wigmore Street, W.) 2s. 6d. net.

A careful perusal of this volume will be useful to the practitioner, who is expected by his patients to know all about the now fashionable treatment of intestinal auto-intoxication by lactic acid ferments.

It will assist him in making the diagnosis, instruct him in the technique of preparing the soured milk, aid him in the selection of a reliable ferment, and, finally, show him the dangers of self-medication by inexperienced persons, especially with commercial soured milk, often swarming with putrefactive organisms.

The facts are presented in a scientific manner, and there is no tendency to advocate this method of treatment as a panacea. Indeed, the book will be a useful guide in the selection of suitable cases.

SOME COMMON REMEDIES AND THEIR USE IN PRACTICE. By EUSTACE SMITH, M.D. (London: H. K. Lewis, 136, Gower Street, W.C.) 3s. net.

In these papers, reprinted from the *British Medical Journal*, the author's object is to direct the attention of the present generation to some time-honoured remedies, which have, although not superseded by more modern treatment, fallen undeservedly into disuse.

Many of the suggestions are valuable and deserve a careful trial, such as they may readily be given in any general clinical practice. It is to be hoped that a too enthusiastic search for the somewhat hypothetical rheumatic peritonitis, described in the last paper, will not lead to dangerous temporising with a serious condition.

THE AFTER TREATMENT OF OPERATIONS. By P. LOCKHART MUMMERY, F.R.C.S.(Eng.), B.A., M.B., B.C.(Cantab.). 3rd Edition. (Baillière, Tindall & Cox, London.) 5s. net.

This little work is well known to house-surgeons, and its third edition will need little recommendation. Few books supply such a felt want. The information here presented compactly in 250 pages could only be collected with great labour from the larger manuals of operative surgery. It is information which is essential to any house-surgeon or practitioner who is responsible for the after-treatment, on which the success of an operation so largely turns, and to such this admirable little treatise should be invaluable.

The chapters on abdominal surgery have been enlarged, as have those on genito-urinary and rectal operations. An article on the serum and vaccine treatment of sepsis has been added.

TEXT-BOOK OF ANATOMY. Edited by D. J. CUNNINGHAM, F.R.S., Professor of Anatomy, University of Edinburgh. 3rd Edition. (Henry Frowde, Oxford University Press, and Hodder and Stoughton, London, 1909.) Pp. 1427. 936 illustrations. Price 31s. 6d.

This edition of this text-book is the last task that Professor Cunningham undertook, and although, perhaps, it will never be quite so popular as his *Dissecting Manuals*, it will always remain as an example of his skill as an anatomist and fame as a teacher.

For the greater part of the book we have nothing but praise, and if there are slight discrepancies here and there, they merely serve to point out the general excellence of this work.

In this edition the chief alterations, apart from the illustrations, which have been added to and improved throughout, occur in the sections dealing with the bones by Professor Astleer Thomson, of the University of Oxford, and the muscles and fasciæ by Professor A. M. FALCÓN, of the University of Liverpool. A special feature in the osteology is the accuracy and clearness of the coloured illustrations depicting the various muscular attachments, and the reproduction of these markings again in connection with the actual descriptions of the muscles themselves is a great help in following the text, and avoids much needless hunting to and fro. The description of that much maligned structure, the pelvic fascia deserves a special word of praise in passing. It is clearly and simply dealt with, and no point is mentioned that cannot be easily verified in an ordinary dissecting-room specimen: The "white line" is no longer regarded as a mere thickening of the parietal layer, and with the avoidance of that most confusing, and in this respect erroneous, term "splitting," most of the ordinary student's difficulties with regard to the attachments and topography of the levator ani muscle have disappeared.

For a work of this size the lymphatic system receives very scant attention, and seeing how essential a detailed knowledge of the course of the principal lymphatic channels is in surgery, in order to be able to undertake an efficient operation for malignant disease, this must be regarded as a serious omission. Surely such an important subject as the lymphatics of the breast require more notice than five lines in small print. And we cannot help feeling that a special section might well have been devoted to the consideration of the main lymphatic ducts and glands.

The last section in the book on "Surface and Surgical Anatomy," by Mr. Harold J. Stiles, is thoroughly up to date, and on matters such as the prostate gland, upon which of late research work has been done, this has been incorporated in the text. Addison's transpyloric plane is described and figured in reference to the topography of the abdomen, but it is a pity that this most useful marking has not been given more prominence, and utilised entirely to the extinction of the old sub-costal plane.

The grouping together of all the applied anatomy in one portion of the book is a great convenience, and should prove exceedingly

useful to a student who is reading for his final examination in medicine or surgery.

We are pleased to see from the preface that the late Professor Cunningham did not feel very strongly on the subject of the new nomenclature as proposed by the Basu Commission, and we hope that in the next edition the somewhat half-hearted attempt to introduce it into the book will be given up entirely.

MANUAL OF MIDWIFERY FOR STUDENTS AND PRACTITIONERS. By HENRY JELLET, M.D., F.R.C.P., L.M., King's Professor of Midwifery, Trinity College, Dublin, 2nd Edition. University Series. (London: Dallière, Tindall & Cox, 1910.) Price 21s. net.

The "University Series" is already well known, and in this edition the high standard of the series is well maintained. Owing to the size of the volume the author has been able to enter into the discussion of the physiology and pathology of pregnancy and the puerperium in some detail, and has been able to devote a larger amount of space than is usual to the consideration of various diseases which affect pregnant and puerperal women.

The account of the bacteriology of the genital tract is interesting and its teachings clear, while the chapters on the organic and functional diseases and toxæmias of pregnancy are particularly valuable. Amongst the obstetrical operations "vaginal Casarean section" is described, but the author does not advocate its performance except possibly in cases of concealed accidental hæmorrhage.

The volume is provided with over five hundred illustrations and many plates, and has an excellent index. It should be useful to those who wish for a text-book which will enable them to go fully into the subject.

A SHORT HANDBOOK OF COSMETICS. By Dr. MAX JOSEPH. 3rd Edition. (London: Rebman, Ltd., 1910.)

The subject of cosmetics has been so long neglected by medical men that what should be their work has drifted into the hands of the so-called "beauty specialists." The correspondence columns of women's journals show how great is the desire to add to one's charms which exists in all grades of society; consequently this book, which includes a large number of formulae and well covers the field of toilet preparations, should be of value as a work of reference when consulted on these matters.

LECTURES ON SURGICAL NURSING. By E. STANMORE BISHOP, F.R.C.S. (Bristol: John Wright & Sons, Ltd. London: Simpkin, Marshall, Hamilton, Kent & Co., Ltd.) Prices 2s. 6d. and 3s. 6d.

Surgical nursing is so highly specialised that it is necessary that the underlying principles should be clearly understood in order that the work may be intelligently performed. In these lectures the essentials are concisely and clearly presented in an attractive manner. The author introduces a lecture on "altruism" to remind his hearers that it is human beings whom they are attending, and to urge on them the importance of considering the patient's point of view. The book contains few errors, and these are of but minor degree and scarcely detract from the merits of the work.

MANUAL OF SURGERY. By ALEXIS THOMSON, F.R.C.S.Ed., and ALEXANDER MILES, F.R.C.S.Ed. Vol. I, General Surgery, and Vol. II, Regional Surgery. 3rd Edition. (Edinburgh, Glasgow, and London: Frowde, Hodder & Stoughton, 1909.) Price 10s. 6d. net each volume.

The teaching of the Edinburgh school is presented in this work, which now appears in a revised and enlarged edition. The authors consider that descriptions of pathological processes, except in so far as they have a direct bearing on diagnosis and treatment, are out of place in a text-book of surgery, but throughout the descriptions of the diseased structures are good, and are accompanied by numerous excellent illustrations. Bier's method of treatment of infected areas by the induction of artificial hyperæmia has found favour with the authors, and is constantly recommended by them.

Where all is so excellent it is difficult to select any sections for special comment; suffice it to say that the whole subject is adequately treated, and that no undue emphasis is laid on any portion.

The volumes are of convenient size, are clearly printed on good paper, and well illustrated and bound. This edition will retain the popularity of its predecessors.

STUDIES IN TUBERCULOSIS. By HENRY CLARKE. Pp. 59, and 11 plates. 5s. net.

This is a short account of the diagnosis, prevention, and treatment of infection by the *Bacillus tuberculosis*. The writing and plates are excellent and the book is well got up.

The investigation of opsonic and temperature reactions to doses of vaccine, both T.R. and bacillary emulsion, is most instructive.

The work was carried out in Liverpool, and has formed the basis for an M.D. thesis. A careful study of this excellent treatise will well repay every medical man.

QUAIN'S ANATOMY. Vol. III, Part 2. THE PERIPHERAL NERVES AND SENSE ORGANS. By E. A. SCHÖFFER and J. SYMINGTON. Pp. 363 1 plate, and 321 illustrations. 15s. net.

The present—eleventh—edition of a standard work is a great advance on previous editions. Much of the book has been re-written. Most of the illustrations are extremely good, but there are still a few which are too compressed to be of any service. The treatment of the subject leaves nothing to be desired.

A SYNOPSIS OF SURGERY. By E. W. HEY GROVES, M.S., M.D., B.Sc.(Lond.), F.R.C.S., Assistant Surgeon to Bristol General Hospital. Second Edition (Bristol: John Wright and Sons, Ltd.). Pp. viii + 579. Crown 8vo. 6s. 6d. net.

The rapid appearance of a new edition of this book, first published less than two years ago, is sufficient evidence of its favourable reception by students and others.

In our review of the first edition we referred to it as a *little* book, a description which now certainly does not apply, for the present volume shows an increase of nearly 100 pages. While we find the additional matter excellent, we feel nevertheless that in such a book, written avowedly for purposes of revision and not as a text-book, any increase in bulk should be permitted only very reluctantly. We should like to see clearer diagrams to illustrate the chapter on "Surface Markings."

The author has spared no pains to bring the book up to date, and gives useful references to many recent papers and text-books.

Based in its arrangement on the well-known text-book of Rose and Carless, it serves a useful purpose in collecting and classifying the salient facts of modern surgical practice in a form suitable for revision or rapid reference.

Books added to the Library during February.

Gray, Henry, F.R.S. Anatomy: Descriptive and Applied. 17th edition. Edited by Robert Howden, M.A., M.B., C.M. Notes on Applied Anatomy. Revised by A. J. lex-Blake, M.A., M.B., M.R.C.P., and W. Fedde Fedden, M.S., F.R.C.S. With 1032 Illustrations. Roy. 8vo. Lond. 1909.

Hutchinson, Sir Jonathan, F.R.S., LL.D., F.R.C.S. Syphilis. New and enlarged edition. With 12 Coloured, and 24 Black and White Plates. Crown 8vo. Lond. 1909.

Pollard, Bilton, F.R.C.S. A Manual of Minor Surgery and Bandaging. (Heath.) For the use of house-surgeons, dressers, and junior practitioners. 14th edition. Illustrated. Crown 8vo. Lond. 1909.

Rose, William, F.R.C.S., and Carless, Albert, M.S., F.R.C.S. A Manual of Surgery for Students and Practitioners. 7th edition. Demy 8vo. Lond. 1908. (Additional copy.)

Spencer, Walter George, M.S., M.B.(Lond.), F.R.C.S.(Eng.), and Gask, George Ernest, F.R.C.S.(Eng.). The Practice of Surgery. (Tenth Edition of Walsham's Surgery.) With 20 coloured Plates, 28 skilgram Plates, and 707 black and white illustrations. Roy. 8vo. Lond. 1910. (Two additional copies.)

Treves, Sir Frederick, Bart., G.C.V.O., C.B., LL.D., F.R.C.S., and Hutchinson, Jonathan, F.R.C.S. A Manual of Operative Surgery 3rd edition. With new coloured Plates and many new illustrations in the text.

Vol. I. General Principles and Abdominal Operations. Crown 4to. Lond. 1909.

The following were presented by the University of Geneva:

Les ouvrages publiés à l'occasion du 350^{ème} Anniversaire de l'Université de Genève.

Borgeaud, Charles. Histoire de l'Université de Genève: L'Académie de Calvin dans l'université de Napoléon, 1798-1814. Avec

quatorze planches en phototypie et des reproductions de documents dans le texte. Genève 1909.

Juillard, Charles, and Aubert, Fernand. Catalogue des Ouvrages Articles et Mémoires publiés par les Professeurs et Privat-Doctents de l'Université de Genève, ainsi que des travaux de Laboratoire et des Thèses présentées aux Diverses Facultés pour l'obtention de Grades Universitaires de 1896 à 1907. Genève 1909.

Chodat, Robert. Étude critique et expérimentale sur le Polymorphisme des Algues. Avec xxi planches. Genève 1909.

De Claparède, Hugo. Les Bergondes jusqu'en 1412. Contribution à l'histoire externe du droit germanique. Avec 2 cartes et un tableau généalogique. Genève 1909.

De Crue, Francis. L'Action politique de Calvin hors de Genève d'après sa correspondance. Genève 1909.

Eternod, A. C. F., B.S.P.N., D.M. L'œuf humain. Implantation et Gestation Trophoderme et Placenta. Avec 1 tableau synthétique; 4 tableaux synoptiques; 4 planches lithographiées; 4 planches en noir; 1 planche synthétique; 2 planches schématiques; 20 figures dans le texte, en tout 40 figures. Genève 1909.

Falloppe, Georges. Le Problème de la Souffrance Essai d'apologétique moderne. Genève 1909.

Martin, Alfred. Observations sur les pouvoirs attribués au juge par le Codi civil suisse. Genève 1909.

Manmann, Gottlieb Auguste. Observations sur le Système du droit privé. Genève 1909.

Monté, Edouard. Le Culte des saints Musulmans dans l'Afrique du Nord et plus spécialement au Maroc. Avec 10 illustrations. Genève 1909.

Naville, Adrien. La Logique de l'identité et alle de la Contradiction. Notes critiques. Genève 1909.

Naville, Edouard. Les sètes de pierres déposées dans les tombeaux égyptiens. Avec une figure. Genève 1909.

Nicole, Jules. Textes grecs inédits de la Collection papyrologique de Genève. Avec 6 planches. Genève 1909.

Oltremare, Paul. La Formule bouddhique des douze causes. Son sens original et son interprétation théologique. Genève 1909.

Partsch, Joseph. De l'édit sur l'alienation judici Mutandi causa facta. Genève 1909.

Reverdin, Jacques L. Quelques remarques sur l'Enucléation intraglandulaire dans le goître. Genève 1909.

Peitz, Charles. L'historien Niebuhr, citoyen de Genève. Genève 1909.

Wuarin, Louis. L'Avenir des Campagnes. Genève 1909.

Royal Naval Medical Service.

The following appointments, etc., have been announced since January 20th, 1910.

Staff-Surgeon H. Spicer to the "Venerable," to date February 8th, 1910.

Staff-Surgeon H. W. Shewell to the "Arrogant," to date February 2nd, 1910.

Staff-Surgeon W. Pope to the "Sapphire," on re-commissioning, February 15th, 1910.

Surgeon L. Morris promoted to Staff-Surgeon, February 8th, 1910.

Corrected Announcement.

SEARLE, F. C., M.B., L.R.C.P., has been appointed to H.M.S. "Victory" for instruction at Haslar Hospital, and later for disposal.

Royal Army Medical Corps.

Captain M. F. Grant, on return from India, is posted to the Southern Command.

Lieutenant H. S. Dickson has gone to Gibraltar.

Captain F. H. Noke is due home from India, time-expired, this month.

Indian Medical Service.

Surg-General C. P. Lukis, M.D., F.R.C.S., is confirmed in the appointment of Director-General of the Indian Medical Service. All Bart's men will heartily congratulate Surg-General Lukis on his promotion to the highest appointment in the Indian Medical Service.

Major F. O'Kinealy, who was recently officiating as Professor of Surgery and Surgeon to the Medical College Hospital, Calcutta, is appointed to be Civil Surgeon of the 24-Parganas from November 9th, 1909.

Major E. A. R. Newman is appointed to officiate as Superintendent of the Campbell Medical School and Hospital, Sealdah, from October 30th, 1909.

Captain H. M. Cruddas assumed charge of the Civil Medical duties of the Mardan Subdivision on October 28th, 1909.

Major W. B. Lane to be Lieut.-Col., dated September 29th, 1909.

Lieut. C. H. Cross to be Captain, dated September 1st, 1909.

Captain K. S. Singh is appointed for plague duty under the Government of the Punjab.

The services of Captain N. M. Wilson are replaced at the disposal of the Commander-in-Chief in India.

We are pleased to record the success of Mr. J. A. A. Kennehan, of St. Bartholomew's, in the recent examination for appointments in the I.M.S.

Territorial Forces.

Josiah Oldfield, of Lady Margaret's, Bromley, has been gazetted as Major in the 3rd East Anglian Field Ambulance, R.A.M.C.T.

Examinations.

CONJOINT BOARD.

The following have completed the examinations for the diplomas of M.R.C.S., L.R.C.P.: F. J. Craddock, J. P. H. Davies, F. Guevara-Rojas, P. K. Hill, B. A. Playne, B. C. Roy, E. G. Stanley, E. L. Studer.

Examination for Diploma in Public Health, January, 1910.

Major S. B. Smith, I.M.S.

Appointments.

ROWEN, O. H., M.R.C.S., L.R.C.P., has been appointed Assistant House-Surgeon to the London Temperance Hospital.

HELE, T. S., M.B., B.C.Cantab., has been appointed House-Surgeon to Bristol Royal Infirmary.

KENNEHAN, J. A. A., M.B., F.S., M.R.C.S., L.R.C.P., has been appointed Honorary Surgeon to Barnstaple and North Devon Dispensary.

PRATT, ELDON, M.D. (Lond.), M.R.C.S., L.R.C.P., has been appointed Honorary Surgeon to Whitehaven and West Cumberland Infirmary.

SHELDEN, A. W. S., I.S.A., has been appointed Surgeon to the Indo-China Steam Navigation Co.

THURSFIELD, R. M., M.R.C.S., L.R.C.P., has been appointed House-Surgeon to the Chesterfield and North Derbyshire Hospital.

New Addresses.

BAISS, L. A., Staff-Surg. R.N., care of J. W. Reynolds, Esq., The Poplars, S. Lowestoft, Suffolk.

DUCAT, A. D., Denton Dene, 44, Sutton Court Road, Chiswick, W.

FLOWER, A. F., 3, Vernon Street, Derby.

GIRVIN, J., Major R.A.M.C., Station Hospital, Deulali, India.

HAMILTON, W. HAYWOOD, Capt. I.M.S., 37th Dogras, Jhehum, Punjab, India.

HOLGATE, M. J., care of Messrs. T. Cook & Sons, Bombay.

HUTT, H. A., Hereward House, Littleport, Ely.

JAMES, A. M. A., 3, Temple Gardens, E.C.

O'CONNOR, R. D., Lieut. R.A.M.C., Ridge Cottage, Kasauli, Punjab, India.

RAMSAY, J., 53, Preston New Road, Blackburn, Lancs.

SHANKS, P., 59, Abbots Road, Southall.

SHEWELL, H. W. B., Staff-Surg. R.N., H.M.S. "Arrogant," Devonport.

SIMPSON, G. C. E., 159, Bedford Street, Liverpool. Tel. 1346 Royal.

SPEECHLEY, A. J. L., Hutti Mine, Wandalli, Deccan.

VOSPER, S., 9, Osnaburgh Street, Regent's Park, N.W.

WARD, V. G., The Tiled House, West Byfleet, Surrey.

Births.

BALL.—On the 25th January, at Hunstanton, Norfolk, the wife of Charles R. H. Ball, M.R.C.S., L.R.C.P., of a son.

DALE.—On the 28th January, at Winsford, Burbage Road, Herne Hill, S.E., the wife of Henry Hallett Dale, M.D., of a son.

FEARLEY.—On the 1st February, 1910, at The Hermytage, Potters Bar, to Dr. and Mrs. Fearnley, of a daughter.

MACKINTOSH.—On the 3rd February, at Corner House, Platt's Lane, Hampstead, N.W., the wife of J. Stewart Mackintosh, M.R.C.S. Eng., L.R.C.P. Lond., of a daughter.

SODEN.—On the 10th February, prematurely, at 35, Mapesbury Road, Brondesbury, the wife of Dr. Wilfred Soden, of a son (stillborn).

TRIST.—On the 22nd January, at Crest House, Putney Bridge Road, S.W., the wife of John Ronald Rigden Trist, of a daughter.

WILLIAMS.—On the 20th January, at 86, College Street, Calcutta, the wife of Garfield Williams, M.B., of a son (Paul Hodder).

Marriages.

GIBBENS—PRESTON-HILLARY.—On the 16th February, at St. James's Church, Piccadilly, by the Rev. Canon McCormick, Frank Edward Gibbens, Surgeon, to Geraldine Edell Richard, only daughter of Mr. and Mrs. Preston-Hillary, 111, Hillside, Upminster, Essex.

Corrected Announcement.

IRENS—STEVENS.—On the 31st December, in Bombay Cathedral, by special license, Max Henry Irens, A.C.G.I., son of the late F. Irens, of Chefoo, China, to Guinevere Emily, daughter of the late E. F. Stevens, of Shitnal, Shropshire, and Mrs. Stevens, of Solihull, Warwickshire. (By cable.)

Deaths.

DICKSON.—On the 1st February, at Stainland, Yorkshire, of pneumonia, Avery Wynn Dickson, M.R.C.S., L.R.C.P., second son of the late Lieut.-Col. Philip Dickson, aged 35.

ETESON.—On the 15th February, at 55, Longridge Road, S.W., after a few days' illness, Surgeon General Alfred Eteson, M.D., C.B., in his 78th year.

FORSTER.—On the 3rd February, suddenly, at Karonga, Nyassaland, British East Africa, Arthur Frost Forster, M.R.C.S., L.R.C.P., Medical Officer, H.M. Government.

WHIPPLE.—On the 21st February, at St. Andrew's Lodge, Plymouth, of heart-failure following pleuro-pneumonia, Connell Whipple, M.R.C.S., L.R.C.P., aged 67.

Acknowledgments.

Guy's Hospital Gazette (2), *St. Mary's Hospital Gazette* (2), *New York State Journal of Medicine*, *Liverpool Medico-Chirurgical Journal*, *British Journal of Nursing* (5), *Nursing Times* (3), *Middlesex Hospital Journal*, *The Student* (4), *St. Thomas's Hospital Gazette*, *The Practitioner*, *Report of Montreal Maternity*, 1908, *Catalogue of H. Daragon (Paris)*, *The Medical Review*, *Journal of Laryngology, Rhinology, and Otolaryngology*, *Magazine of the London School of Medicine for Women*, *National Health*, *L'Echo Médicale du Nord* (4), *League News* (St. Bartholomew's Nurses League), *Giornale della Reale Società Italiana d'Igiene*, *Zentralblatt der Krebskrankheiten*, *The Hospital*, *St. George's Hospital Gazette*, *Illegitimacy*.

SAMPLES.

"Diamalt" from the British Diamalt Company, Ltd.
"Thiocol" from the Hoffman-La Roche Chemical Works, Ltd.

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. XVII.—No. 7.]

APRIL, 1910.

[PRICE SIXPENCE.]

St. Bartholomew's Hospital Journal,

APRIL 1st, 1910.

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

Calendar.

- Fri., April 1.—Examination for D.P.H. (Cambridge) begins.
Dr. Norman Moore and Mr. Bruce Clarke on duty.
- Tues., " 5.—Final Examination (Conjoint Board) Medicine begins.
Dr. West and Mr. Bowlby on duty.
- Thurs., " 7.—Final Examination (Conjoint Board) Midwifery begins.
- Fri., " 8.—Final Examination (Conjoint Board) Surgery begins.
Dr. Ormerod and Mr. Lockwood on duty.
- Tues., " 12.—Dr. Herringham and Mr. D'Arcy Power on duty.
- Fri., " 15.—Dr. Tooth and Mr. Waring on duty.
- Tues., " 19.—Dr. Norman Moore and Mr. Bruce Clarke on duty.
- Thurs., " 21.—Summer Session begins.
- Fri., " 22.—Dr. West and Mr. Bowlby on duty.
- Tues., " 26.—Part II of Third Examination for M.B. (Cambridge) begins.
Dr. Ormerod and Mr. Lockwood on duty.
- Fri., " 29.—Dr. Herringham and Mr. D'Arcy Power on duty.
- Mon., May 2.—Examination for M.B., B.S. (London) begins.
- Tues., " 3.—Dr. Tooth and Mr. Waring on duty.
- Thurs., " 5.—Primary F.R.C.S. Examination begins.
- Fri., " 6.—Dr. Norman Moore and Mr. Bruce Clarke on duty.

Editorial Notes.

THE first duty of the new Editor is to give expression to the deep sense of loss which everyone connected with this Hospital must feel at the death of the Matron, Miss Isla Stewart. Naturally, it is upon the nursing staff and those who have been brought into more immediate contact with her that the blow falls most heavily, but during the twenty-three years she has been associated with St. Bartholomew's she has earned the respect and esteem of all who appreciate the high standard which nursing has attained here under her leadership, and who recognise the high ideals which actuated her. It has been evident, even during the short term of her office of which we have first-hand knowledge, that the reforms she has instituted have, in improving the conditions under which the nursing staff works, very materially contributed to the general efficiency of the Hospital. In administrative improvement she did all that could be done, and we regret that she did not live to see the project for a new Nurses' Home take more definite shape.

Although Miss Stewart was primarily interested in the hospital of her adoption, yet she took an active part in furthering the welfare of her profession as a whole. Her name has been prominently associated with the movement for the State Registration of Nurses. We will not enter here upon what is at present a highly controversial matter, but all must admire the ability and tolerance which she displayed in this campaign, and respect the motives which led her to take part in it.

* * *

A MEMORIAL service was held at St. Bartholomew's the Great on Thursday, March 10th, and was conducted by Archdeacon Sinclair. Even for one so widely known as was Miss Stewart, the tributes of respect and affection and the messages of sympathy received were particularly numerous. H.R.H. the Prince of Wales wrote to Lord